



**Nursing and Midwifery**

*A great place to work*



# NURSING AND MIDWIFERY STRATEGIC PLAN ANNUAL REPORT 2023/2024

August 2024

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## Forward

Since we launched our Strategic Plan in May 2023, it has been a busy year across the organisation, one where our communities of Nurses and Midwives have been working to address some of the key challenges that face the profession. It matters that we take this opportunity to acknowledge and appreciate the significant contribution made by teams in addressing our establishment gaps and financial constraints, whilst keeping safety and person-centred care at the heart of what we do.

Our annual report recognises the depth of some of this work and I would like to thank you all. We look forward to the year ahead as we continue to build on successes, share our learning and continue to focus on improvement.



Alison Macdonald, Executive Nurse Director

## 1. Key Achievements

This annual report presents a wide range of activities and achievements focussed on realising the ambitions of the Strategic Plan. It includes notable achievements that address priorities around workforce, quality assurance and improvement, patient safety, person-centred care, patient feedback and membership of our Area Nursing and Midwifery Advisory Committee and creating a distinctive identity for NHS Lothian Nursing and Midwifery.

### 1.1 Workforce

- ✓ Reduction of the **establishment gap** from **9.61%** in June 2023 to **5.93%** in July 2024
- ✓ **38% increase** in recruitment activity of **newly qualified registered nurses** from the previous year, leading to the appointment of **694 NQRN** joining from July 2024 onwards
- ✓ **40** new trainees undertaking the **Open University 'Earn as You Learn'** registered nurse preparation
- ✓ **75** Healthcare Support Workers being supported to undertake the **Higher National Certificate** pathway to enter year 2 of registered nurse preparation
- ✓ Final year registered nursing and midwifery students taking up **Assistant Practitioner** roles adding at least **70** whole time equivalents to the workforce
- ✓ A **90% reduction** in **agency spend** in Quarter 1 of the financial year 2024/2025 compared to the same period the previous year.

### 1.2 Quality Assurance and Improvement

- ✓ Continued roll-out of the **Lothian Care Assurance and Accreditation System** to provide a consistent assurance framework across the organisation.

### 1.3 Patient Safety and Experience

- ✓ Implementation of **National Early Warning Scoring on TRAK** to **170** clinical areas
- ✓ Roll-out of **person-centred care planning system** based on 'what matters to me?' conversations to **170** in-patient settings
- ✓ Roll-out of a new **Patient Experience Survey**
- ✓ **61% increase** in **Care Opinion** stories from the previous year.

### 1.4 Lothian Area Nursing and Midwifery Advisory Committee

- ✓ **35%** increase in membership of the Lothian Area Nursing and Midwifery Committee in the past year, taking it to **70** members.

### 1.5 NHS Lothian Nursing and Midwifery Branding

- ✓ The distinctive NHS Lothian Nursing and Midwifery branding that has adopted the Nursing Tartan was designed by the Strategic Plan Implementation Group and produced by our own Communications Team. This has created a clear identity for the professions for internal and external use at no significant cost to the organisation.

## 2. Introduction

The Nursing and Midwifery Strategic Plan 2023-2028 '**Connecting our Communities, Realising our Ambitions**' sets out a vision, ambitions and a framework for delivering excellence in Nursing and Midwifery care in NHS Lothian. It is designed to address some of the key challenges and to ensure the professions and the Board are equipped with a strong, compassionate, empowered and highly skilled workforce, enabling the delivery of best outcomes for people.

Aligned to the NHS Lothian Strategic Development Framework 2022-2027, the Strategic Plan underpins the ambition for NHS Lothian to become a great place to work and a great place to be cared for.

A key element of the development process for the Strategic Plan was the creation of the NHS Lothian Nursing and Midwifery branding, with permission to embed the Nursing Tartan into the design. The Nursing Tartan, which captures the colours of the national uniforms, was designed by nurses at the University of Edinburgh to represent kinship and solidarity across the professions.

Following the launch of the Strategic Plan on May 12<sup>th</sup> 2023, International Nurses' Day, a Strategic Plan Implementation Group (Appendix 1) has continued to meet monthly to develop aspects of the underpinning infrastructure and frameworks to support the achievement and evaluation of the ambitions set out in the plan.

## 3. Key components of the Strategic Plan

The **Vision** acknowledges the importance of empowerment, autonomy and individual contribution for our communities of patients/clients and staff, which are fundamental to a sense of belonging.

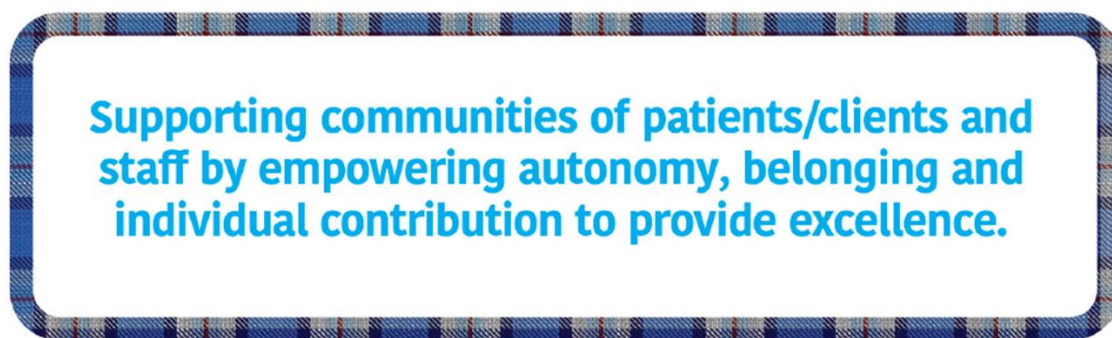


Figure 1: Vision of the Nursing and Midwifery Strategic Plan

The plan, which is built on the framework for **compassionate leadership**, not only sets out the ambitions, values and behaviours that will enable excellent Nursing and Midwifery care, but also describes what our nurses and midwives can expect from our organisation and what they can aspire to in their own career development.

### 3.1 The Ambitions

The Strategic Plan is built around 5 ambitions that provide a platform to reimagine Nursing and Midwifery in NHS Lothian (Figure 2).



Figure 2: The Ambitions of the Nursing and Midwifery Strategic Plan

The Strategic Plan describes the key deliverables necessary to build the foundations that will support and empower nurses and midwives to shape a sustainable future and drive improvements in best practice within our own professional community and the communities we serve.

In 2023/2024 we committed to the first element of our Plan **'Connecting communities'** by:

- Attracting, recruiting and retaining a skilled workforce
- Embedding governance and assurance frameworks using a Quality Management System
- Ensuring there is safe communication with and between teams
- Promoting an inclusive culture, fostering diversity
- Role modelling and delivering our principles for person-centred care
- Working as equal partners with medical and general manager colleagues through triumvirate structures.

#### 4. Strategic Planning implementation Group

The Strategic Planning Implementation Group worked through key areas of focus from the delivery framework. These included:

- Embedding the use of the NHS Lothian Nursing Tartan branding e.g. Microsoft Teams background, email signatures, pop-up banners, meeting agendas
- Creating standardised job adverts and recruitment materials that align to the Strategic Plan and branding
- Creating Objective Templates linked to the ambitions that will support personal development planning and appraisal
- Designing and delivering the Quarterly Nurse Director's Forum meetings
- Being ambassadors for the implementation of the Strategic Plan



Figure 3: Elements of the Strategic Plan

## 5. Quarterly Nurse Director's Forum

Four events were held through 2023/2024 with a focus on different elements of the Strategic Plan.

### 5.1 Compassionate Leadership – September 2023

The Nurse Director's Group were invited to bring a buddy to the session and several Senior Charge Nurses, Clinical Nurse Managers and Team Leaders attended the day. Prior to the event each of the Corporate Nursing functions and business units were invited to undertake their own strengths, weaknesses, opportunities and threats (SWOT) analysis of their readiness and early implementation of the Strategic Plan and these were shared during the morning session. As well as reflecting on local contexts, there was strong alignment between all parts of the organisation and a strong enthusiasm to engage with the ambitions and look forward to implementing the commitments for 2023/2024.

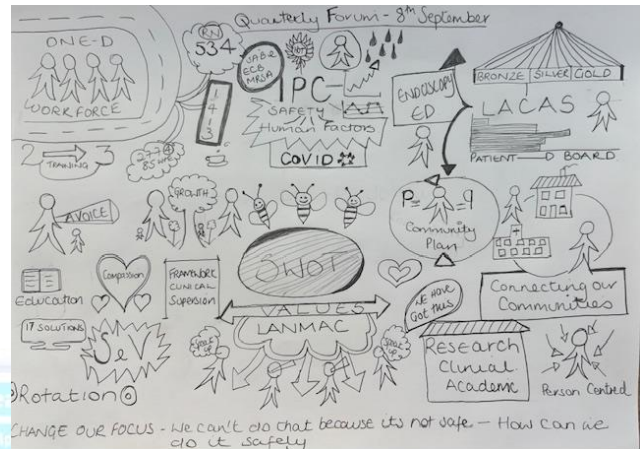


Figure 4: Visual representation of the meeting (Gillian McAuley)

It was an opportunity to launch the objectives template, which aims to create a platform to link the ambitions and key deliverables set out in the Plan with individual and team objectives. There was also an opportunity for shared learning and setting of core objectives for nurses and midwives. The key priorities from this session were used to inform the topics for subsequent Nurse Director Forums.

