

Facing the Future –A Summary of Actions from the National and Local Conventions
(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
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	NHS FV has implemented return to practice through collaboration with Scot College and the University of Stirling this has enabled us to deliver courses on a full time and part time basis. Since Aug 2003 a total of 36 staff both enrolled and registered nurses have participated and regained their registration.
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	FVAH is participating in the Consensus conference on Nov 17 & 18th
Sharing a good practice 'event'.	To be taken forward locally	NMPDU	Directors of Nursing _ RTP sharing good practice evenet planned for Oct. NHS FV will be contributing to the programme
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	Working group set up	SEHD	

T&D.			
Development of Nurse Consultants and Nurse Consultant networks	Nurse Midwife Consultants Network in place. Network supports the development of nurse/midwife consultants.	SEHD/ NMPDU	
Develop competency based career pathways that fit within a nationally agreed framework	Establishment of Division within SEHD for Learning, Development and Careers.	SEHD	
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	
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	
Eighteen more nurse consultants will be created in Scotland by NHS Boards	Currently 14 consultant nurse midwife posts in place. Two new posts have been approved and we are awaiting date of appointment. 8 posts are currently under development 6 posts are being considered A number of initiative supporting the development of these posts are underway in partnership with local NHS Trusts.		Ongoing discussion across the organisations on the development and support for Nurse Consultant posts.
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			Directors of Nursing Regular meetings with nurses in training. Development of Advance Practice education Range of discussions with other professions re the potential for expanding nursing roles.

<p>campaigns. Progress will be presented in the annual reports of NHS Boards.</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>2002/03 participated in one year guarantee scheme by forwarding details of vacancies to NES. Ongoing support or 2003/04 to be provided.</p>
<p>The Facing the Future Group will oversee the implementation and evaluation of pilot studies into the effectiveness of Return to Practice initiatives created as part of the Scottish Executive's £1.5 million package.</p>	<p>Return to Practice pilot complete. Funds extended to cover all Return to Practice in NHSScotland.</p>	<p>SEHD</p>	<p>FVAH manages NHS FV funding allocation with a total of 3 part-time (4th course commencing Oct'03) and 1 Fulltime course completed since Aug 2002. Improved accessibility will also be provided through the development of the University of Stirling's web based course.</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>HNC a total of 14 candidates across NHS FV will commence Sept 03 access nursing at the University of Stirling Oct 2004. This has been achieved in partnership with the University of Stirling and Falkirk College.</p>
<p>The working group on career pathways identified in <i>Caring for Scotland</i> will beset 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 SEHD</p>	

The Scottish Executive will fund a recruitment campaign this winter to help reach the care workforce at regional and national level.	Proposal considered but not taken forward at this time.		
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	

Theme – Flexibility

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken locally
Extend the bank pilot to other staff groups, eg Ancillary staff	Proposals currently being drafted.	Forth Valley Pilot Project Manager	Collaborative working with private sector ongoing and discussion has considered the inclusion of ODPs and medical locums final agreement not reached
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	
A new development programme – <i>Flexible Ways of</i>	“ “	SEHD/CCI	

<p>Working/Flexible Ways of Thinking 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.</p>			
<p>Evidence of flexible working arrangements for nurses and midwives will be collated by the Scottish Executive in 2002, and will be published.</p>	<p>“ “</p>	<p>SEHD/CCI</p>	
<p>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.</p>	<p>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.</p>	<p>Elaine McRae, Forth Valley on behalf of SEHD</p>	<p>Facilities agreement extended for one year beyond pilot period with monthly review meetings ongoing to monitor performance against measurable targets. Discussion has also explored the possibility of developing an area wide bank. Further discussion and consideration need before agreeing best-fit.</p>

Theme - Leadership

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken Locally
<p><i>Protected Time:</i></p> <ul style="list-style-type: none"> • Ensure protected time for leadership development <p>Rostered time for development built into plans</p>	<p>RCN Programme has protected time</p>		<p>RCN Clinical Leaders programme supported locally by dedicated facilitators and study time allocated but not dedicated time for development.</p>
<p><i>Audit and Evaluation:</i></p> <ul style="list-style-type: none"> • Ongoing audit and evaluation of leadership programmes <p>Plans backed up by effective monitoring</p>	<p>This is being done at local level.</p>		<p>Local evaluation report produced.</p>

