FACING THE FUTURE

Report of the NHS Fife and Lothian Local Convention on Recruitment and Retention in Nursing and Midwifery

Focus on Leadership

Murrayfield Conference Centre
19 April 2002
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1. **INTRODUCTION**

In November 2001, the Minister for Health and Community Care held a national convention in Edinburgh to focus on the recruitment and retention of nurses and midwives in Scotland. The report of this event identified issues and an action plan around eight key themes as follows:

- Careers
- Flexibility
- Leadership
- Education and Training
- New Roles
- Working Conditions and Tools of the Job
- Employment Packages
- Research and Evaluation

The national convention also signalled a series of local conventions throughout Scotland, each to focus on specific themes and to continue the process for identifying ideas for evaluation and action. NHSLothian was asked to organise a local convention for Lothian and Fife with a particular focus on leadership. This report summarises the outcomes of the local convention.

2. **PARTICIPANTS**

Participants were invited from within the NHS Fife and Lothian areas from all sectors including primary care, acute care, four higher education providers (students and lecturers), colleagues with human resource backgrounds and local partnership organisations including the two employee directors of Lothian and Fife NHS Boards. Appendix A details the list of over 130 participants in the convention.

3. **PURPOSE AND FORMAT OF THE EVENT**

The event was organised to explore the key theme of leadership.

The convention was opened by Jacqui Simpson, Director of Nursing, NHS Lothian who presented an overview of the key themes of Facing the Future and the aims of the session. The foundation work that was already underway in both Fife and Lothian in developing nurse leaders through either the RCN programme or other programmes was discussed. Jacqui also stressed the importance of the event as an opportunity to actively participate and influence and shape the national and local agenda on recruitment and retention.

The Minister for Health and Community Care, Malcolm Chisholm then addressed the convention. Drawing on the location of the convention at Murrayfield, the home of Scottish rugby, the Minister opened his address by emphasising the importance of working together as a team to deliver services and lead change in the modernisation agenda for the NHS in Scotland. He stressed that staff are the “lifeblood of the NHS” and that “nurses and midwives
are the visible symbol of the Health Service for the general public who value highly the work that they do”.

The Minister outlined the work done already in recruitment and retention and work currently underway, including:

- increasing the numbers of qualified nurses employed in NHS Scotland, with funding for a further 250 student nurses agreed
- increasing the number of consultant nurses from 13 to 18
- ensuring a nursing voice on NHS Boards by the appointment of Nurse Directors
- ensuring all nurses have access to IT at their place of work.

He then went on to share aspects of each of the local conventions held to date.

On the theme of leadership, the Minister set the tone for the convention by indicating that leadership can and should be exercised at every level. He very warmly welcomed the views and input of delegates at the convention and concluded by indicating that we need leadership that puts patients first and allows the creation of a fertile, supportive environment for creative thinking, challenges assumptions about how healthcare should be delivered and that helps build public confidence in NHS Scotland. The Minister then responded to a number of questions from delegates on recruitment and retention.

Pauline Small, the Nurse adviser for Fife NHS Board, introduced a series of tabletop discussions on leadership. The tabletop discussions centred on four questions:

3.1 Is there anything missing in the national action plan on leadership that you would like to see taken forward either on a local or a national level?

3.2 What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

3.3 Directors of Nursing within NHS Board areas are tasked with producing annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan?

3.4 How best can we engage local nurses in the development, implementation and monitoring of this plan?

The tabletop discussions were deliberately designed around small groups of 10 or 11 participants to maximise participant input and discussion. Each discussion was facilitated and scribed to capture the discussions. Much groundwork had already been done in organising leadership programmes within nursing and midwifery. Each tabletop discussion was therefore informed by a briefing paper “Local perspectives on Leadership” which detailed work within NHS Fife and Lothian in this area (Appendix B). The scribed discussions from
each group are contained in Appendix C. A summary of the discussions for each of the 4 questions posed on leadership is presented below.

Mark Butler, Director of Human Resources at the Scottish Executive Health Department, made the closing remarks for the convention. Mark picked up on themes he had heard throughout the tabletop discussions and particularly emphasised the need to pay attention to leadership development opportunities for part time staff and for women at different stages of their career. Otherwise, he indicated, we would miss out on a huge amount of potential leaders. He stressed the recurring theme of leadership being strongly linked to succession planning and good appraisal systems. He thanked delegates for their active participation in the convention and indicated that he looked forward to everyone playing their part in the delivery of this agenda as it progressed.

4. OUTPUTS FROM TABLETOP DISCUSSIONS

Key outputs from the tabletop discussions are summarised below for each of the 4 questions posed for participants.

The outputs ranged from practical suggestions to more thematic or philosophical statements that provide a basis for further exploration or refinement in the ongoing local or national discussions for recruitment and retention of nurses and midwives.

4.1 Is there anything missing in the national action plan on leadership that you would like to see taken forward either on a local or a national level?

Leadership should be a feature of personal development plans, at all levels. While it was acknowledged that charge nurses are a crucial place to start, one of the key themes to emerge from the table top discussions was the need to widen leadership development from charge nurse level to a wider group of staff, and in particular to look at mechanisms to build this in as early as possible in careers, especially pre-registration. Comments were made about how this should be accompanied by appropriate development and training for staff involved in pre-registration programmes. This would help with the detection of leadership qualities in students and people early in their careers.

There is an opportunity now to move to a more integrated and joined up approach for leadership development that links to succession planning rather than being seen as a separate activity.

Rotational posts and shadowing are clearly seen as ways of encouraging leadership, and should be promoted.

There is more scope for joint working/learning on a multi-professional and interagency basis, including the private sector and leadership development should be considered in this context.

Ensuring protected time is available for leadership development was repeatedly raised in the tabletop discussions.
The information technology to support leadership development needs to be in place.

Ongoing audit and evaluation of leadership programmes was identified as an area to be developed more fully, especially in terms of numbers of people engaged, details of local implementation, impact on patient care, and impact on other staff in the care settings.

Practical issues like ensuring administrative support could make all the difference to clinical leaders being able to take forward their roles.

A national competency framework for leadership was suggested by one group discussion as being helpful.

4.2 What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

Organisational culture featured highly in the responses to this question and included the need for top level commitment to leadership development to be demonstrated, and for widespread recognition that do not need to be in a senior position to be a good leader. Qualities identified in the discussions that might demonstrate such a culture included ensuring peer support mechanisms are in place, ensuring effective clinical supervision is in place, and ensuring a safe environment to ask for advice and freedom to challenge is evident. An organisation which is seen to celebrate success and praise what is good was seen to be conducive to developing leadership skills.

Feedback suggested that organisations and individuals need to think more innovatively about their communication strategies, and to find ever more inclusive ways of communicating with staff.

Again there was a recurring theme throughout the tabletop discussions about fostering leadership skills pre-registration and continuing these life long with close integration with career development.

A number of more specific suggestions were made to build leadership skills and capacity in staff over and above formal leadership programmes including:

More use of role models in clinical areas.
Developing action learning sets locally.
More creative opportunities to shadow, including use of Partnership and Trades Unions organisations.
Development opportunities need to be proactively pursued, and the suggestion was made that perhaps the one year guarantee could have a rotational basis to increase skills and confidence of new starts.
Training to reduce defensive practice.
More use of exit interviews to find out why people are moving on from nursing.
More lateral career development and secondment opportunities.
Opportunities for sabbaticals at all levels.
4.3 Directors of Nursing within NHS Board areas are tasked with producing annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan?

The table top discussions highlighted a number of helpful and wide ranging suggestions regarding the components of a career development plan as detailed below. Clear pointers were made however about clarifying the status and nature of these plans at the outset. Are these organisational career plans and if so, clarity is needed about how they are built up from personal development plans linked to the appraisal process.

