

Professional Governance Framework and Corporate Nursing Plans

PART 1



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1. INTRODUCTION



We have developed a Nursing Professional Governance Framework for Glasgow City HSCP and hosted services. We have put this together to enable Glasgow City Nursing Staff to easily access information on what we are aiming to achieve and also to support you to get involved locally, discuss the contents and consider how this applies to you in your day to day role.



The Framework has

- Four driver diagrams in relation to Nursing Governance Framework, Corporate Plan, Transforming Nursing and AHP roles, Quality Assurance and Improvement
- Corporate Nursing Work plans in relation to Adult Services (Mental Health, ADRS, Prison Healthcare, Sexual Health), Older People, Children and Families (in addition to this but not included in this document we have developed local nursing plans for MH, PHC, ADRS, Older people, SHS etc.)
- Draft Glasgow City Nursing Learning and Education - an initial scoping paper
- Nursing Core Competency Framework (NCC) for Band 5, 6 and 7, Newly Qualified Nurse Pathway and a Learning Education and Development (LEandD) Framework to support staff with achievement of the Nursing Core Competencies.

These all combine to support the HSCP and Chief Nurse Objectives, Transforming Nursing Roles, the NHS Scotland Quality Strategy ¹ and NHSGGC Pursuit of Healthcare Excellence ² ambitions of providing safe, effective and person centred care

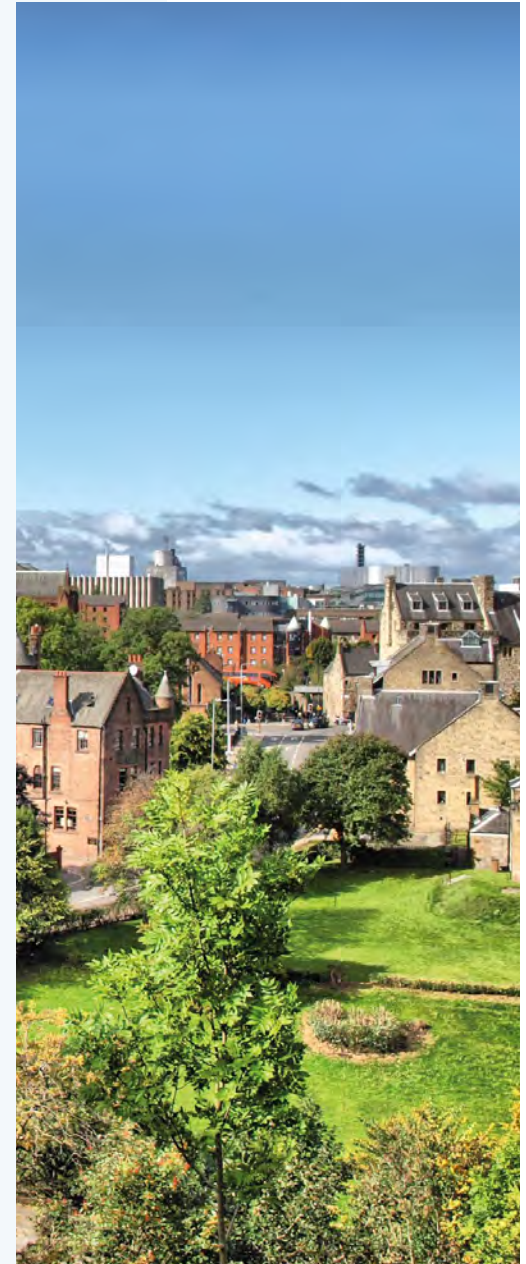
We have asked the professional nurse leads in each area to take part in a quarterly reporting and assurance process which will help us share progress on plans, demonstrate learning and to provide evidence and assurance of professional nursing governance, practice development and staff engagement. We would hope that all nurses are aware of what this is and how they can contribute to that.

Outcomes and Impact

We want to check how well we are implementing the different parts of the Framework and will need your help to do this from a range of perspectives where we can check the following outcomes and impacts: These are the areas we think that it is important to look at.