During the afternoon session we explored the concepts of **Compassionate Leadership** and kindness that underpin the values and cultural ambitions set out in the Strategic Plan. This session was delivered by an external facilitator Dr Libby McGugan, a life coach, author and inspirational speaker who led group work to explore the concept of 'leading from the heart' and a focus on self-kindness, mindfulness and well-being.

### 5.2 Workforce Planning – November 2023



Figure 5: Nursing and midwifery leaders and students, Liberton Hospital

Attracting, recruiting and retaining a skilled workforce is not only a key deliverable of the Strategic Plan but it is a priority for all Nursing and Midwifery leaders and teams within the business units. Nursing and Midwifery leaders were asked to bring student buddies and invitations went out to those students who had just come through the new graduate recruitment process.

During the afternoon session we engaged with the students to understand their experiences of the recruitment process, to hear their ideas and suggestions on how we should shape our activities for the 2024 recruitment campaign. The session was facilitated by Kris Aitken from Organisational Development using ‘What Matters?’ conversations and the Six Thinking Hats (De Bono, 1985) approach as ‘a way of investigating an issue from a variety of perspectives, but in a clear, conflict-free way’.

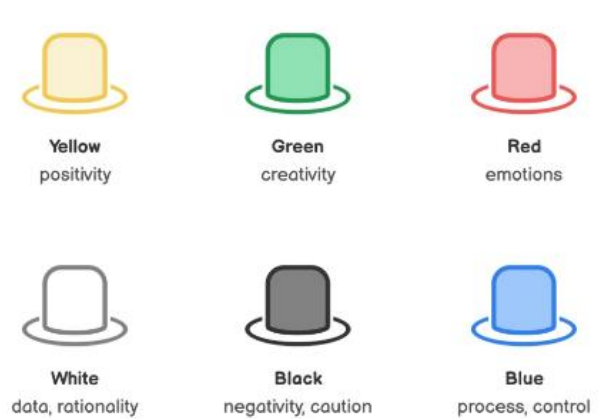


Figure 6: Six Thinking Hats (De Bono, 1985)

The outputs from this session were used in the successful recruitment campaign for 2024. Key changes were that at the time of recruitment the future newly qualified registered nurses would opt for the specialities and sites they wanted to work at, and importantly, would be given the opportunity to expressly exclude areas that they would not be prepared to take up a position. In addition, there was an emphasis from the students that rotational employment programmes would be an attractive option. Holding site awareness sessions, on each of the main acute hospital sites and across the Health and Social Care Partnerships has proved popular as it allowed students to visit areas and speak to staff, especially those who had not undertaken their undergraduate programme in the Lothians. In addition, the opportunity to work as an Assistant Practitioner (Band 4) in an area before transitioning across to becoming a registrant has also been valued (see section 5.4.1.3).

### 5.3 Person-centred Practice and Career Progression for BME Staff – February 2024

The Strategic Plan sets out ambitions for person-centredness, which is a collaborative, person-focused approach to care and staff engagement, where holding a person’s values are central to decision making. Consideration of individual’s preferences, goals, abilities and lifestyles matter and lead to meaningful and authentic engagements.

The third forum was a day of two halves connected through person-centred values. Shaun Maher, Professional Advisor to Scottish Government presented on person-centredness used the ‘Wheel of Intelligent Kindness’ (Campling, 2018) to frame the morning session on person-centredness.

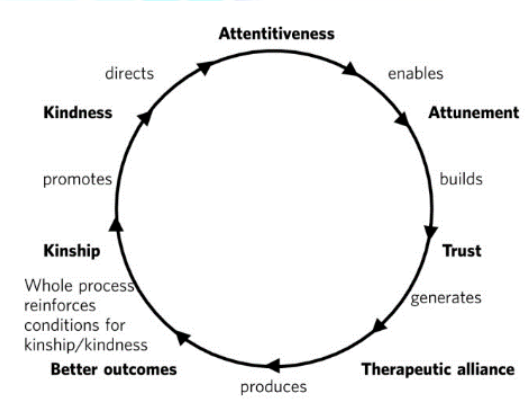


Figure 7: Wheel of Intelligent Kindness

We were then led into an afternoon session by a presentation of results of a survey into career development and career progression for Black Minority Ethnic (BME) Nurses and Midwives across Lothian.



Figure 8: Participants at Edinburgh Napier University

This survey links with one of our key deliverables for 2023/2025 that we promote an inclusive culture and foster diversity. The afternoon session was focussed on discussing the results of the survey and collectively agreeing the way forward, suggested actions and how this links to wider organisational priorities.

The survey demonstrated a clear need to support the BME workforce with all elements of career progression but also a deeper rooted need to educate those in leadership and management roles on the experiences of our BME workforce. This work is now being taken forward by the Nursing and Midwifery Advancing Equalities Group and a detailed action plan is being developed.

## 6. Delivery Plan

The Strategic Plan presents a step-diagram that identifies the key deliverables for each year of the Plan (figure 9). The current focus is 'Connecting Communities' and the following sections highlights the deliverables, outcomes and impact for the key actions for 2023-2025.

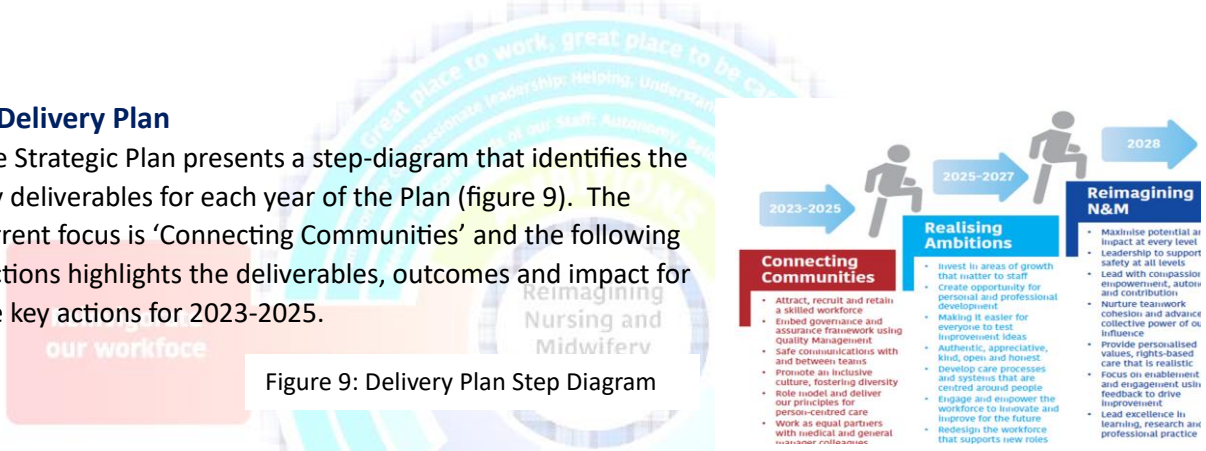


Figure 9: Delivery Plan Step Diagram

### 6.1 Attracting, Recruiting and Retaining a Skilled Workforce

#### 6.1.1. Generic Recruitment

Generic Recruitment is key to the Strategic Plan's ambition of attracting and recruiting a skilled workforce. The team deliver a strategic professional function, recruiting high volumes of registered and non-registered nurses and midwives under the principles of **"one application, one interview, one decision"** on a pan-Lothian basis. The Generic Recruitment Team perform the duties of a 'hiring manager' on behalf of services, releasing local clinical managers from the administration, but retaining their expertise in interviewing and matching. The Generic Recruitment team are also responsible for recruiting through specific initiatives such as:

- Open University trainees
- Return to Practice
- Student district and school nurses
- Higher National Certificate
- Skills Boost
- Newly qualified registered nurses
- Final year student nurses recruited as Band 4 Assistant Practitioners for 1 shift per week.



All of these initiatives support the workforce ambitions by attracting from a wider cohort and offering attractive opportunities to encourage retention. In addition, the team are also responsible for planning and supporting all open days and arranging and attending recruitment fairs alongside clinical colleagues.



During 2023/24 the Generic Recruitment team took on the additional responsibilities of pre-employment checks and conclusion of contracts, which has previously been the remit of the Regional Recruitment Team. This has driven improvements in the overall time to recruit.

The successes of Generic Recruitment have delivered an improvement in the establishment gap consistently throughout 2023/24. The starting point for the key 2024/25 recruitment of newly qualified registered recruitment activity is 38% improved over the previous year, leading to the current establishment gap of 5.93% (compared to 9.61% in June 2023 and against a target of 5%).