There was a view that given the time to develop and implement these plans that annual plans may be unrealistic, and that rolling plans over a longer time period may be more appropriate. The need for plans to be adequately resourced was raised.

It was also suggested that the career development plans should explicitly recognise the difference between professional/career development and service development. Linkages between career development and succession planning were also suggested as being areas to be explicitly highlighted within the plans.

Suggested components of the plans centred on the following:

Appraisal/development plans.
Careers options should be a feature, including the opportunity to publicise/market nurse consultant developments. The support nurses have to choose careers options and plan ahead their career development should be contained within the plan.
Opportunities for flexible movement laterally and vertically should be recognised.
Rotation and exchange/secondment programmes should be incorporated.
Access to information technology and training should be component parts of the plan, e.g. video conferencing.
Rostered time out for development should be built in to the plans.
Demonstrable ways of valuing expertise at every level should be explored within the plans. This requires the recognition that some staff do not desire promotion to higher grades for example, but need to feel valued and that they are continuing to develop in their existing posts.
Consider opportunities to retain older people within the service.
Career breaks, exit interviews and flexible working arrangements should feature in the plans in line with national guidelines.
Mechanisms for sharing learning and sharing specialist knowledge should be built in to the plans – reports, presentations, email, discussion feedback were cited as examples.
Acknowledgement of skills in relation to competency and financial incentives was suggested.
Ways of spotting and nurturing talent should be part of the plans, as should the ability to fast track people who demonstrate leadership potential.

4.4 **How best can we engage local nurses in the development, implementation and monitoring of this plan?**

A number of suggestions were made in response to this question as follows:

Nurses locally on the ground should feed into the development of the plan and suggestions to promote this included holding more events like this convention, focus groups, exploring peer support approaches e.g. facilitated action learning groups across organisations, and more use of email and road shows. Other mechanisms to seek opinion were cited such as use of payslips, using the Intranet to get sign up to the development plan at local level. Personnel should be identified locally to facilitate communication about the plan at all staff levels, with appropriate time identified for this. How we currently engage and communicate with nurses and midwives and listen to them needs to be reviewed and improved. Robust appraisal systems will aid the development and implementation of the plan. Mechanisms are required to establish the career aspirations of individual nurses. We should find more ways to celebrate and congratulate what we do already. The involvement of Local Partnership Forums and professional advisory committees and members of other disciplines were suggested as being important in the development, implementation and monitoring of the plans. Senior staff, Directors of Nursing and leaders at all levels need to be more visible, and “walk the job”. The plan needs to be backed up by effective monitoring of its effectiveness both at a strategic level and at a local level.

5. **EVALUATION OF EVENT**

The evaluation form used for the convention is enclosed as Appendix D. Of the 130 participants, 90 returned evaluation forms. As can be seen from the table below and the details of the open questions presented in Appendix E, the event evaluated very positively. The tabletop discussions were particularly identified as being the best part of the day. Both the Minister’s session and Mark Butler’s session were much appreciated, as was the opportunity for networking. In terms of areas that we could have done differently, feedback suggested that papers circulated in advance of the event would have been helpful.
Attendees 130, Forms Completed 90

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<th>Questions</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Don't Know</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>The supporting papers in the convention pack were helpful</td>
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<td>69</td>
<td>3</td>
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<td>I found the content of the convention useful</td>
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<td>54</td>
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<td>0</td>
<td>0</td>
<td>90</td>
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<td>I feel we came up with some solutions</td>
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<td>I would welcome building on the approach for this event for future events</td>
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In conclusion, feedback suggests that the approach taken was popular and we should build on such events for the future.
6. APPENDICES

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<th>Delegate List</th>
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<td>Appendix B</td>
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<tr>
<td>Notes of Individual Tabletop Discussions</td>
<td>Appendix C</td>
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<td>Convention Evaluation Form</td>
<td>Appendix D</td>
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<td>Evaluation – Open Questions Feedback</td>
<td>Appendix E</td>
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<tr>
<td>Speakers Biographical Details</td>
<td>Appendix F</td>
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<td>Armstrong Dorothy</td>
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<td>Leitch M Ms</td>
<td>RCN Representative</td>
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</table>
Makie Shela  Community Nursing Sister  East Lothian LHCC
Macdonald Sarah (f)  Clinical Governance Facilitator  West Lothian Healthcare NHS Trust
Marilyn Barrett  Scottish Executive Health Dept
Martin Lorna  Acting CSDM  Herdmansflat Hospital, Lothian Primary Care NHS Trust
Masson Lynne  RCN  Edinburgh and Lothian
McCallion Debbie  Charge Nurse  Fife Primary Care NHS Trust
McCallum Lesley  Regional Rep TGWU  Tayside Primary Care
McConville Wendy  Staff Nurse  Fife Primary Care NHS Trust
McCreddie Jennifer  Personnel Manager  Fife Primary Care NHS Trust
McDonell-Hayhurst Annie  Student  Nursing & Midwifery, University of Dundee
McEwan G Ms  Theatre Co-ordinator  West Lothian Healthcare NHS Trust
McGregor Anne  Charge Nurse Gynaecology  New RIE, Lothian University Hospitals Trust
McGuire Elaine  Project Nurse, Clinical Support Worker Team  Dept of Nursing, RIE, Lothian University NHS Trust
McKegney Mary  Assistant Operations Manager  Critical Care RIE, Lothian University NHS Trust
McKinley Christine  CN Medicine of the Elderly, Medical Division RIE, Lothian University NHS Trust
McLauchlan Stuart  RCN - Rep/Leaning Disabilities Nurse  Lothian Primary Care Trust
McLean Joan  District Nursing Sister  Fife Primary Care NHS Trust
McLeod Margo  Charge Nurse W3D3  RIE, Lothian University Hospitals NHS Trust
McMillan Rhona  Infection Control Nurse  LUHT
Media Kath Professor  Department of Nursing Studies  University of Edinburgh
Milne Jenny  Human Resources Advisor, Dept Of Nursing  Lothian University Hospitals NHS Trust
Milne Pauline  Principal Nurse Med. Division  Lothian University Hospitals NHS Trust
Moy Maxine  Lead Nurse  Fife Primary Care NHS Trust
Muir David (f)  Senior Lecturer  Nursing & Midwifery, University of Dundee
Murray Diane  Personnel Officer  Fife Primary Care NHS Trust
Noreen Clancy  Head of Personnel  Lothian Primary Care Trust
Page Barbara  Dermatology Specialist Nurse  Fife Acute Hospitals NHS Trust
Page Barbara  Specialist Nurse, Dermatology  Fife Acute Hospitals NHS Trust
Palmer L Mrs  Community Midwife  West Lothian Healthcare NHS Trust
Paterson Isabel  Senior Lecturer  Nursing & Midwifery, University of Dundee
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Peacock Karen  Staff Nurse  Fife Acute Hospitals NHS Trust
Percival Graham  Assistant Operations Manager  Critical Care WGH, Lothian University Hospitals NHS Trust
Philip Marilyn  Senior Lecturer  Napier University
Pollock Linda (f)  Nursing Director  Lothian Primary Care Trust
Poolman Colin  RCN  Highlands, Fife, Perth & Kinross
Quinn Ken  Senior Charge Nurse  Fife Primary Care NHS Trust
Rae A Mrs  Practice Development Facilitator  West Lothian Healthcare NHS Trust
Ritchie Agnes  Senior Staff Nurse  West Lothian Healthcare NHS Trust
Robertson Joanne  Charge Nurse  Princess Alexander Eye Pav.
Robertson Kathleen  Community Midwife  Fife Acute Hospitals NHS Trust
Rush Morag  Lecturer/Practitioner  RHSC, Lothian University Hospitals NHS Trust
Russell Susan  GMB Representative  GMB Representative
Scott C Mrs  Practice Development Facilitator  West Lothian Healthcare NHS Trust
Seabury Shirley  Midwife Counsellor  West Lothian Healthcare NHS Trust
Shearer Joyce  Member  Fife Health Council
Sibbald Sharon  Staff Nurse  Fife Primary Care NHS Trust
Simpson Jacquie  Director Health Planning/Director of Nursing  NHS Lothian Board
Sloan S Ms  Community Nursing Sister  West Lothian Healthcare NHS Trust
Small Pauline (f)  Nurse Adviser, Professional Development  Fife Primary Care NHS Trust
Smith Carol  Health Visitor  Bonnyrigg Health Centre
Smith Karen  Senior Nurse  Fife Primary Care NHS Trust
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<td>Yuratich Laura</td>
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APPENDIX B