People and their Families

- Are provided with Safe, Efficient, Effective and Person Centred Care ³ that is Timely and Equitable
- Feedback mechanisms are in place and are responded to



Nursing Staff within our Clinical Services

- Are aware of the priorities outlined in the nursing plans for their area and how they relate to their role and function
- Are engaged in supporting the delivery of nursing plan priorities / work as appropriate to their role and function
- Can identify how national nursing priorities and programmes of work relate to their role and practice
- Can identify competencies that relate to their role and can reflect evidence of these in Turas Appraisal / PDP
- Are aware of the training opportunities to support them in their role and career pathway and access to clinical supervision and wellbeing resources

Professional Nursing Leads within our Clinical Services

- Have effective professional governance structures and meetings which enable clinical staff to lead transformational change and contribute to the development of, working and reporting on corporate and local nursing work plans
- Have effective communication and escalation processes in place for nursing staff to Chief Nurse and HSCP governance / quality processes which support the regular reporting of progress through the reporting and assurance template

Assistant Chief Officers and Heads of Service within our Services

- Have an understanding of the roles and functions of professional nurse leaders
- Have an understanding of the scope and range of work that professional leaders are accountable for and work within
- Have an understanding of the contribution that nursing and nursing work plans make to the corporate objectives and to the delivery of quality, safe, effective and person centred care

The framework brings together a number of important factors that are important for nursing and nursing practice and we also want your involvement in helping us demonstrate the excellent work that nurses are doing across a wide range of services within Glasgow City. We would be keen to hear your views on the framework and its content.

¹ NHS SCOTLAND Healthcare Quality Strategy (2010)

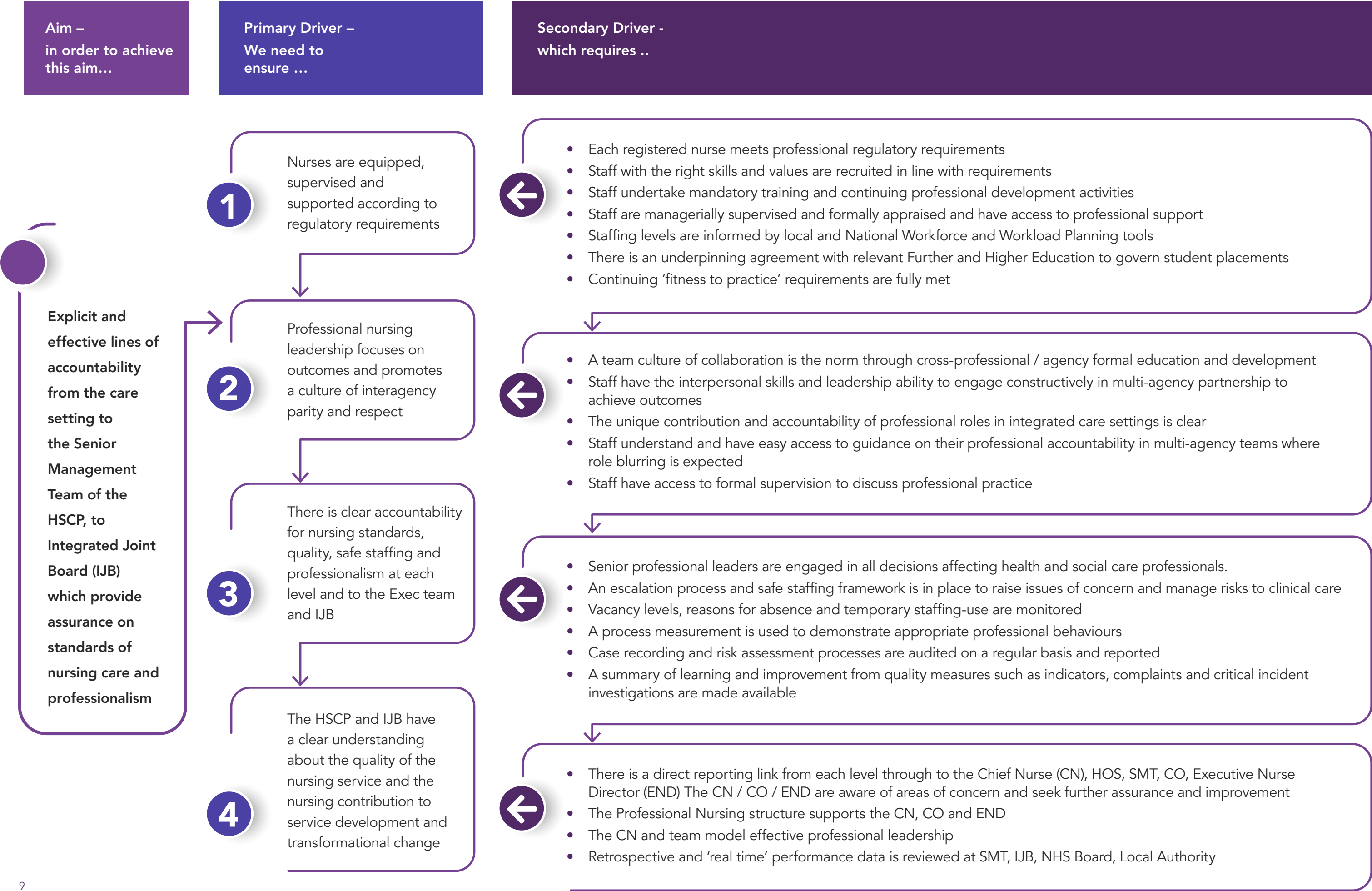
² The Pursuit of Healthcare Excellence NHS GGandC Healthcare Quality Strategy (2019)