### **6.1.2 Newly Qualified Registered Nurse Recruitment Activity**

Recruiting newly qualified registered nurses (NQRN) and midwives is a key priority for the organisation, as they represent the single largest influx of workforce available each year. However, competition is fierce, with every Board in Scotland attempting to secure the very best candidates in volume. In 2023/24 the recruitment of newly qualified nurses and midwives made a substantial impact on the establishment gap, boosting the net number of nurses and midwives in the workforce by around 600 whole time equivalents (WTE).

This has been built on further in 2024/25, through the learning from working with the 2023/24 cohort of new recruits, securing an increase of 30% in applications over the previous year. Students were encouraged to engage in drop-in site awareness sessions, and this was particularly helpful for students who have not had placements locally. 926 applications were received, of which around 100 were transferred to an alternate recruitment pathway, as the applicants were ineligible for the NQRN process, which is expedited. To date the Board has made 694 unconditional offers, 79 candidates withdrew pre-offer and 25 have withdrawn post offer. This is a much-reduced attrition over the previous year. For nursing, this has resulted in the following appointments, with newly qualified nurses joining the organisation from July 2024 onwards:

- Adult - 489
- Mental Health/Learning Disability - 149
- Children - 56

#### **6.1.2.1 Supporting Retention of Newly Qualified Registered Nurses**

Maximise the

The recruitment of NQRNs is a key activity in the Generic Recruitment calendar and involves the support of other services to facilitate additional induction and clinical skills training to ensure recruits have the best start possible in their new posts. Local Clinical Educator roles have played a key part in ensuring that the new graduates have allocated preceptors, appropriate support and access to supervision. Research undertaken by the University of Edinburgh in 2022 (the Supporting and retaining Newly Qualified Nurses - SUSTAIN study). This involved two sites in NHS Lothian with specific cohorts of recruits who had dedicated clinical educators. This demonstrated that the areas with this type of focussed support had improved retention of new recruits and has influenced the expansion of this type of role and support.

### **6.1.3 Reduction in Agency Use**

One benefit of the recruitment position is the very positive position, which has enabled the use of supplementary staffing to be driven down. The Staff Bank had many of the enablers in place already to control the use of agency that were proposed by the directive from the Scottish Government in February 2023. Over 2023/24, significant additional control mechanisms have been put in place across NHS Lothian and by the end of 2023/24 the use of off-contract agency had ceased completely. As subsequent national controls were put in place throughout 2023/24 NHS Lothian remained ahead of the schedule.

In quarter 1 of the financial year 2024/2025, the overall expenditure on agency had reduced by 90% from the same period in the previous year.

## **6.1.4 Earn as you Learn Models**

### *6.1.4.1 Open University 'Earn as you Learn' Pilot*

An 'Earn as you Learn' pilot model of registered nurse preparation via the Open University (OU), which was initiated in 2022 in mental health, was rolled out for 2023/24 to community hospitals (adult nurse trainees) and a second cohort of mental health trainees. Trainees are employed by NHS Lothian in healthcare support worker roles (band2/3) for the duration of the four-year programme. There were high numbers of applications to both the adult and mental health cohorts (145 and 227 respectively) for a total of 40 posts for the second year of the pilot. Added to the 11 trainees progressing from the first year of the pilot, this demonstrates a high level of interest in 'Earn as you Learn' models. A mixed methods evaluation study of the experience of the first year of the programme is nearing completion and has gathered the perspectives of trainees, clinical educators, and OU tutors and will include practice supervisors and managers.

### *6.1.4.2 Access to Nursing Programmes via Higher National Certificate*

NHS Lothian also supports Health Care Support Workers (HCSW) to undertake the Higher National Certificate (HNC) to access nursing programmes. There are two HNC programmes: one is for HCSWs employed by NHS Lothian (endorsed) who undertake their HNC over one year and then progress into second year of registered nurse training at Edinburgh Napier University. NHS Lothian also work collaboratively with Edinburgh and West Lothian Colleges to support students who have entered into college to undertake the HNC (non-endorsed). Those on the non-endorsed HNC pathway are employed up to 22.5 hours per week to support achievement of the programme and some students opt to continue in role as a HCSW during their nursing programmes. NHS Lothian support around 75 HCSWs each year to undertake the endorsed HNC pathway, and it is estimated that around 1,400 staff have followed this pathway since it began, with many people now in nursing leadership roles in NHS Lothian.

### *6.1.4.3 Assistant Practitioner Role for Final Year Students*

NHS Lothian led the development of an innovative programme to offer final year (Part 3) nursing and midwifery students the opportunity to work as a substantive Assistant Practitioner (band 4) one day per week. As well as offering a guaranteed income, this supports their development as an employee within a team as well as building capacity in the support workforce. This model, which has been running for 3 years has also supported the students' transition into registered practice. In autumn 2023 there were 250 applications from final year students to take up this role, which equated to 70-74 WTE being added to the workforce.

### *6.1.4.4 Trainee Band 3 Healthcare Support Worker Roles*

To ensure a supply chain of Health Care Support Workers a Trainee Band 3 role was established during 2023/24. This enables people to enter the workforce at band 2 level without having care experience to gain the necessary skills and underpinning knowledge to undertake the band 3 Senior HCSW role, which constitutes 85% of the non-registered Nursing and Midwifery workforce after the national banding review.

All of these initiatives are directly impacting on recruitment and retention in a very positive way.

## **6.1.5 Community Workforce Review**

In recognition of the increasingly complex demands being faced by community nursing teams across the four Health and Social Care Partnerships (HSCPs) a comprehensive workforce review was initiated in early 2024. A review team, commissioned by Director of Primary and Community and led by the Consultant Nurse Advanced Practice and Chief Nurse Corporate Nursing and involving the Chief Nurse and Deputy Chief Nurse from Clinical Education, has adopted a co-production approach by engaging and involving community nursing teams who deliver the service. In addition to the engagement involving meetings and surveys, a comprehensive review of workforce and workload data has been undertaken and benchmarked

against other Scottish and national NHS Trusts/Boards. Four key areas of focus have now been identified and the work is ongoing and being addressed through the following sub-groups:

1. Workforce and referral pathways
2. Communication and media
3. Education
4. Information Technology

### 6.1.6 Lothian Care Academy

The Lothian Care Academy provides quality learning and education for staff working in care homes and care at home services, supporting career pathways and recruitment and retention. A [Training Directory](#) that offers a 'one stop shop' to promote equitable access to training opportunities and information for staff has been created. A programme for the skilled level Promoting Excellence Framework Dementia training has been delivered to 217 staff in various roles across social care. A programme called 'Practice Person-centred Care' facilitated by the Clinical Education Team in conjunction with City of Edinburgh Council (CEC) was piloted as a test of change to develop a 'shared induction' model and 18 CEC staff attended. The possibility of expanding leadership development and creating a specific career pathway to highlight and promote social care roles as an attractive career choice is being explored.



### 6.1.7 Education and Development Career Pathway

Retention of staff can be supported by offering opportunities for growth and development. The well-established NHS Lothian education and development career pathways for bands 2-7 (figure 10), which outlines the opportunities available for those who want to transition to registered practice, to consolidate their practice or to move into advanced practice roles has been refreshed.

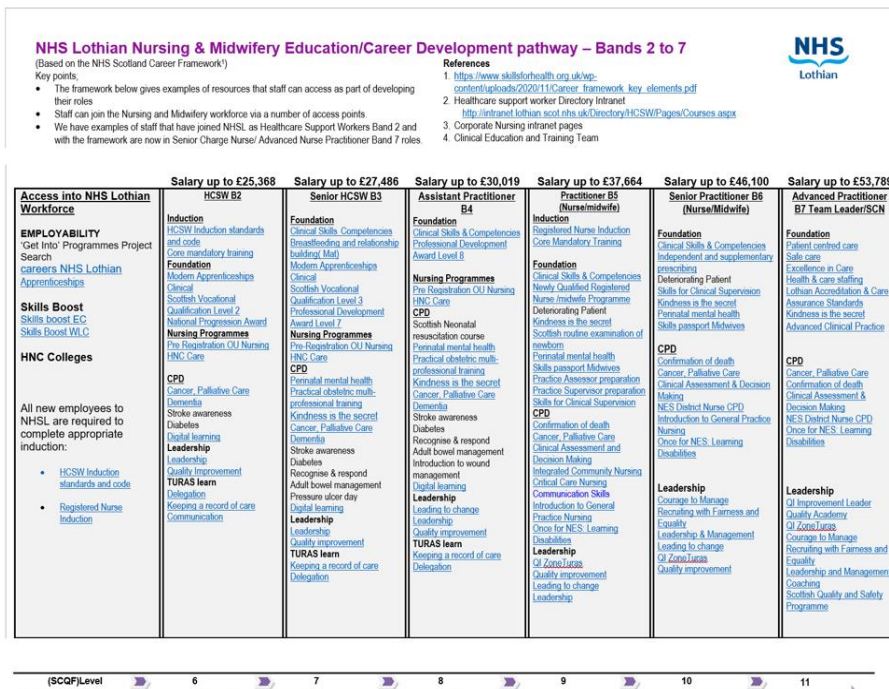


Figure 10: NHS Lothian Education & Career Development Pathway

### 6.1.8 Career Conversations

Early in 2024 the Clinical Education Team led an initiative to offer 'Career Conversations' to Nursing and Midwifery staff to support exploration of career opportunities within NHS Lothian. A number of experienced nurses and midwives have volunteered to act as advisors and follow guidance adapted from NHS Kent and Medway/North Kent Training Hub to have a 'Stay and Grow' conversation (Figure 11). These conversations aim to explore what matters to the individual requesting the conversation to help them reflect on and consider their development needs moving forward. An evaluation process has been initiated to check in with staff 3-6 months following their career conversation to seek feedback and to identify any impacts related back to having this conversation.