LOCAL PERSPECTIVES ON LEADERSHIP

A. Leadership Initiative in Fife Primary Care NHS Trust

Fife Primary Care NHS Trust has and will continue to support the following developments in relation to nurse leadership:

1. BA in Professional Development

This course assists nurses to develop more effective leadership and management practice. They are required to study their own practice exploring ways in which they can test new ideas to reconstruct their practice and models of continuing professional development. The programme consists of core modules and specialist modules.

The aims of the course are to:

- develop personal skills and leadership qualities to enhance managerial effectiveness
- develop further the underpinning knowledge, attitudes and transformational leadership skills required to lead and manage the health and social care sector
- promote a wider understanding of managing change within care organisations
- enhance further career development opportunities and promote lifelong learning
- facilitate progression with higher education to degree level.

This flexible course has been developed and delivered in partnership with the Faculty of Education and social work, Department of Community Education University of Dundee. Students participate on a part time basis. The modules may be offered by face-to-face delivery, distance learning or work-based learning. The application of learning to the workplace and deriving learning from work experience is a cornerstone of the teaching/learning strategy for this degree course.

2. Community Nursing Leadership

Leadership skills of Community Nurses are being supported through the purchasing of a range of study programmes from various Higher Education Institutions following the Scottish Executive allocation of £49,258 in 2001-2002.

B. Leadership in Fife Acute Hospitals

In January 2001 Fife Acute Hospitals NHS Trust launched its Strategy for Nursing and Midwifery. This document is intended to be dynamic and enabling for nurses and midwives, and in conjunction with the Nurse Improvement Plan, should act as reference.
The strategy is focused on four key areas:

- Nursing/ midwifery practice
- Education and staff development
- Audit, research and development
- Management

Within the strategy and under the heading of Nursing/Midwifery Practice, an objective states FAHT intended to "review and promote the role of the Charge Nurse as leader, educator and clinical expert to promote a partnership with the multi-disciplinary team".

In March 2001, Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland was launched. This document states that nurses and midwives in NHSScotland need to have the ability to lead in their local teams and organisations, across professional and agency boundaries and in national forums. It goes on to say that crucial to the idea of developing the leadership abilities of all nurses and midwives is access to training. Leadership Skills Training can bring out latent abilities and qualities in nurses and midwives, abilities and qualities which then benefit patients, the individual and the organisation.

An action from the strategy is that Directors of Nursing will ensure that every ward sister/charge nurse in their organisation will have access to a leadership development opportunity within a five-year plan, commencing 2001.

In FAHT, the Director of Nursing, Depute Director of Nursing and the senior nurse group took the decision to provide varying levels of Leadership Programmes to staff. It became clear that whilst we had an abundance of talent amongst our senior staff nurses, we had charge nurse posts we had difficulty in recruiting to. The Continuing Professional Development of some of our staff nurses had not previously been structured to develop and support them to undertake the role of Charge Nurse. Therefore, to prepare them educationally as well as professionally, a range of Leadership training was made available.

Leadership programme available:

The Xceed Programme commenced in October 2001. The programme has one senior nurse from the organisation participating.

RCN Clinical Leadership commenced in September 2001. Six clinical leaders currently on the programme. It is anticipated that a further 12 clinical leaders will commence the programme in September 2002

LEO programme will commence in April 2002. FAHT have purchased 25 places for Charge Nurses and senior staff within the Trust. This programme will be evaluated on completion.

Multi agency Leading and Learning Programme has two nurses from Fife and commenced in September 2001.
Transformation Leadership programme was developed in collaboration with Dundee University and FAHT. This programme currently has 25 staff nurses and Charge Nurses undertaking it. It is anticipated that 25 nurses/charge nurses will complete this programme annually.

Further to these developmental opportunities for staff, FAHT have also offered staff secondment opportunities both locally and nationally.

We currently have:

- Two charge nurses seconded as Directorate Nurses. These nurses are fully supported by the Director and Depute Director of Nursing.
- Two nurses have been seconded into the Practice Development department to undertake projects in Role Rotation and Nursing Documentation evaluation.
- All staff within one medical ward, which supports patients with haematological conditions, are rotated through the Haematology Unit.
- Two nurses are involved in the Best Practice Statements with the NMPDU.
- One Charge Nurse is working with Professor Debbie Tolson re Gerontology practice.
- A further three nurses were awarded travel scholarships from the Trust:
  - to South Africa to review Kangaroo Care for neonates
  - to Norway to at Stroke Care
  - to south of England to look at Day Care services

One further midwife was awarded research money to establish best practice in suctioning techniques of neonates.

In line with the five-year plan contained in the Caring for Scotland strategy, FAHT have opened up many different opportunities for staff of all grades to gain leadership training. As stated these opportunities range from secondments in house to national training programmes.

It is projected that a further 65 places on Leadership Programmes will be available annually and the secondment opportunities will recur six monthly.

The strategy states that all ward sisters / charge nurses must be empowered by their organisations to deliver the crucial aspects of patient care and professional leadership. We believe in FAHT that our staff have access to a vast range of opportunities which will enhance their clinical, management, leadership, education and research roles.

C. Leadership in Lothian Primary Care NHS Trust

In-house tailored courses have been organised for G Grades within the Trust. The development programme expects to target all charge nurses within the Trust over a three-year period. Each course is evaluated and will continue to be so, to ensure that the courses meet the needs of our future clinical leaders. G Grades from hospital and community settings are combined, and learning sets organised to offer continuing support to this group, after the course has finished. There is also, in
addition a leadership development facilitator working with primary care team to develop community nursing team leadership and team working skills.

Our annual appraisal system and its implementation play an important part in the process of identifying nurse leaders. In LPCT we have also developed ‘competency frameworks’ for G grades and staff nurse roles: these tools are key, in helping nurses reflect on their development needs. Nurses then can and do access, within the Trust, a range of ‘management development and personal skills’ programmes. These are aimed at equipping staff with the range of skills needed to assume leadership roles.

In relation to ‘clinical skills’, our local ‘Professional Development Unit’ provides clinical skills training. This is complemented by the Nursing Director funding nurses annually to undertake externally run University courses. The intention is, by provision of modular-based degree training, to ensure nurses are kept up-to-date professionally, that they maintain and improve on clinical competencies and are enabled to assume key clinical leadership roles in the Trust. Clinical Supervision is in place to sustain learning and support the ongoing development of evidence-based practice.

D. Leadership in Lothian University Hospitals NHS Trust

LUHT’s approach to developing nursing leadership has focused over the last two years on Ward Managers (G Grades in charge of wards), as this group was identified as the key change agents, integral to the huge transformational agenda facing the Trust i.e. redesign of patient services and physical transfer to the New RIE.