<p><i>Competency and Core elements:</i></p> <ul style="list-style-type: none"> • National Competency Framework • Foster leadership skills pre registration • Develop Action Learning Sets locally • Facilitated Action Learning groups across organisations • Robust appraisal systems that aid development 	<ul style="list-style-type: none"> • Will consider for future developments • Would be integral to competency based frameworks. • Developed locally, eg RCN Leadership Programme • <i>As above</i> • Leadership competencies will assist in appraising against leadership qualities 	<ul style="list-style-type: none"> • SEHD/NES • NES/SEHD. • • 	<ul style="list-style-type: none"> • Local HR/Nursing Directorates • <i>As above</i> • <i>As above</i> • Individual Trusts
<p><i>Leadership Development:</i></p> <ul style="list-style-type: none"> • Rotational posts to encourage leadership • Other specifics to build leadership and capacity • Role models in clinical areas • More creative opportunities to shadow • Ability to ‘fast track’ people who demonstrate leadership potential • Senior staff more 	<p>Work needs to be done on developing ‘Core Elements’. Opportunities to then be identified.</p>	<p>NES</p>	<p>Implementation of rotational posts will be achieved by Oct 2003</p> <p>Graduates from RCN Clinical Leadership Programme will be engaged in further action learning projects.</p>

<p>visible and 'walk the job'</p>			
<p>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 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>Working towards 1000 clinical leaders in Scotland. As at Nov. 2001, 240 attended RCN Leadership Development programme.</p>		<p>Across NHS FV approximately 40 candidates will have completed the RCN programme by Jan 2004. Wide and significant commitment to clinical leadership evidenced by the completion of 56 participants through the short learn to lead programme and 75 clinical staff through the LEO programme.</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</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>Local appointment made of a Nurse Director onto the NHS Board</p>

arrangements in April 2002.			
<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>		SEHD	<p>Directors of Nursing in Boards and Trusts</p> <p>Rotational programme for new D grades Nurse Strategy launched – nurse development as central theme. Curriculum development with University of Stirling to support advanced level practice.</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 Programme, funded as part of the £1.5 million package announced at the Convention.</p>	<p>Mapping exercise undertaken. Progressing towards 1000 clinical leaders by December 2003</p>	SEHD	<p>RCN programme supported across NHS FV</p>

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	
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Theme – Education & Training

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken Locally
Mechanisms that prepare and provide continuing support for mentors, including e-based resources	Via Practice placement Project	NES	Input into the ongoing development work to produce standards for mentorship. Development of a mentors web site.
Establish a framework that ensures all those registering are fit for purpose		NES/	
Establish Clinical/Educational liaison posts (clinically based)		NES	Local discussion as to the development and implementation of practice educators role.
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/	Work ongoing to have wider implementation of clinical supervision, known locally as clinical support.
More co-ordinated approaches to placements/allocation of	New Programme features this. Look to evaluate.	SEHD/ / NES	Using NES standards for quality placements to inform placement allocation.

students in final year.			
Training to reduce defensive practice.	Taken forward locally		Individual Trusts – not sure what this refers to no progress against this action.
More lateral & vertical career development made available through secondment opportunities, rotation/exchange posts etc	Taken forward Locally		Individual Trusts – rotational posts discussed and implemented at S/N level
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)			NES/ Individual Trusts – close collaboration between HEI and Trusts exists and aslo across operating units to maximise educational opportunities.
CPD - Resourcing required to allow equal access to & dedicated time for Continuing Professional Development	£1.75 Million investment		Trusts – local delay in access to CPD money for 2002/03. Looking a priorities against this and more recent release of CPD money from SEHD.
Education providers, Trusts and NHSScotland employers will work together to develop and manage lecturer-practitioner posts. Lecturer-practitioner posts will support nurses and midwives in			Trusts and HEI's – working towards the implementation of the practice-educator posts

<p>training in practical situations, bridging the gap between theory and practice.</p>			
<p>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.</p>	<p>The SNIP Project Group currently reviewing the process for identifying Student Nurse Intake numbers.</p>	<p>SEHD</p>	
<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"> - <i>quality and appropriateness of clinical placements</i> - <i>relevance of the curriculum to modern health care</i> - <i>fitness for purpose of newly qualified cohorts</i> - <i>new preceptorship</i> 		<p>NES</p>	

<p><i>and mentoring arrangements for newly qualified nurses and midwives</i></p>			
<p>The Chief Nursing Officer will set a revised deadline for the creation of satisfactory mentorship training schemes.</p>	<p>This is being taken forward via the contract review meetings and will be discussed in Feb/March 2003</p>	<p>SEHD</p>	<p>Local approaches to mentorship under review as part of the benchmarking against the Quality Standards of practice placement</p>
<p>Further work will be done to ensure practice placements allow students nurses and midwives to 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.</p>		<p>SEHD</p>	<p>Working with the HEI to ensure that the learning opportunities associated with each clinical placements are defined</p>
<p>The best means of providing learning opportunities for nurses and midwives will be evaluated. Initiatives such as learning directories,</p>		<p>SEHD</p>	

<p>videos and portfolios will be considered, with evidence on best practice being drawn from within and outside the public sector.</p>			
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Theme – New Roles