Figure 11: Stay & Grow Conversations

### 6.1.9 Personal Development Planning

To support achievement of the Strategic Plan ambitions, the Implementation Group wanted to provide staff with a standardised tool to have encouraging and transparent conversations during their appraisal and personal development planning. An objectives template utilising the branding (Figure 12) was developed and has been made available for all nursing staff to use via the Intranet. There are instruction guides to facilitate individuals and teams to take a similar approach to completion of personal development planning and setting team objectives.

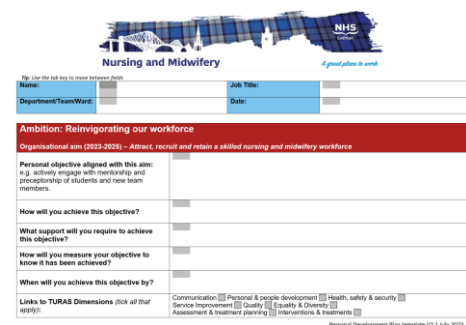


Figure 12: PDP Template

One example of its use is within the Royal Infirmary of Edinburgh where the Associate Nurse Director objectives mirror the direction of the objectives of the Nurse Director Acute and these then filter down through Deputies and Clinical Nurse Manager team to set the direction and vision for the whole nursing team and allows for a collaborative, collective conversation and voice of Nursing for the site.

## 6.2 Embed Governance and Assurance Framework using Quality Management

### 6.2.1 Lothian Accreditation and Care Assurance Standards

Lothian Accreditation and Care Assurance Standards (LACAS) provides a framework to give organisational assurance that quality person-centred care is being delivered consistently across all NHS Lothian's services. Most of the sites are supported by a Lead Nurse for Quality and Standards in this work.

To date standards have been developed and implemented for:

- Adult Inpatient
- Outpatient Departments
- Children & Young People
- Critical Care
- Emergency Department
- Endoscopy



In development with rollout planned for later in 2024 are:

- Theatres & Recovery

- Day Intervention Services
- Mental Health & Learning Disabilities – in patient and community teams

The LACAS Framework has been developed to promote quality assurance activity and to be used to positively inform and drive improvements in line with the Board’s objectives and quality strategy. LACAS reports are produced every 6 months and are taken through local governance groups before being shared with the Healthcare Governance Committee and from there to the NHS Lothian Board.

### 6.2.2 Excellence in Care

The LACAS Framework builds upon the national work being undertaken as part of the national Excellence in Care (EiC) Programme by:

- Identifying standards of quality that incorporate EiC measures and align with the EiC Framework, building on person-centredness, compassion, fundamentals of care and communication.
- Supporting local teams to use quality data and resources to identify and plan improvements within their own area of practice.
- Promoting a culture of continuous improvement using a quality management systems approach.



Board level information is provided to the national EiC Care Assurance and Improvement Resource (CAIR) dashboard which allows services to monitor the national measures for nursing and midwifery care to and use the data to drive improvement in the quality of care.

### 6.2.3 Data Management Systems

Corporate Nursing has invested in an electronic data management system called MEG, which enables Senior and Deputy Charge Nurses to input their audit data online and see real-time results for assurance purposes. The data can then be digitally extracted to other NHS Lothian dashboards and submitted to EiC. The MEG system also includes functionality for managing improvement plans and action plans, which is being promoted with Senior Charge Nurses to help them keep track of quality improvement actions locally.



Figure 13: Example of MEG dashboard

### 6.2.4 Person-Centred Assurance Tool

The LACAS Framework incorporates ‘Steps to Quality Assurance’ for Senior Charge Nurses, which uses a quality management approach of quality control, quality planning and quality improvement throughout the year. This includes monthly completion of a person-centred assurance tool (PCAT) on MEG, which to date has been developed for adult in-patient, children and young people and critical care.

The PCAT gives the Senior Charge Nurse and, in turn, the Clinical Nurse Manager, an overview of the quality of person-centred care planning within their clinical area and includes the EiC measures. The data from these is then extracted for monthly submission to EiC.



### 6.2.5 Alignment of Quality Data to the Health and Care Staffing Act

In line with the Health and Care (Staffing) (Scotland) Act 2019 and the Duty to follow the Common Staffing Method (CSM) (figure 14), a process for formalising staffing reviews has been developed and tested during 2023/24. This includes a governance route that offers professional and Board oversight. At an operational level once a year, the LACAS results will be used, together with the staffing measures and local context, in each service's annual workforce review meeting. The purpose of this meeting is to provide assurance that staffing is appropriate to support high quality care. Where the service cannot be assured, an action plan will be agreed to be taken through the operational line with professional oversight from Divisional Workforce Governance Groups and the Nursing and Midwifery Workforce Programme Board.

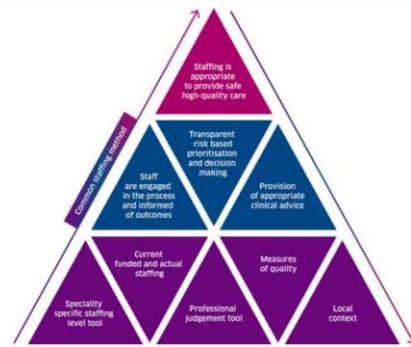


Figure 14: Common Staffing Method

During 2023/24 testing of a tool to provide Board level assurance of compliance with the Health and Care (Staffing) (Scotland) Act 2019 was carried out enabling readiness for the enactment of the legislation.

## 6.3 Ensuring there is Safe Communications with and between Teams

### 6.3.1 Implementation of NEWS on TRAK, Escalation and Deteriorating Patient Overview Board

Over the last three years NHS Lothian has introduced electronic person-centred care plans across all adult and paediatric in-patient areas that are linked to the LACAS framework. As part of their introduction there was an ambition to create an electronic system for recording and monitoring observations, patient escalations and introduce a deteriorating patient overview board.

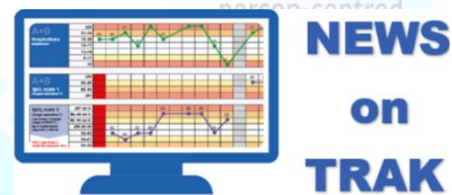


Figure 15: NEWS on TRAK logo

The design and development of this was done with nursing representatives across the system and NHS Lothian's eHealth team. This is the first development of its kind on the TRAK system in NHS Scotland and the project has now been running for two years. It has delivered electronic observations and patient escalations in 170 different clinical areas in Community Hospitals, Mental Health and Acute Services. A further 13 emergency areas going live in 2024. Adaptation of the adult system is being worked through within paediatrics with a go live date of October 2024 within the Royal Hospital for Children and Young People.

This system provides visual data that can be accessed by all members of the multidisciplinary team at ward/department level and remotely, ensuring the patients with high NEWS are flagged at the earliest opportunity. There are a number of significant benefits to this system, which supports recognition and management of the deteriorating patient, reviews of cardiac arrests and identifies many learning and improvement opportunities which enhance the outcomes of patients and the experience of staff.

This work has additionally been supported through funding a Quality Improvement Advisor for deteriorating patients and there has been a significant improvement in the accuracy of NEWS calculations (figures 16 and 17).