The leadership development programme for all 250 ward managers aims to provide the ward managers with the necessary skills, knowledge and support to undertake their challenging roles. The programme takes a peer action-learning approach, examining real issues in the workplace and focusing on problem solving and practical solutions. Action learning sets of 6-8 ward managers, takes place every 2-3 weeks, and are facilitated by organisational development experts within the Trust. This provides a supportive and encouraging learning environment, to share experiences with each other and to develop practical solutions to real problems.

In addition, the action learning sets are supported by management development workshops delivered by senior managers within the Trust, including the Chief Executive and Director of Nursing. These workshops concentrate on practical application of management theory and focus on the main elements of the role of the ward manager i.e. Leadership, Quality and Care Management, People Management, Finance and Information Management.

The programme has been extremely successful and has contributed to the smooth transfer of the first phase of patient services to Little France.
E. Leadership in West Lothian Healthcare NHS Trust

RCN Clinical Leadership Programme

West Lothian Healthcare NHS Trust is an integrated Trust with 12 clinical leaders currently undertaking the programme:

6 G-grade Primary Care
District Nurses, Midwife, Care of the Elderly and Elderly Mental Health, Nurse Specialist.

6 G-grade Acute
General & Acute Medical, Theatres & Recovery, Emergency Nurse Practitioner

The RCN programme can be adaptable across Acute and Primary Care. The appointment of a Local Facilitator has provided support and encouragement for all participants. The facilitator also acknowledges that as she completes the programme she is developing further skills in facilitation.

The programmes emphasis is on local flexibility, individual leadership skills and development of team members to enhance patient care. This has enabled the clinical leaders to learn and develop new skills, strategies and encourage team building within their clinical areas.

The clinical leaders have specifically valued the opportunities the programme provides to become more self aware, develop ‘personal development plans’, record patient stories and conduct observation of care which has led to changes in clinical practice.

The opportunity to build relationships between the acute and primary care settings locally and nationally has helped to break down barriers and share good practice. In time this should help change the culture in the NHS to the benefit of the patient.

The main challenge to management has been identifying appropriate skilled staff to replace the clinical leaders expertise at ward level. A culture needs to exist which allows individuals to continue to develop following completion of the programme.
NOTES OF INDIVIDUAL TABLE TOP DISCUSSIONS

TABLE 1.

Question 1.

Is there anything that you would like to see taken forward either at a Local or National Level?

- Grade G & H; Senior Staff Development
- A wider / more innovative approach required
- Basic recruitment requires parity with higher education

1. Bursary arrangements
2. Paying off student debt

Question 2.

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Shadowing / secondment / suitable placements (problems with back filling & grading)
- Preparation of existing staff
- Student placement planning

Question 3.

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan:

- Innovation
- Appraisal / personal development plans these must be carried forward. Resources needed for this, appropriate people available to do this
- Identifying appropriate development for each individual. Managed planned structure. Is annual unrealistic. Flexible timescales.
- Looking to partnership and multi-agency approach
- Problems with different inequitable conditions of service

Question 4

How best can we engage local nurses in the development implementation and monitoring plan:
• Secondments – to benefit individuals and system
• Monitoring – at strategic level & local level
• Involve local nurses on the ground in feeding into decision making planning
TABLE 2

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Is there any apparent joining up of the activities?
- Personal development plans need to start pre registration
- Leadership needs to start at pre registration level
- Working with other disciplines
- Multiple personal learning packages
- Shadowing with other professionals; especially with pre registration
- More joint working, understanding of other disciplines to take initiatives forward
- More networking at all levels
- Innovative placements – should it be worded appropriate
- Worry about staff and patients and for carers in the private sector; need local national standards
- Lack of participants at conference from the private sector. Need for partnership working
- Midwifery – midwives need to develop skills moving from acute to community. Need for rotational posts between community for post registration. Look at how we train students - much more community based
- Need to develop leadership skills – perception of current leaders being deskillled
- Succession planning needs to be carefully addressed
- Why are students leaving
  1. Lack of role models
  2. Negative attitudes off staff – demotivated
  3. Staff burned out; lack of support
  4. Not enough praise
  5. Appreciate team contributions
- Is G grade development of leadership too late?
- Improve mentorship training – some standards needed too many students
- In community generally 1 to 1 mentorship
- Lack of Support in acute settings
- How are roles being expanded at all grades – developing roles

Key Points Question 1

JOINT WORKING OF LEARNING MULTI-PROFESSIONAL / INTER AGENCY WORKING (INCLUDING PRIVATE SECTOR) PARTNERSHIP WORKING

ROTATIONAL POSTS / SHADOWING ENCOURAGED. CAREER / LEADERSHIP PATHWAYS WHICH START PREREGISTRATION AND CONTINUE LIFE LONG

CAREER PATHWAY WHICH FACILITATES EARLY IDENTIFICATION OF LEADERSHIP POTENTIAL
Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Leadership skills depend on good initiatives from all levels of staff
- Roles need to be defined
- Ensure roles are valued at every level
- Being able to delegate appropriately – do you need help to know when to “hand on”
- Increasing self awareness of staff
- Reducing “defensive Practice” – requires training
- Exit interviews – why are people moving on – undervalued to private sector
- Celebrate success, how to be positive without being patronising
  
  ➢ Time out with team socially
  ➢ Allowing people in organisations to teach how to appreciate others
  ➢ Need to learn from the Americans
  ➢ Cannot underestimate the power of praise
  ➢ Recognise good practice

- “Value people” closely linked with leadership
- Facilitating networking shadowing of other professionals to break down the barriers
- Risk management – encourage staff to reflect on practice which has been beneficial but which could have resulted in a problem
- Value role models – encourage staff to develop these skills
- Management encourage to praise staff for preventing possible problems
- Team working to be encouraged
- G Grades find it difficult to find time out from clinical areas
- Guaranteed places – are they pump primed. How are they going to get adequate support and development

QUESTION 2 - KEY POINTS

HELPING PEOPLE TO TAKE FORWARD INITIATIVES AT THE EARLIEST POSSIBLE STAGE IN THEIR CAREER

CONTINUE REFLECTIVE PRACTICE POST REGISTRATION

SHADOWING / NETWORKING – ENCOURAGE MORE STAFF AT ALL LEVELS INTERNALLY AND EXTERNALLY

CROSS PROFESSIONAL SUPERVISION
Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

- What does this question really mean?
  - Is it a personal action plan for staff
  - Is it about career plans
  - How does it fit into the appraisal process / practice development
  - Is a training plan
  - Is it about development of nursing posts
  - Is it an organisational career plan
  - Is there a market for new nurse consultant

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

- How do we engage our nurses
- How do we communicate you vision

  - One to one
  - Constructive
  - Facilitation by supervisor
  - Recognise the political needs of the organisation

- Peoples ability to self assess is poor despite this being in our pre registration programmes

QUESTION 4 KEY POINTS

APPRAISALS SYSTEMS NEEDS TO BE ROBUST

ALL LEVELS ARE INFORMED OF TRUSTS PRIORITIES FOR

- MENTORSHIP
- PRECOPTERSHIP
- CLINICAL SUPERVISION

MORE DAYS LIKE THIS!
TABLE 3

Question 1.