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken Locally
<ul style="list-style-type: none"> • Hold debate on development and redefinition of current roles • 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 education. • Need to integrate specialist roles with 	<p>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</p>	<p>RCN and SEHD</p>	<p>Local Presentation and participation at National conference in Nov</p>

equally valued expert generalists in remote and rural areas			
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	Via practice placement Project RCN developing 'Toolkit' for Student Placements?	NES	
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	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.	NMPDU/ SEHD/ NRIS	
Pilots for non traditional roles will be promoted across all care settings, with an expectation that the	Linked to Consensus Conference on Nursing Roles due in late 2003	RCN and SEHD	

Remote and Rural Areas Resource Initiative (RARARI) will bring forward specific initiatives for rural areas in early 2002			
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Theme – Working Conditions and Tools for the Job

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 –no progress to report
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 Range of healthcare projects now communicated via Intranet, in particular, local clinical governance website.
Access to Information Technology and training should be component parts of the plan, eg video conferencing,	IM&T Strategy. Local implementation of IM&T Strategy	SEHD	Individual Trusts – local IM&T Strategy does reflect these principles. Further work and resource needed to ensure practical application.

internet access, e-mail etc...			
Explore ways of demonstrably valuing expertise at every level – the need to feel valued.	To be taken forward locally.		Individual Trusts Large increase in clinical nurse participation in planning and redesign of services
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. Executive to consider systems that would support individual trusts.	SEHD	Individual Trusts – no progress to report
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/ NES	

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	National ‘Skills’ Bank Bids received for a Nurse Bank pilot in Forth Valley NHS Board	SEHD SEHD	Local agreement reached on extension of facilities agreement to support Nurse Bank pilot in FVAH

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			
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. 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 – part of FV IM&T Strategy
Proposals for leaders in clinical areas (Sisters/nurses) to be provided with an unallocated budget for their discretionary use within their clinical area will be considered.	It was agreed that there would be better value for money in providing resource for CPD purposes. This has been actioned	SEHD/ NES	Local consideration been given to this. Budget could be used to improve ward environments
Joint Initiatives with public and private partners to increase flexibility around school hours and childcare provision to support staff working		SEHD	

<p>in public services will be examined, with a view to inclusion in local Health Plans from 2003.</p>			
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Theme – Employment Packages

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken Locally
<p>Acknowledgement of skills and competencies via financial incentives & reward.</p>	<p>Via <i>Agenda for Change</i>.</p>	<p>SEHD</p>	<p>Awaiting implementation of Agenda for Change</p>
<p>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</p>	<p>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 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.</p>	<p>SEHD</p>	<p>Awaiting implementation of Agenda for Change</p>
<p>Active and supported redeployment of staff from retracting Primary Care facilities</p>	<p>To be developed locally in partnership with staff side, local authority, voluntary agencies etc..</p>		<p>Primary Care Trusts A number of redeployed staff have successfully made the transition into post in FVAH and 5 nurses are undergoing the conversion to RN with support from FVPC and the guarantee of a post in FVAH on completion</p>
<p>The Scottish Executive</p>		<p>SEHD</p>	

will set up a process through national partnership arrangements to examine priority employment issues before full implementation of <i>Agenda for Change</i> .			
Ways of protecting time for clinical professional development will be developed and piloted in 2002	RCN Leadership Development programme ensures protected time for leadership development		Trusts/Nurse Directors RCN programme continues to be rolled out with funding secured for 2003/04.

Theme – Research & Evaluation

Identified Actions	Progress to Date	Action to be taken Nationally	Action to be taken Locally
More use of exit interviews to ascertain why nurses are leaving.	To be taken forward locally.		Trusts – HR /Nurse Directors Exit interviews being encouraged as standard across the local system.
<p>The Scottish Executive will commission:</p> <p>➤ Integrated research to give better core information on workforce numbers, workload and the working experiences of</p>	<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>Professor Jim Buchan on behalf of SEHD</p> <p>DNS on behalf of SEHD</p>	

<p>nurses and midwives</p> <ul style="list-style-type: none"> ➤ 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 ➤ Research into the activity of nurses at different levels within NHSScotland, to inform the Workforce Centres' research on future patterns of working ➤ Research into factors that would entice non-practising nurses and midwives back into practice. ➤ Research into the effectiveness of nurse consultants, to inform decisions about further expansion and their 	<p>Undertaken via Facing the Future Group</p> <p>Return to Practice</p>	<p>CEO on behalf of SEHD</p> <p>SEHD</p> <p>SEHD</p> <p>SEHD</p>	
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<p>role in the career pathway</p> <p>➤ Evaluation of the flexible ways of working/flexible ways of thinking training programme and the pilots of nurse and midwife temporary cover schemes</p>			
<p>Impact of Joint Futures Agenda</p>			
<p>Impact of Local Authority Recruitment Strategies</p>			

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> <p>➤ Integrated research to give better core information on workforce numbers, workload and the working experiences of nurses and midwives</p>	<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>	

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