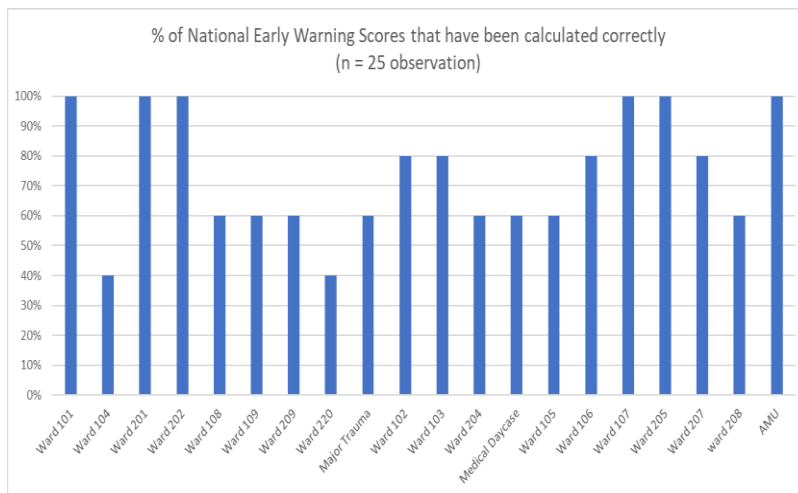
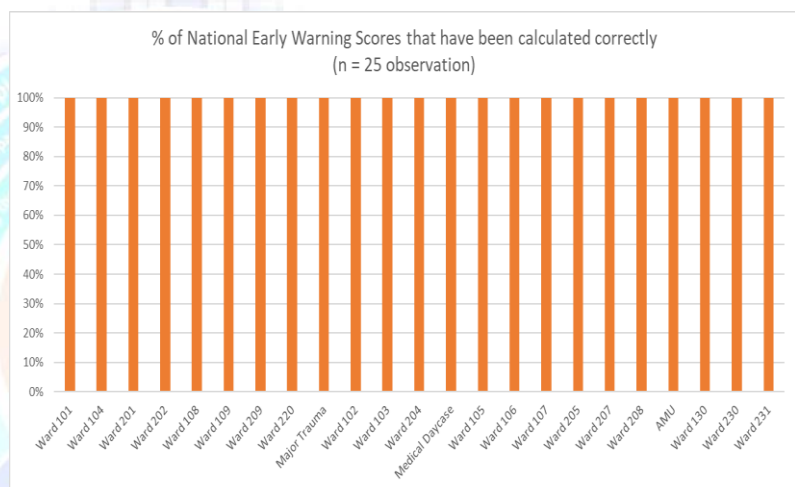


Figure 16: Pre-Implementation calculation of NEWS, Royal Infirmary of Edinburgh

Figure 17: Post-Implementation calculation of NEWS, Royal Infirmary of Edinburgh



Benefits of NEWS on TRAK include:

- Increased completeness of observations
- Increased accuracy of NEWS2 scoring
- Increased reliability of observations completed on time
- Increased ease & clarity of documentation of escalation
- Increased in reliability of escalation
- Increased oversight of deteriorating patients
- Increased remote accessibility to NEWS and transparency of the whole system

Other key benefits include: i) compliance with SIGN 167 Care of the Deteriorating Patient; ii) achieving compliance with the recommendations set out the Scottish Patient Safety Programme; iii) enabling rapid guaranteed access to NEWS data to complete structured timely review of deterioration. Transformational data access now enables timely Serious Adverse Event Reviews and Hospitalised Standard Mortality Ratio (HSMR) as well as access to new improvement measures.

### 6.3.2 New Strategy for the Management of Aggression Training – Keeping People Safe

During 2023/24 NHS Lothian has refreshed the approach to management of violence and aggression with a new policy, risk assessment and training strategy. The emphasis of this work was to shift the narrative

from managing incidences of violence and aggression to a more preventative and proactive safety focussed culture. The “Keeping People Safe – Management of Violence and Aggression” policy was approved in June 2023. Other work streams have built on this foundation and the training strategy has adopted a risk based approach (figure 18) and scenario based training delivery through a network of work based trainers. This has the benefit of training being tailored to local settings, locally available and has increased the extent of training provided.

	Training Level		Training Level
Datix Analysis/Staff Perspectives raised no concerns re volume/frequency of incidents/severity	Level 1 Core	Frequently provide care, advice, or information to patients/visitors and/or dealing with people on telephone who may display signs of anger	Level 2 Core
Workplace is multi-occupied with support readily available in case of incidents.		Medium to high likelihood of assisting people displaying signs of stress, distress and/or anger in a face to face situation.	Level 2 Intermediate
Not delivering treatment/care or providing advice and information to patients/visitors.		Lone Worker Category 1 Staff who visit patients in their homes on their own or work in isolation within a department out of hours and at weekends	Level 2 Advanced
No requirement to use physical restraint practices		Medium to high likelihood of using low-level restraint practices (e.g. Guided Hold) to prevent absconding.	Level 3 Core
Low risk of assisting people displaying signs of stress, distress and/or anger (including on telephone and visitors)		Medium to high likelihood of using low-level restraint practices to deliver treatment and care (e.g. Seated and Trolley Restraints)	Level 3 Intermediate
Infrequently/never provide care for people who are assessed as requiring increased interventions.		Frequently provide care for who are assessed as requiring increased and/or continuous interventions as a response to a medium or high risk of suicide, self harm or harm to others.	Level 3 Advanced
Workplace has a lack of nearby support in case of incidents.	Level 1 Intermediate	Use of high-level (floor level) restraint practices as part of planned interventions / practice to maintain safety and prevent harm to patient or others.	Level 4 Intermediate
Lone Worker Category 2. Staff who visit patients in their home or run clinics in buildings alone or in isolation, within office hours (Mon – Fri) and staff who work from home	Level 1 Advanced	Use of Softer Restraint & Safer Holding System – Medium Secure Unit ONLY  Individual Patient Concerns	Level 4 Advanced  Bespoke
Additional Local Trainer Capacity Required	Train the Trainer	Datix Analysis/Staff Perspectives raised concerns re volume and / or frequency of incidents and / or the severity of incidents	Consult

New lone working devices have also been rolled out to provide teams with a reliable vehicle for safe and well practices, to promote safety of staff and communications across teams.

The measurement framework to support the understanding of the impact these changes have made is being developed.

Figure 18: Risk Based Training Strategy

## 6.4 Promoting an Inclusive Culture Fostering Diversity

### 6.4.1 Career Progression and Career Development for BME Nurses and Midwives

In June-July 2023 a survey of BME Nurse and Midwives was undertaken to explore their experience of career progression and career development. The survey was designed by members of the Advancing Equalities Group and is one of the objectives of the NHS Lothian Advancing Equalities Action Plan 2023/2024. 46 responses were received across a range of BME backgrounds, and the respondents came from all stages of the career framework and all workplaces across NHS Lothian. In addition to some positive comments around work opportunities in NHS Lothian there were reports of poor experience in relation to:

- Opportunities for promotion and outcomes of selection processes, especially at the point of progression from band 5 to 6
- Lack of BME appointments and role models in leadership roles at band 7 and 8
- Perceptions of discrimination in opportunities for continuing professional development and recruitment processes

Respondent reported what mattered to them was equality of opportunity, identifying individual's potential, having BME mentors and career guidance to support progression. The findings from this work have been shared widely, including at the NHS Lothian BME Network, Senior Leaders event on Equality and Diversity and formed a key element of the Quarterly Professional Forum on Person-centred Care in February 2024. More than 20 nurses and midwives from BME background joined nursing and midwifery leaders to discuss these findings and make recommendations for improvement.



Figure 19: Promotional Poster for BME Survey



The output from the discussion at this event have been thematically analysed and a discussion document is being reviewed by the Advancing Equalities Group in June with a view to developing a robust action plan. The key themes within this work include support for BME nurses and midwives, support and actions for managers, recruitment processes, communication and development opportunities.

### 6.4.2 Lothian Area Nursing and Midwifery Committee

The [Lothian Area Nursing and Midwifery Committee](#) (LANMAC) is a statutory committee of the Board and a constituent group of the Area Clinical Forum. Following a relaunch in 2022, LANMAC has aimed to foster a collaborative and inclusive approach to participation from nurses and midwives across NHS Lothian. The membership developed their own strapline to be ‘The Voice of Nurses and Midwives in NHS Lothian’, with the aim being that LANMAC is a committee where nurses and midwives from across Lothian represent their professions, are heard, and through professional engagement enable collaborative implementation of plans that develop the professions, boost morale and ultimately improve person-centred care and patient outcomes.



Figure 20: LANMAC members (March 2024)

Membership of LANMAC is open to all through a nomination process, supported by line managers and professional leads, and at present there are 70 members made up of NHS staff and our academic partners. The Chair of LANMAC represents Nursing and Midwifery on the Area Clinical Forum. To offer development opportunities and succession planning there are four Vice Chairs of LANMAC.

Membership spans all stages of the career pathway and service areas across NHS Lothian (figures 21 and 22). The Executive Nurse Director attends the four in-person meetings per year as an *ex officio* member.