Is there anything that you would like to see taken forward either at a Local or National Level

- **LACK OF FOR SENIOR LEADERSHIP / DEVELOPMENT OPPORTUNITIES**
  - Not open to all charge nurses - usually hand picked
  - Personal Development Plans difficult to implement at C/N level as still have to progress through line manager
  - Shadowing opportunities would be helpful. Demystifying
  - ?National secondment opportunities – particularly into senior nursing posts
  - Not just training for the job you are in but gaining skills & knowledge in order to progress career
  - Should be development plans at all levels - Clinical skills and Clinical skills i.e. D,E,F,G,H & above
  - Difficulty for managers to implement Personal Development Plans
  - Need for succession planning is vitally important
  - Links with higher education – links to business management
  - Concerns that leadership is tokenism. Needs to be harnessed & happen
  - Protected time to allow development
  - Lack of time / opportunity to learn and develop.
  - Opportunity to learn from business
  - RCN Clinical leadership aimed at developing charge nurses (ward based)

**KEY POINTS QUESTIION 1.**

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Focus on leadership opportunities in staff nurse training
- Opportunity for two way learning with staff nurse & ward qualified staff
- Inherent in culture from day one of training – should be throughout training
- Staff nurse not supported by university staff at ward level
- Clinical placements unsure of their requirements re staff nurse competencies
- **GOOD LEADER BEHAVIOURS**
  - Role modelling and giving direction to staff
  - Motivator
  - Good listener
  - Supportive
  - Sense of direction
  - Ability to have strategic vision
  - The ability to acknowledge skills and ability in their team
• Lack of Anatomy
• Poor employment practices
• Lack of flexibility in employing people
• Staff leaving. Charge nurse have problems in offering opportunities / promotion
• Lack of lateral movement. This needs to be encouraged
• Get rid of clinical Grading which is competency based
• Job enrichment - Planned role rotation
• Newly qualified staff should have the opportunity for role rotation around areas i.e. medicine, Surgery, Orthopaedics
• Patients would benefit from all staff being multi-skilled as we do have patients boarded into wards (not their specialty)

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

• Staff have no say in career plan – moved into areas by managers
• Should be a centre for career options in nursing
• Career pathways should be available i.e. with qualification
• Publicise what opportunities there are showing what opportunities are available
• A/E has requirement for RSCN needs “upskill” role rotation
• Recruitment retention
  ➢ Staff generally do not come into profession primarily for the money, but tend to be leaving due to money. Need to be valued
  ➢ Trust need to value staff more
• All staff are committed to improve patient care
• More Flexibility in what is on offer to staff
  Lateral movement
  Listening to what staff want
  Not all staff wish to progress upwards
• Centre for Career Option in nursing
• Rotation / Exchange Programmes need to be implemented – either to internal within Trust or other Trust
• Career pathways need to be made available
• Give Charge nurses autonomy to develop their staff

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

• Need more visible presence and encouragement by senior nursing staff in clinical areas
• Need for nurse managers to “get back to the floor” “walk the walk” to get to know what is happening at ward level
• Listen / work with staff
• Shadowing could be useful to demystify Senior nursing roles
• Opening up of meetings to all levels of staff – allowing junior staff to have a voice
• Need to reduce paper work
• Need to stop saving in admin costs by hiding them in the nursing budget
• Look at Systems in place – examine patients journey

QUESTION 4 KEY POINTS

APPRAISALS SYSTEMS NEEDS TO BE ROBUST

ALL LEVELS ARE INFORMED OF TRUSTS PRIORITIES FOR

• MENTORSHIP
• PRECOPERTERSHIP
• CLINICAL SUPERVISION

MORE DAYS LIKE THIS!
TABLE 4

Question 1.

Is there anything that you would like to see taken forward either at a Local or National Level?

- No person within the Trust responsible or structure to go to, i.e. career adviser to discuss career pathway. We require increases increased information in relation to career pathway. Lack of awareness from moving from one specialty to another and how this happens. e.g. skills knowledge
- Nurses do not have access – time and resources affect this too
- IT close to place of employment

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- All nurses should have clinical supervision - skills acquisition in practice should be mandatory
- Role models, shadowing based on appraisal
- Team work – wider than ward staff. Require resources to provide team building
- Time is required for team building / clinical super vision
- Integration management and leadership – wider than G grade
- Leadership skills – influencing, negotiating management skills

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

COMBINED

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

- Professional development and appraisal systems along with clinical supervision is essential
- Mechanisms are required to see what individual nurses careers aspirations are, help to choose and plan ahead – opportunity to discuss their career development – system to provide information
- Describe leadership in competency terms
- Monitoring of career development plan then produce learning plan
- Acknowledgement of skills in relation to competency, financial incentives
- Fast tracking leadership skills
- Flexibility of service – secondment experience
TABLE 5

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Multi-professional shared learning including cross agency with private sector
- Lateral movement. Valuing the work place at all levels recognising that career fulfilment can be at a clinical level
- At the end of the day its all academic unless there are enough staff around to do it

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Role models in the clinical area
- Support & develop our own leaders (time out to do this)
- Receiving mentorship
- Proper skill mix and appropriate staffing
- National agreed establishments

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

- Protected continuous professional development
- Access to technology e.g. video conferencing
- Roistered time out for development, auditing etc
- Staff awareness where expertise at every level valued (its ok to stay as an e grade and not join the career treadmill) Reward people for their skills allowing sabbaticals

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

- Focus groups
- Peer support e.g. action learning groups which all cross-organisational and facilitated.
Mechanisms are required to see what individual nurses careers aspirations are, help to choose and plan ahead – opportunity to discuss their career development – system to provide information

Describe leadership in competency terms

Monitoring of career development plan then produce learning plan

Acknowledgement of skills in relation to competency, financial incentives

Fast tracking leadership skills

Flexibility of service – secondment experience
TABLE 6

Question 1.

Is there anything that you would like to see taken forward either at a Local or National Level?

- Audit & Evaluation
  - How is ongoing monitoring being carried out – how many people, local implementation, impact on unit/trust, is this happening
  - Effect on clinical practice taking on roles of those on programmes
  - Development of staff taking on “roles” of those out on programmes

- Recognition of nursing leadership within Trusts

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Clinical supervision/ preceptorship / mentorship – time given for this to be implemented / achieved / maintained
- Widen the access to programmes – available on a different level to all grades of staff
- Demonstrate a commitment to staff by development/pathway
- Work more closely with educational institutes re professional development

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan?

- Resources must be financed – both time and money to allow professional development
- Equity of access across Trust - professionals within the profession
  - In house programmes
  - Resources within Trust utilised
- Wider knowledge of career possibilities within the Trust – level to appropriate career pathway
- Opportunities allowed for secondment – flexibility
- Recognise difference between professional/career/service/development
- Plan for “older” people to remain within the service
Question 4

How best can we engage local nurses in the development implementation and monitoring plan

- Share information
- Effective communication
- Engagement with nurses at local level
- Develop links between nurse leaders and staff
- Wider participation within nurse advisory committees
TABLE 7

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Nurse leadership review of “nurse” in the title i.e. within LUHT ward sisters are becoming ward managers. The public see ward sisters (? Compared to modern matron in England & Wales
- Transferability of leadership programmes if a nationally recognised qualification
- Time protected & resources for programmes including replacement costs
- Admin support for Clinical Leaders

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Mentor & support for qualified staff & students including lecturer practitioners based in practice
- Dedicated resources for leadership development opportunities i.e. not just resources for fees. Need to cover the back filling; Secondments shadowing, & project management
- Gender sensitive leadership opportunities recognising the difference between male & female leadership “sticky floor syndrome” as well as “glass ceiling”
- Work based learning expanded including SVQ’S in admin / clerical to support clinical staff. May do ward sisters / charge nurse o not have a PA.

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

- Nurse who do not want to be promoted – how can they progress?
- Development plans for staff including rotation from clinical placements acceleration of work based learning
- Career development for workers required for all areas mot just sexy areas or political high profile areas critical care / oncology
- Career breaks including exit interviews & guarantees about returning to practice.