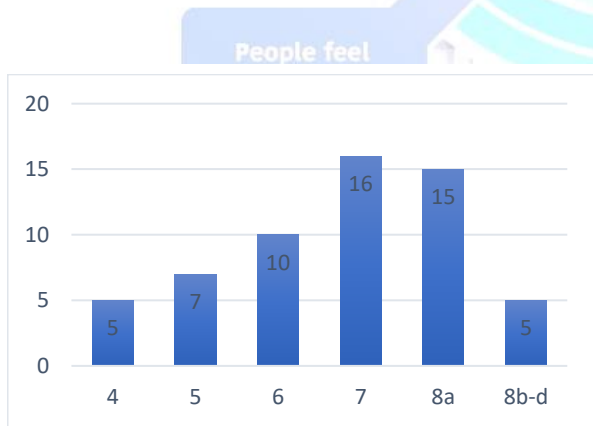


Figure 21: LANMAC members by banding (NHS only) August 2024

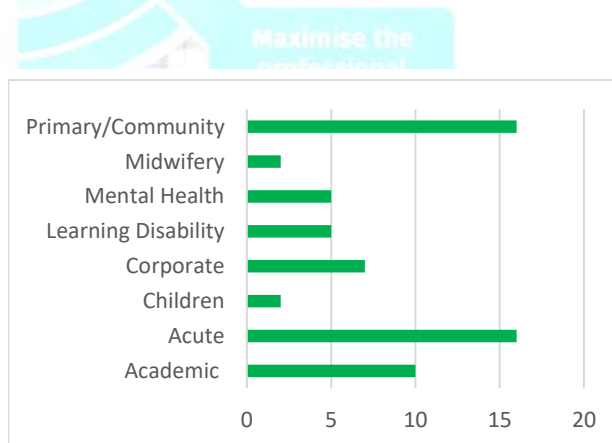


Figure 22: LANMAC members by service, August 2024

## 6.5 Role Modelling and Delivering our Principles for Person-centred Care

### 6.5.1 Person-centred Care Planning

NHS Lothian has designed and implemented Person-centred Care Plans on TRAK. These are active across adult and paediatric in-patient settings, excluding maternity services and acute mental health. The care plans support the delivery of our person-centred ambition by providing the processes to enable care plans to be focused on 'what matters' to the patient. The care plans are sub divided into sections that are also linked to our Care Assurance Standards. This new approach was a move away from previous risk-based approaches to care planning and has been a cultural change to ensure that active engagement with a person's individual preferences, goals, abilities and lifestyles is considered. This allows for meaningful authentic engagements to develop, leading to shared, informed decision-making.

This has been a significant multi-professional project led by the Nurse Director Acute and has included nursing staff and representatives from eHealth, quality improvement, analytical services and clinical education. The key differences between traditional 'risk-based' care planning and person-centred care planning are summarised in the Table 1 below.

Traditional Care Planning	Person-centred Care Planning
The professional assesses the person's needs	Care and support plans are developed with the person. The conversation is led by the person who knows best about their needs and preferences
Care planning follows a medical model of disability	Care planning follows a social model of disability
There is a focus on what the person is unable to do	There is a focus on goals and aspirations, what the person would like to achieve with their care and support
There is a static view of the person's ability or capacity	Care planning explores potential for change, opportunities to develop capacity and ability
The professional writes the care plan with little or no input from the person or their representative	The person is supported to express how they would like their care and support to be delivered.  The professional provides information about what the service can offer. They agree what will be in the care and support plan.  A copy of the plan is made available to the person and/or their representative
The emphasis is on protecting the person from risk	The emphasis is on safe care that respects a person's right to take risks that they understand.
The process takes place when it is convenient for the professional	The care planning conversation takes place at a time when the person is most or more likely to have capacity
Power is with the professionals	Power is equally shared

Table 1: Key differences between 'traditional' and person-centred care

## 6.5.2 Focus on Enablement and Engagement and Use of Feedback to Drive Improvement

The Patient Experience Strategic Plan was launched in 2023/24 and whilst this aim appears later in the Nursing and Midwifery Strategic Plan timeline it is important to log the early preparatory work that has been initiated corporately to support this objective.

### 6.5.2.1 Patient Experience Survey

NHS Lothian's commitment to providing quality care to patients, their families and carers includes developing a straightforward way for them share their experience with us. A new Patient Experience Survey was piloted in 2023 and has been designed around the values of person-centred care, focusing on the needs of the person as an individual. The questions cover the following:

- Safe and comfortable environment
- Care well organised with staff working well together
- Given enough time by staff
- Treated with dignity and respect
- Staff taking account of things that matter
- Staff listening to concerns and questions
- Given information in way that could understand
- Given enough information to make informed choices
- Involved in decisions about care and treatment (as much as wanted)
- Been able to involve people that matter to me in decisions about care and treatment

The pilot demonstrated the benefit of this approach, with volunteers supporting patients to give feedback as well as there being promotional materials, including QR codes, available in clinical areas. Of the 316 responses in the pilot 88% of patients either 'strongly agreed' or 'agreed' with the statements.

The Patient Experience Survey will be rolled out across NHS Lothian during 2024, starting with adult acute settings. The information received from the survey will allow services to gain assurance around the quality of person-centred care they provide, as well as offering opportunities to hear how services can be improved. This work will support the delivery of this aim in the Strategic Plan in future years.

### 6.5.2.2 Care Opinion

Care Opinion is an independent organisation which offers an online platform to give an open and transparent way for patients and the public to share their stories and experiences of health services across Scotland. These stories are then shared with the individual services in NHS Lothian. In turn clinical teams respond to the feedback and use it to support learning, recognising what is done well and what could be improved.

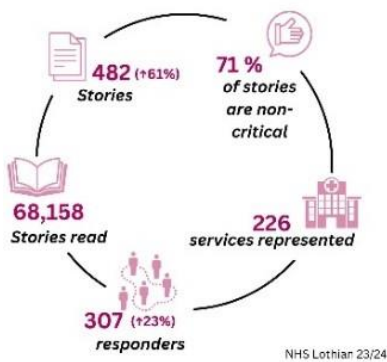


Figure 23: Summary of NHS Lothian Care Opinion activity 2023/24

Over the last year, Care Opinion has continued to be rolled out in a structured way, increasing the number of services represented and the number of NHS Lothian staff receiving alerts to stories relating to their service. In the last year there has been a 61% increase in the number of stories submitted and NHS Lothian now has the fourth highest Board response rate for Care Opinion in Scotland. There has been a 23% increase in the number of staff fulfilling the role of responder, which allows patients who have shared their story to be receiving valuable responses direct from frontline NHS Lothian staff delivering their care and allows sharing of positive feedback with staff or improvement to be instigated locally.

The stories submitted are assigned 'criticality scores' by the Care Opinion moderators rather than the public or NHS Lothian. During period 1 April 2023 to 31 March 2024 (figure 23) 71% of stories shared about NHS Lothian services were categorised 'not critical' (i.e. positive feedback), which was an improvement of 3% from the previous year. 10% of stories were rated 'moderately' or 'strongly critical', which is a 4% decrease from the previous year. The main themes for 'what could be improved' were communication, information, and staff attitude.

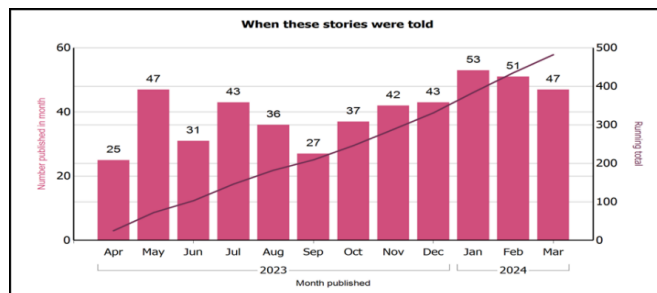


Figure 24: NHS Lothian Care Opinion activity: number of stories posted 2023/2024

### 6.6 Working as Equal Partners with Medical and General Manager Colleagues through Triumvirate Structures.

Implementation of the the triumvirate structure has started within acute services with changes to the medical management structure at both the Royal Infirmary and St Johns Hospitals. Presentations to the the leadership teams across acute services have taken place explaining the model and the role of the individuals that work as part of the triumvirate. Ensuring the nursing voice is heard as part of this leadership model has been important and support has been provided from Organisational Development as the model is embedded. Scale up and spread of the model throughout the organisation will take place through 2024/2025.

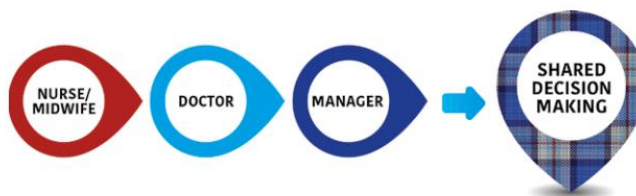


Figure 25: Triumvirate Structure

## 7. One Year on Celebration Event Reflections

This section includes embedded links to many of the presentations and a short video that captures the essence of the whole event.

On 10<sup>th</sup> May 2024 the first celebration event for the anniversary of the launch of the Nursing and Midwifery Strategic Plan was held. This was held in the Chancellor's Building, Little France and was attended by approximately 150 staff.

### 7.1 Presentations

The day included a plenary presentation from Gillian McAuley, Nurse Director Acute who gave an overview of the Strategic Plan – One Year On. Tommy Whitelaw, National Lead for Caring and Outreach, Health and Social Care Alliance Scotland gave the keynote address on 'Kindness is the Secret'.



Figure 26: Audience listening to Tommy Whitelaw

A [video](#) has been created that captures the event and many of the presenters.

There were 36 concurrent session presentations from nurses and midwives from across NHS Lothian, showcasing aspects of their work over the last year that have gone towards meeting the ambitions of the strategic plan.