Question 4

How best can we engage local nurses in the development implementation and monitoring plan
• Directors of nursing have to collaborate with all staff involved with development
• Consultation with all groups
  ➢ Focus Groups
  ➢ General meetings
  ➢ E-mail
  ➢ Road shows
• Staff need to feel actively involved
• Senior managers / Directors of Nurses or in fact leaders at all levels should “walk the job” be visible
TABLE 8

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Extend post registration period from 12 to 18 months. Potentially 3 times 6 month placements. Consolidate with key competencies.
- Assessment and mapping of this time required for mentoring and supervision of Students
- Focus on Leadership development at charge nurse too late. Requires to be addressed earlier
- Speed appointments and registration procedure

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Revisiting the culture/attitude & behaviour of the management team to empower staff development
- Strengthening support locally e.g. Team working, support mechanisms such as clinical supervision, information technology, support groups, in service training
- Creating opportunity to lead e.g. joint appointments, secondments. Project management, job sharing, flexible appointments i.e. increasing hours, working within agreed objectives & planning of opportunities with equity across staff

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan?

- Beware of going on programmes to develop one particular skill. Skills should be rewarded
- In developing the plan include the responsiveness of services individual of practice and individual needs
- Recognise the requirement to change practice across all levels of nursing e.g. Healthcare support workers integration with specialist nurses, nurse consultants
- Create opportunity to disseminate knowledge gained through agreed learning contracts and personal development plans
- Explore arrangements e.g. childcare in planning to ensure delivery of career development. Include carers in hours of work, flexible working arrangements
- Clarify and definition of the above point as open to different interpretations
Question 4

How best can we engage local nurses in the development implementation and monitoring plan

• Explore mechanisms to seek opinion e.g. use payslips, Intranet to sign up to the development plan at local level. This requires to include staff at all levels
• Identify list of personnel for the development locally to facilitate communication at all staff levels
• Allocation of time required for this.
• Detailed guidance on the review of the “Facing the Future”
TABLE 9

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- NHS does not treat its staff well.
- Attitude to nurses from public changes pressure / responsibility
- Time out to reflect on purpose – clinical supervision but time is not in to establish and support us.
- Little incentive to go for promotion may lose out financially although gain status. Pay treated scale mid point f but may be employed as a G grade
- Acting up not rewarded at grade. Given small payment
- Culture re leadership not across nursing. We must identify Leadership qualities in students.
- Leadership not encouraged in training
- Inward area leadership may develop at clinical level. Varies depending on the Charge nurse
- There seem a basic lack of support at service deliver level
- How do we motivate D grade and those E grade staff who do not wish to move onwards
- Nursing now encompasses more medical roles but do not get the recognition or fell valued relating to this
- Hospital emphasis on service provision, little attention placed on needs of staff. At times, needs of staff are considered a luxury.

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Backfill – may lose another clinical management grade with e.g. G grade taking responsibility
- Backfill posts to enable staff to take up opportunities
- Performance related pay
- Mix of managers / leader should identify leadership contribution at all levels

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

WHAT IS THIS?

- Is it standardisation nurse career pathway
• What will happen when grading goes
• Cost of living difficult & reflect the differentials between Glasgow and Edinburgh. This is being looked at by the Scottish Executive due to recent retaining of staff issues
• Size of organisation and units
• Use of secondments and study leave
• Autonomy at charge nurse level and support to from clinical operations manager
• Consistency across NHS re standards funding / staff

**Question 4**

**How best can we engage local nurses in the development implementation and monitoring plan?**

No comment on this in scribe notes
TABLE 10

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Query the need for a unified leadership programme
- Establishing ways of identifying leadership qualities so as to ensure access for all levels. Identifying qualities early in careers
- Leadership training preparation lacking in pre registration staff
- Ways of identifying status / position in training of students senior student leading more junior, “confidence” leadership skills
- Look at structure of nurse training leadership internal role
- Personal development plans – leadership to be integral in all Stages

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Succession planning for the future leaders, core leadership skills expected competencies
- Leadership not just about formal training, do not have to be in a senior position to be a good leader
- Communication strategy - awareness to all staff on new initiatives, identified that a lot of staff attending this convention were not aware of the initiative prior to attending

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

IN PUT FROM ALL LEVELS OF NURSES

- National Guidelines - how they impact on the frontline knowing what is available
- Recognition of skills - ability to move from different specialities without having to down grade
- DON to consult with all levels of nursing – communicate with each other at all levels of its development
- Where is there career blocking
- Flexibility
**Question 4**

How best can we engage local nurses in the development implementation and monitoring plan

- Communication links directly between DON and local nurses and ensure that these are effected
- Ensure clear clinical development structure
- Auditing career development of individuals
- Career needs analysis
- Resource needs. Do we need identified career development advisers
- DNS participate in communicating locally with groups of nurses seeking information on career development
TABLE 11.

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

Combined with question 2

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Thinking about opportunities external to target & education
  - Secondment opportunities for all levels
  - Opportunities for development taking on wider roles
  - Inviting / providing opportunities for all grades to take forward projects (e.g. needle stick injuries groups)
- Passing on skills – linking to succession planning
- Planned progression into leadership activities
- Support opportunities
  - Backfilling
  - Support from top & bottom
  - Employment policy
- Sharing practice / experience etc from the NHS & From within NHS & External to NHS i.e. private industry & colleges
- Intensified Mentors
- Action learning sets locally
- Releasing monies from more formal programmes to be given to local innovation leadership practices e.g. backfill

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

- Annual Career development plan
  - Education providers being integrated into developing annual career development plans & local learning plans
  - Ensure annual career development plans influence and inform the local learning plan. This to influence resource and spending to develop plans for education / training leadership programmes
  - More joined up working between organisation and development & nursing
  - More education partnership influencing the plan
  - Ensure that link between career development & succession planning
  - Each influencing each other
  - Linking that into workforce planning
- Ensuring the plans have the appropriate support (financial or other e.g. by charge nurse
- Recognising that budgets should be managed locally e.g. by charge nurses
- Ensure that learning etc is shared with others
  - Reports
  - Presentations
  - E-mail
  - Discussion feedback

**Question 4**

**How best can we engage local nurses in the development implementation and monitoring plan**

- Celebrate & congratulate what we do already
- Ensure they have a voice, listed to have their chance influence – ownership
- Involved in decision – making i.e. ensure that action is taken not just lip service
- Challenge things i.e.
  - Ensure managers understand this is an enhancing experience
  - Need to create on environment to allow this to happen
- Open & honest discussion
- Resolving problem together
- Building on successes
- Integrate medical profession into this process
  - Healthy respect for each other
  - Long term (?)
Table 13

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Need to look at student pay e.g., bursary
- Overcome the fear of starting in a leadership role
- Overcome lack of understanding of what is meant by leadership and the process, who does it effect i.e. pre reg. / post reg.
- When should we introduce this Re reg. Post reg. and at what stage.
- Need model of leadership roles
- Role of charge nurse was recognised as key in setting up leadership style. Good to target this grade
- Leaders need to be able to be able to clothe the team competency skills

KEY POINTS QUESTION 1

1. Need Planned development opportunities and funding to enable this
2. Integrated & disciplinary Pre reg. & Post reg.
3. Build into pre-registration nursing