#### 7.1.1 All ambitions

**Bringing the Strategy to life in the Royal Infirmary of Edinburgh** – Michelle Jack, Associate Nurse Director, RIE

#### 7.1.2 Reinvalidate our Workforce

- **Embedding the strategy into community nursing in West Lothian: appraisals, restorative supervision and career conversations** – Leanne Grant, Clinical Nurse Manager, Community District Nursing
- **Supporting Newly Qualified Nurses in the Older People's Mental Health Service** – Jenny Revel, Clinical Academic Senior Nurse, REAS
- **Introducing a coaching model for practice supervision and assessment** – Kirsten Hood, Deputy Chief Nurse Clinical Education
- **The Soup Stop: creating the opportunity to opportunity to rest, refresh and refuel in Midlothian Community Hospital** – Wendy Armitage, Staff Wellbeing Development Lead, Midlothian
- **Developing practice learning opportunities in clinical research nursing and midwifery** – Ruth Moss, Clinical Research Nurse Manager
- **Introduction of education facilitators to medicine, surgery and oncology at the Western General Hospital** – Elaine Blair, Clinical Educator, WGH
- **Reinvigorating the role of nurses within the community perinatal team** – Susan McConachie, Consultant Nurse, Perinatal Mental Health
- **Developing a continuing professional development framework for the clinical research nurse workforce in NHS Lothian** – Heather McVicar, Clinical Research Nurse Manager, Oncology



Figure 27: Michelle Watt, Clinical Education Facilitator/Long Term Conditions Team

### 7.1.3 People feel Valued, Respected and Supported

- **Establishing a cancer nursing newly qualified rotation programme through a Clinical Academic Partnership Group** – Emma Childs, Interim Nurse Consultant, Edinburgh Cancer Centre, WGH
- **Creating a focus on wellness in Critical Care** – Sarah Lewis, Deputy Charge Nurse, Critical Care, RIE
- **Focusing on staff well-being in No 11** (Midlothian Mental Health Services) – Louise Healey, Team Manager, Mental Health Services, Midlothian

### 7.1.4 Deliver Excellence in Safe High Quality Care

- **Supporting midwives to support women who wish to birth significantly outside clinical recommendations** – Mercedes Perez-Botella, Director of Midwifery
- **Establishing shared decision making and quality improvement to inform change in learning disability services** – Lisa Graham, Clinical Nurse Manager, Learning Disability Services
- **Lothian Care Academy – working together to deliver quality care** – Donald Boyd, Programme Manager, Care Home Programme Team
- **Working in collaboration to support care homes in Lothian** – Maggie Byers-Smith, Lead Nurse, QI & Standards, Care Homes & Primary Care
- **Introducing electronic observations: NEWS on TRAK** – Lorna Turner, Lead Nurse Quality Improvement & Standards, East, Mid and West Lothian HSCP
- **Improving patient experience of cannulation when attending for systemic anti-cancer therapy** – Heather McVicars, Clinical Research Nurse Manager, Oncology
- **PainCheck – QI and the importance of engagement in care homes** – Cheryl Henderson, Education and Dementia Co-ordinator, Elder Homes
- **Reducing falls in care homes through a falls and frailty clinical education programme** – Michelle Watt, Clinical Education Facilitator/Long Term Conditions Team
- **Improving pain assessment in a children’s surgical ward** – Louise Fegan, Lead Nurse Quality Improvement & Standards
- **Childhood Vaccination: Improving accessibility and experiences** – Rachael Marples, Clinical Nurse Manager, Community Health Visitor



Figure 28: Tracy Burton & Linda Conway, Lead Nurses Quality & Standards



Figure 29: Louise Fegan, Lead Nurse Quality Improvement & Standards and Sam Johnson, Senior Charge Nurse, Dunvegan Ward, RHCYP

### 7.1.5 Maximising the Professional Contribution of Nurse and Midwives

- **Enhancing collaborative practice between the NHS and universities through the Clinical and Academic Home Framework** – Juliet MacArthur, Chief Nurse Research & Development
- **Implementing the Health and Care Staffing Act: ‘moving the deckchairs’ in St John’s Hospital** – Mags Cantley, Health and Care Staffing Lead
- **Workforce redesign in an inpatient acute setting** – Cheryl Dickson, Senior Project Manager, Sustainability & Value Team
- **Service reconfiguration: a perfect opportunity to support staff to feel Autonomy, Belonging and Contribution** – Gillian Treadwell, Senior Charge Nurse, Obstetrics & Gynaecology
- **Restructuring the critical care non-registered workforce** – Marie Mackinnon, Senior Charge Nurse, Critical Care, RIE



Figure 30: Members of the Corporate Nursing Senior Management Team

### 7.1.6 Delivering Excellent Person-Centred Compassionate Care

- **The meaning of the Meaningful Activity Team at the Western General Hospital** – Antony Bishop, Clinical Nurse Manager, Medicine of the Elderly, WGH
- **Addressing unmet needs at St John’s Hospital through the Nursing Strategy** – Frances Aitken, Dementia Nurse Specialist, St John’s Hospital
- **Developing and implementing the HOPE Spiritual Care Workbook in East Lothian Community Hospital** – Graham Hunter, Quality Improvement Service Development Manager, East Lothian Community Hospital
- **Establishing a Care Opinion collaboration in Children and Young Peoples Services** – Louise Fegan, Lead Nurse Quality Improvement & Standards, RHCYP
- **Creating admission information and resources for children and young people accessing inpatient CAMHS services** – Alley Speirs, Nurse Consultant, CAMHS

### 7.2 Feedback from Staff – What Makes a Good Day?

In his keynote presentation, Tommy Whitelaw invited all those present to write down their own response to the question ‘what makes a good day?’ These were collated and a selection of quotes are included to illustrate a flavour of the responses.

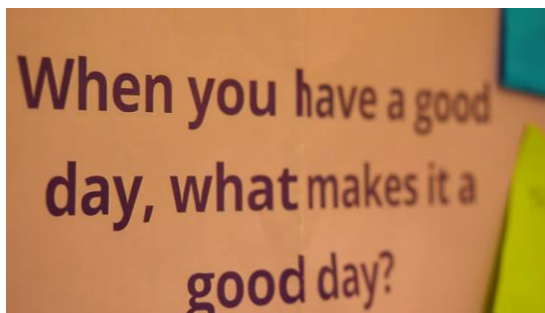


Figure 31: Tommy Whitelaw



## 8. Evaluation – One Year On

The Strategic Plan Implementation Group designed a survey to seek feedback from nurses and midwives across the organisation on their perceptions around the creation and implementation of the Nursing and Midwifery Strategic Plan and the associated branding. In addition, a survey was created for non-nursing and midwifery staff to gauge wider perception. The findings provide useful information to understand the reach of the Strategic Plan and the degree to which it is informing local discussion and work plans. The response is overall positive, however, there are areas for further communication and raising awareness of the ambitions across the full career pathway.

### 8.1 Feedback from Nurses and Midwives

168 nurses and midwives from across NHS Lothian responded to the survey and this include good representation across the career pathway and from difference services (figures 32 and 33).



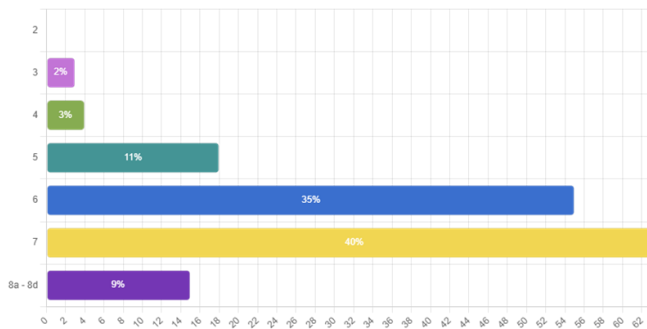


Figure 32: Responses by banding (n=168)

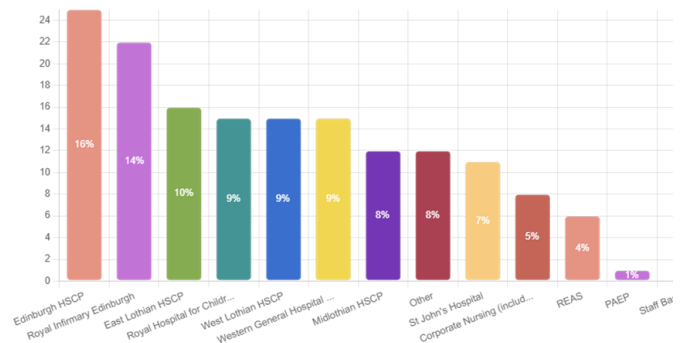


Figure 33: Responses by service (n=168)

### 8.1.1 Awareness of Strategic Plan and Branding

Staff were asked to indicate their level of awareness of the Strategic Plan itself (Figure 34) and separately about the Nursing Tartan branding (Figure 35). The responses indicate that whilst more than half of staff said they had at least some awareness of both, a high proportion had either limited awareness or no awareness at all.