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Look for those who exhibit leadership skills
- Grading system inhibits leadership roles
- Need a formal succession plan for nursing staff. This should help retain staff in Scotland and provide staff with job security
- Need to be able to give to staff a broad range of skill for them to have the confidence to take on leadership roles
- Very little scope at present because of current nurse establishments .e.g. very little slack
- Must create development opportunities, nurturing i.e. could one year guarantee of job have a rotation basis to increase basis skills and confidence
- Planned development opportunities requires funding to release staff
- How do build leadership skills and balance with capacity
- Must find a way to take fear out of leadership and the fear created by accountability
- Nurse leaders will require
  - peer support
  - effective clinical supervision
  - Safe environment to ask advice
  - Freedom to challenge and to feel confident in that role
Provide good support and praise in affirming what is good about what they are doing i.e. praise

KEY POINTS QUESTION 2

• Monitoring

1. Don’t allocate to all
2. Target those interested

• Provide leadership opportunities based on interests of nurse

1. Tell the good news of leadership successes (not through traditional ladder

• Take the fear out of leadership / role and accountability

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan

• Identify staffs strengths and weakness
• Ownership of their plan from the nurse is need
• Nurse staff must be committed to this process
• Must not be a paper exercise
• Career development must be modelled into staff establishments
• Career developments Plans must be appropriately funded
• Process needs a flexible approach

Key Points Question 3

1. Make appraisal a meaningful exercise
2. Needs appropriate level of Finance
3. Openness of information for all
4. We must spot TALENT all levels

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

Key points Question 4

1. Awareness day
2. Get MES to produce leadership base information for all nurses
3. Decision making processes need to be transparent
TABLE 14.

Question 1

Is there anything that you would like to see taken forward either at a Local or National Level?

- Registration onwards; Development of a competency frame work
  - On a national basis – taking forward
  - After qualification – same goals as above
  - For career pathway – more
  - Structured – constantly reviewed & updated
- Linked to universities – information early stages of career
- Supernumerary time balance clinical work leadership
- Access to course – advertising
- Training need manager / leader

Question 2

What else can we do to build leadership skills and capacity in our staff over and above formal leadership programmes?

- Freedom placements
- Mentorship support
- Clinical supervision from day one
- Shadow role models
- Move sideways & secondment opportunities
- Rotate 12 months new qualified structured report
- Opportunities for sabbaticals at all levels
- Multi disciplinary workshops bridge gap service – newly qualified
- Succession planning from an early stage
- Further integration Trusts, universities public sector & support organisations

Question 3

Directors of Nursing within NHS Board areas are asked to produce annual career development plans. What are the components of a career development plan that you would like Directors of Nursing to take account of in developing this plan?

- Individual Framework which allows flexibility
- Funds to be available
- Share specialist knowledge
- Recognition importance of IT training
- Develop in house training
- Awareness of legislation
- Crux communication new developments and how IT affects all levels of staff
- Incentives i.e. SQA payment to make it attractive
• Pay Structure? Competency based
• Recognition for effort
• Real consultation
• Nurses involving in driving forward
• Get better communication systems better use of staff/students use of e mail as a facility
• Closer links units and Trusts
• Individual training budget. Fairer distribution of training budget

Question 4

How best can we engage local nurses in the development implementation and monitoring plan

• Pre-registration onwards national competency based framework individualised that allows flexibility with identifiable levels
• Needs to be attractive (not necessarily money) e.g. secondment opportunities sabbatical, access to education
• Commitment from all key players
CONVENTION EVALUATION FORM

Thank you for participating in this Convention. We would really value your feedback. Please take a minute or two to complete the evaluation form and return in box at end of event.

<table>
<thead>
<tr>
<th>Please tick the appropriate box</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Don’t Know</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The supporting papers in the convention pack were helpful.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. The venue was suitable.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I had an opportunity to contribute.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I found the content of the Convention useful.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. I found the group work helpful in Exploring the issues around Leadership.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I feel we came up with some Solutions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I would welcome building on the Approach for this event for future Events.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

What did you think was the best part of the day:  ..................................................................................................................
..........................................................................................................................................................................................

What should we have done differently: .................................................................................................................................
.................................................................................................................................................................................................

Have you any further comments: .............................................................................................................................................
.................................................................................................................................................................................................