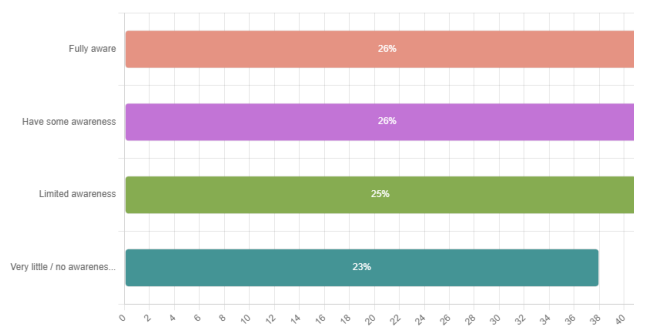


Figure 34: Awareness of the Strategic Plan (n=168)

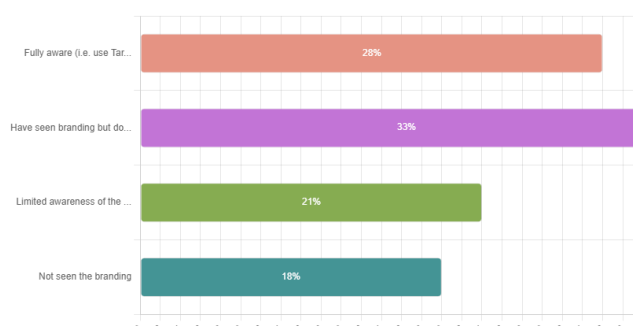


Figure 35: Awareness of the Tartan Branding (n=168)

Awareness of the Strategic Plan is very much linked to level or seniority, with 100% of those in band 8a-8d roles reporting some awareness/fully aware, 56% of band 7s, 40% of band 6s and 30% of band 5s. Similarly, use of the Tartan branding was linked to level of seniority, ranging from 86% of band 8a-ds, 43% band 7s, 10% band 6s and 2% Band 5s. However, significantly more staff are aware of the branding, although not using it themselves. Staff were invited to provide comments:

*"I love using the branding, it shows the nursing staff clearly in local and national meetings. Great idea and looks great"*

*"I personally would prefer the tag line to be 'making it a great place to work', as I believe so many departments and areas in NHS Lothian are struggling right now and underperforming, so I don't believe we are a great place to work right now".*

*"Haven't really noticed the changes and don't think branding should be the NHS priority at this time".*

*"Really clear who is a Nurse on calls, great to see all the backgrounds on bigger meetings. Gives a sense of pride and standing for the nursing roles in an environment where we are promoting triumvirate working"*

*"Other than the branding, I don't have any knowledge of the strategic plan and what this means for my role or if this has been implemented locally".*

### 8.1.2 Discussion of the Strategic Plan at Local Level

Staff were asked to indicate the degree to which the Strategic Plan is discussed at local level and to provide examples of how it is being taken forward. It is evident that there is variation in the degree to which the strategic plan is a regular feature of local meetings and discussions. Those that stated it was discussed at all meetings were predominantly in the senior Band 8a – 8d roles. Across different services (acute, primary care/community, mental health/learning disability) the degree to which the plan is discussed in local meetings was consistently around 40%. Staff were invited to provide comments:

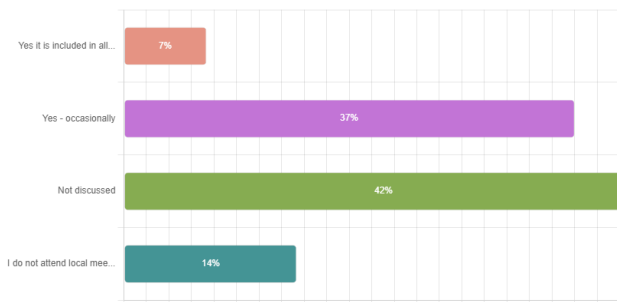


Figure 36: Local discussion of Strategic Plan

*“Yes, the aims and objectives of the strategic plan were mapped to service delivery locally”*

*“Everything we do we now link to the Strategic Plan and discuss with every member of the team”*

*“There has been no obvious mention of this Plan in my workplace”*

*“It invigorated the nursing role and presence and started conversation off about our values and what compassionate leadership was”*

*“We have not discussed this within our team meetings as it was not really on my radar in amongst all the day to day priorities. Receiving this survey has motivated me to add to a team meeting agenda for discussion”*

*“This is not on the Locality agenda and is not discussed by my line manager who is a Cluster Manager and I have not been included in any events /engagement since its launch which is disappointing”*

Staff were also asked to give examples of how the Strategic Plan has influenced things locally:

*“Trying to embed compassionate leading - encouraging “random acts of kindness” sending out cards with positive notes to staff from management team to staff”.*

*“It enable us to identify some positive developments and excellent ways of working at a time of job cuts and reduced funding within our service”.*

*“Focus on new non registered staff roles, and education to support staff as a way to recruit, retain staff and improve patient care”.*

*“Introduction of Education Facilitator role to support staff retention”.*

*“I have referenced the strategy in work I produced for my manager exploring challenges and opportunities for ANPs in our service”.*

*“The Nursing and Midwifery Strategic Plan has been used as a guide to explore staff views and perspectives of where improvements could be made in the service using quality improvement tools and methodology”.*

### 8.1.3 Use of Personal Development Planning Template

One of the actions of the Strategic Plan Implementation Group was to design a personal development planning template that would support appraisal and the setting of objectives to align with the five ambitions. However, it would appear that this tool is not being widely used, with only 17% of respondents

saying they had used it. 20% of respondents reported that they had not had an appraisal / personal development planning meeting in the last year.

## 8.2 Feedback from Non-Nursing and Midwifery Colleagues

A shorter version of the survey was circulated to non-nursing and midwifery colleagues and there were 44 responses, from a variety of registered professionals and support service staff (figure 37).

### 8.2.1 Awareness of the Strategic Plan and Tartan Branding

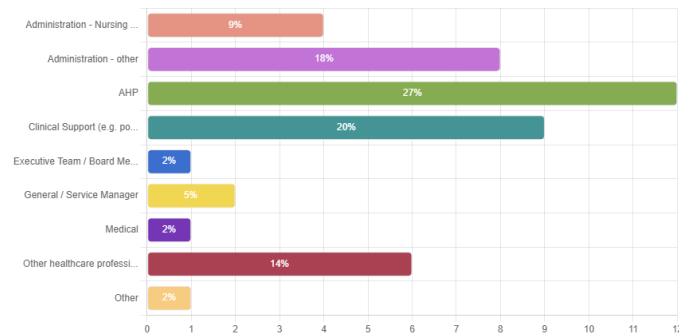


Figure 37: Awareness of the Strategic Plan (n=44)

As would perhaps be expected there was much less awareness of the Strategic Plan or the Tartan branding outside of Nursing and Midwifery with only 39% of respondents reporting full or some awareness of the Plan and 45% no awareness. Fewer allied health professionals reported being aware of the Strategic Plan; those in this group that had some or were fully aware appeared to be in administrative and general management roles.

There were a few positive comments about the branding, however, others felt that it was not helpful having a separate branding for Nursing and Midwifery.

*"It is very striking... and has been adopted by some NHS staff who are not nurses!"* (Other healthcare profession (e.g. pharmacy, clinical psychology, healthcare science))

*"I really like the branding and approach being taken to promote nursing and midwifery in Lothian - good work by everyone involved".* (General/Service Manager).

*"It covers the 2 professional groups so presume not meant to be inclusive of the wider team in clinical areas?"* (Allied Health Professional)

### 8.2.2 Other Impacts of the Strategic Plan

Although it was clear that some respondents were not aware of or did not think the Strategic Plan had made any significant impact, there were some comments that suggested its reach had been wider than Nursing and Midwifery.

*"Working in a Triumvirate Structure is now on radar of other professional groups"* (Other healthcare profession (e.g. pharmacy, clinical psychology, healthcare science))

*"Perhaps it has been an opportunity to show structure and unity, therefore Leadership, at a higher level".* (Administration)

*"I regularly hear staff speak about it and reference made to the strategy in various settings"* (General / Service Manager).

## 8.3 Response to Evaluation Findings

The Strategic Plan Implementation Group have plans in place in response to these findings to further promote the Strategic Plan and associated resources, including holding webinars and producing posters for clinical areas that provide easy access to the Nursing and Midwifery website, celebration event presentations and this annual report.

## Appendix 1: Membership of Nursing and Midwifery Strategic Plan Implementation Group

Ashley Wyse, Clinical Nurse Educator, Children's Services

Billie Flynn, Deputy Chief Nurse, Edinburgh Health and Social Care Partnership

Craig Stenhouse, Chief Nurse Royal Edinburgh and Associated Services

Ellie Hunter, Head of Nursing Community & Primary Care, Edinburgh Health & Social Care Partnership

Fiona Tynan, Associate Nurse Director, Corporate Nursing

Gillian McAuley, Nurse Director Acute (Chair)

Gordon Mills, Deputy Associate Nurse Director, Diagnostics, Theatres, Anaesthetics, Critical Care (DTACC)

Janet Corcoran, Chief Nurse Clinical Education

Juliet MacArthur, Chief Nurse Research & Development

Laura Inglis, Head of Nursing for Quality Improvement and Standards

Leanne Grant, Clinical Nurse Manager Adults and Older People, West Lothian Health and Social Care Partnership

Linda Yule, Chief Nurse, West Lothian Health and Social Care Partnership

Mercedes Perez-Botella, Director of Midwifery

Michelle Jack, Associate Nurse Director, Royal Infirmary of Edinburgh

Tracy Burton, Lead Nurse Quality Improvement and Standards, Western General Hospital