Thank you.
## Evaluation – Open Questions Feedback

<table>
<thead>
<tr>
<th>No 1</th>
<th>No 2</th>
<th>No 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What did you think was the best part of the day?</strong></td>
<td><strong>What should we have done differently?</strong></td>
<td><strong>Have you any further comments?</strong></td>
</tr>
<tr>
<td>Table top discussions &amp; sharing of ideas</td>
<td>Some duplication of content during introductory sessions</td>
<td>Good workshop; everybody had an equal opportunity to comment</td>
</tr>
<tr>
<td>Table top discussions &amp; opportunity to meet others</td>
<td>More time for delegates to have idea of content and have suggested preparation</td>
<td>Interesting to see the minister at such events</td>
</tr>
<tr>
<td>Group discussions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speeches</td>
<td>More non nurses, too insular</td>
<td></td>
</tr>
<tr>
<td>Group discussions</td>
<td>Getting supporting papers prior to convention would have been better</td>
<td></td>
</tr>
<tr>
<td>Table top discussions were very useful &amp; everybody participated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table top discussions</td>
<td>Nothing</td>
<td></td>
</tr>
<tr>
<td>Table top discussions</td>
<td>Feedback after discussion</td>
<td>More of these events should be organised</td>
</tr>
<tr>
<td>Discussion Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Group work was worthwhile in highlighting good practice for sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table top discussions</td>
<td>More Information before the day</td>
<td>Room could have been warmer, Would have liked coffee at the table</td>
</tr>
<tr>
<td>Table top discussions</td>
<td></td>
<td>Make sure our comments are seriously considered, if not what’s the point!</td>
</tr>
<tr>
<td>Group discussions</td>
<td>Information on the purpose of the event prior to attendance</td>
<td></td>
</tr>
<tr>
<td>Group discussions - sharing view points</td>
<td>Information (supporting papers) &amp; background would be helpful prior to the Convention</td>
<td></td>
</tr>
<tr>
<td>Discussion with colleagues</td>
<td>Nil</td>
<td>Good day; positive way forward</td>
</tr>
<tr>
<td>Group discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networking</td>
<td>Seating tight. Could have done with more space between seats in lecture room</td>
<td>Thank you for a very stimulating afternoon</td>
</tr>
<tr>
<td>Table top discussions</td>
<td></td>
<td>Hopefully the post registration development will be up and running by Autumn</td>
</tr>
<tr>
<td>Group discussions</td>
<td>Discussion on the issues of leadership with different levels of experience</td>
<td>Possibly increase in time convention</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Table top discussions</td>
<td>No it flowed very well</td>
<td>Thank you for allowing participation</td>
</tr>
<tr>
<td>Table talk</td>
<td>Could we have papers prior to convention</td>
<td>Feed back to participants</td>
</tr>
<tr>
<td>Group discussions</td>
<td>Make &quot;Facing the Future&quot; available to those who have not seen it yet</td>
<td></td>
</tr>
<tr>
<td>Group Work</td>
<td>Papers prior to the event</td>
<td>More of this type of event please</td>
</tr>
<tr>
<td>Group work felt it was good being from different Trusts and Specialties</td>
<td>Quite happy with it all</td>
<td>Feel that the day should be more open to all nursing staff &amp; other days could be programmed so more staff can contribute</td>
</tr>
<tr>
<td>Group Work</td>
<td>Nothing</td>
<td>None</td>
</tr>
<tr>
<td>Group discussions</td>
<td>Events like this should be continued to enable sharing of ideas between Trusts</td>
<td></td>
</tr>
<tr>
<td>Group discussions</td>
<td>Longer day - further discussion</td>
<td></td>
</tr>
<tr>
<td>The table discussions</td>
<td>Nothing</td>
<td>Please ensure that all areas are invited to give comments and keep up the good lines of communications</td>
</tr>
<tr>
<td>Group discussion</td>
<td>More Information and expectation before the day</td>
<td></td>
</tr>
<tr>
<td>Table top discussion</td>
<td>More notice</td>
<td></td>
</tr>
<tr>
<td>Group Discussion</td>
<td>Discussion participation and meeting other staff from different Trusts</td>
<td></td>
</tr>
<tr>
<td>Group work round the table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table top discussion; Food good</td>
<td>Tables a bit close - noise level difficult in discussion</td>
<td>Good opportunity to network and meet others</td>
</tr>
<tr>
<td>Sharing &amp; hearing other participants viewpoints</td>
<td>Group not balanced area specialty</td>
<td></td>
</tr>
<tr>
<td>The delegates chance to ask questions of the Minister. Speak between midwives nurses Fife and Lothian and hear the differences</td>
<td>Given longer opportunities to ask questions</td>
<td></td>
</tr>
<tr>
<td>Table top discussion</td>
<td>Follow up to discuss document</td>
<td></td>
</tr>
<tr>
<td>Table top discussion</td>
<td>Do it more often &amp; keep people involved as it develops</td>
<td></td>
</tr>
<tr>
<td>The table top sessions &amp; Mark Butler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networking</td>
<td>Not all groups in one room; a bit noisy</td>
<td>Felt cold air conditioning? A well planned event</td>
</tr>
<tr>
<td>Table discussions. Good Venue, Scrummy food</td>
<td>Local perspectives, would appreciated having this in advance</td>
<td>I really enjoyed this event as well as finding it extremely useful. Especially thanks to the super fit Willie Bennett</td>
</tr>
<tr>
<td>Workshops</td>
<td>Table top discussions/networking, thoroughly enjoyed he day</td>
<td>My appropriate role identified on the name badge Either RCN Clinical Leader Prog or Clinical Nurse Acute Medicine, West Lothian Trust</td>
</tr>
<tr>
<td>Networking</td>
<td>Raised awareness of what is actually happening now</td>
<td>Would have been nice to have had our nurse leader present!</td>
</tr>
<tr>
<td>Discussion</td>
<td>Nothing</td>
<td>Very well organised</td>
</tr>
<tr>
<td>Hearing views from other staff</td>
<td>Difficult to hear group members at table top discussion because all in same room</td>
<td></td>
</tr>
<tr>
<td>Networking - group work</td>
<td></td>
<td>Excellent afternoon many thanks</td>
</tr>
<tr>
<td>Table top discussions</td>
<td></td>
<td>Enjoyable day. I look forward to the report</td>
</tr>
<tr>
<td>Being invited and being involved in such an event</td>
<td>nothing</td>
<td></td>
</tr>
<tr>
<td>All very good</td>
<td>A full day</td>
<td></td>
</tr>
<tr>
<td>Everything</td>
<td>Nothing</td>
<td></td>
</tr>
<tr>
<td>Liaising with a variety of different people in different positions</td>
<td>I would have liked to have verbal feedback’s from the Groups</td>
<td>I found this very interesting and would like to see more similar events in future</td>
</tr>
<tr>
<td>Meeting a wide variety of professionals</td>
<td></td>
<td>To go forward with comments from this and to provide more nursing staff on the shop floor in order to keep the experienced staff from leaving due to lack of support from management &amp; low wages</td>
</tr>
<tr>
<td>Group work was very interesting. Talking with colleagues form different areas</td>
<td>Some information on facing the future prior to the event</td>
<td>Staff at the group had to be supported before proceeding with the leadership programme</td>
</tr>
<tr>
<td>Group work and discussion with others</td>
<td>Description &amp; remit prior to event to give an opportunity for more thought</td>
<td>Good opportunity to have contact discussion with others i.e. minister very useful</td>
</tr>
<tr>
<td>Around the table discussions especially as Malcolm Chisholm &amp; Mark Butler participated</td>
<td>Earlier notice of the event &amp; receiving information before the event</td>
<td></td>
</tr>
<tr>
<td>Good work</td>
<td>Information prior to the event</td>
<td></td>
</tr>
<tr>
<td>The group work</td>
<td>I would have liked the papers before the event</td>
<td>It was good to network with other colleagues from other areas</td>
</tr>
<tr>
<td>Table top discussions &amp; the opportunity to network (the cakes with tea)</td>
<td>Presentation of the current position in localities</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Ability to get together &amp; discuss issues</td>
<td>Such a difference between Acute &amp; Primary Care. Better balance would have helped the discussion</td>
<td>Keep going with this approach</td>
</tr>
<tr>
<td>Minister &amp; the discussions</td>
<td>Excellent a real change in approach, not just rhetoric</td>
<td></td>
</tr>
<tr>
<td>Table top discussions</td>
<td>Interesting afternoon. Useful to get others contributions</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>Nothing really</td>
<td>No</td>
</tr>
<tr>
<td>All very enjoyable. Thank you; catering excellent</td>
<td>Good balance of interaction and input from speakers</td>
<td></td>
</tr>
<tr>
<td>Discussions re previous conventions and suggestions from same</td>
<td>Might have been better to have offered the chance to discuss other issues</td>
<td></td>
</tr>
<tr>
<td>Mark Butlers talk</td>
<td>Better questions regarding leadership</td>
<td></td>
</tr>
<tr>
<td>Table top discussions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Butler’s summary next steps. Some very valid points to take back</td>
<td>Perhaps report back on group outcomes</td>
<td>Better room temperature</td>
</tr>
<tr>
<td>Table top discussions &amp; presentation from Mark Butler</td>
<td>Papers should have been distributed before the event</td>
<td>Networking opportunity excellent. Good to thrash out issues with others from different areas and Trusts</td>
</tr>
<tr>
<td>Table top discussions</td>
<td>Include nurses not working in NHS settings - they are our poor partners</td>
<td>Great mix of people from all levels</td>
</tr>
</tbody>
</table>
APPENDIX F

SPEAKERS BIOGRAPHICAL DETAILS

MALCOLM CHISHOLM is Minister for Health and Community Care. He has been a member of the Scottish Parliament since 1999, representing Edinburgh North and Leith, and was a Member of Parliament from 1992 until 2001.

Mr Chisholm has been Labour’s Scottish Health Spokesperson in Opposition and Minister for Local Government, Housing and Transport during the first few months of the Labour Government. He was also vice convenor of the Scottish Parliament’s Health and Community Care Committee and member of the Equal Opportunities Committee between August 1999 and October 2000.

Mr Chisholm was born in 1949 and, prior to becoming an MP and then MSP, was an English teacher.

MARK BUTLER has been Director of Human Resources for the Scottish Executive Health Department since June 2001.

He started his career as a NHS National Management Trainee, later going on to hold Director roles in Sheffield, Derby and Birmingham. He was Chief Executive at Worcester Royal Infirmary from 1996 to 2000, successfully completing the Pathfinder PFI deal for a new hospital.

JACQUI SIMPSON is the Director of Health Care Planning/Nursing for Lothian NHS Board and has worked within Lothian NHS since January 1997. Jacqui began her career in nursing in Glasgow with her degree in 1981. Since then she has enjoyed a rich and diverse career in nursing practice, education and research, management, commissioning, public health and health service planning.

PAULINE SMALL has been Chief Nurse Adviser for Fife NHS Board since 1996. Pauline began her extensive nursing and midwifery career in the Scottish Borders during 1977. Since then she has held a range of clinical and managerial posts within the Scottish health service including posts within public health, commissioning and health service development. Pauline is currently seconded to Fife Primary Care NHS Trust where she has undertaken the role of Nurse Adviser – Professional Development since January 2001.