³ The Person Centred Framework McCormack and McCance (2006, 2010) and Person Centred Practice Framework McCormack and McCance (2017)

2. DRIVER DIAGRAMS

Four driver diagrams in relation to Nursing Governance Framework, Corporate Plan, Transforming Nursing and AHP roles, Quality Assurance and Improvement

Professional Nursing Governance Framework - Driver Diagram



Examples of how we provide assurance

1

Nurses are equipped, supervised and supported according to regulatory requirements

Conditions Required to Support Secondary Drivers	Indicators and Outputs
<ul style="list-style-type: none">▶ An up-to-date record is held of each practitioner's registration details▶ A relevant professional nurse lead is involved in the recruitment of all nurses according to ensure professional robustness of the process.▶ Professional values and attitudes are explicitly assessed as part of the interview process (values based interviews).▶ Each nurse holds their own training record and understands their responsibility along with their manager for meeting mandatory training requirements▶ Appraisal is undertaken by nurse line managers with input from a relevant nursing representative informed by feedback from colleagues and patients / clients▶ Nurses have access to a professional supervisor (mandatory in professionally isolated multi-agency settings)▶ Inter-agency / cross-professional formal education and development is monitored through governance arrangements▶ Implementation of all requisite professional regulatory educational quality standards	<ul style="list-style-type: none">✓ NMC Registration and Revalidation monitoring records and escalation processes✓ Recruitment monitoring data✓ Performance TURAS appraisal records✓ TURAS Personal Development Planning and Review (PDR) statistics (including extent to which actions identified and agreed upon during PDP / PDR processes have been progressed and completed)✓ Individual learning and development records✓ Nursing Core Competency Completion✓ Capacity to provide and uptake of professional supervision✓ Practice Education Facilitator (PEF) reporting; NES performance management reports: NMC revalidation and monitoring reports✓ Mandatory training records through eESS✓ Service Level Agreements (SLAs) with relevant HEI / Universities to provide bespoke education when required

Examples of how we provide assurance

2

Professional nursing leadership focuses on outcomes and promotes a culture of inter-agency parity and respect

Conditions Required to Support Secondary Drivers	Indicators and Outputs
<ul style="list-style-type: none">▶ Senior nurses have access to leadership development in partnership working and leading across organisational boundaries▶ Protocols are in place to support and advise practitioners on delegation of activities within the HSCP, NHS, Local Authority and integrated care settings▶ A relevant professional nursing lead advises on roles and staffing levels with managers informed by local and national tools▶ An explicit decision-making process underpins which professional is most appropriate to provide specific aspects of care based on assessed need and person centred outcomes.▶ An independent and objective relevant professional nurse lead sits on disciplinary panels where professional conduct / competence is an issue▶ A system is in place to enable all staff to raise a concern if they are asked to undertake a task for which they do not feel competent and escalation processes in place▶ Regular reporting of outcomes from patients, service users and their carers	<ul style="list-style-type: none">✓ Established Nursing Leadership and professional reporting structure✓ % staff undertaking leadership development programmes✓ Compliance with protocols<ul style="list-style-type: none">✓ on role clarity✓ delegation principles in multi-agency settings✓ Professional accountability and reporting processes✓ Dependency / occupancy / skill mix / nurse to bed ratio reports✓ Patient / client record audits (outcome data)✓ Patient / client feedback data✓ Staff feedback data✓ Staff absence data✓ Staffing establishments and levels✓ Staff Experience data and iMatters✓ Feedback from service users and carers

Examples of how we provide assurance

3

There is clear accountability for nursing standards, quality, safe staffing and professionalism at each level and to IJB

Conditions Required to Support Secondary Drivers	Indicators and Outputs
<ul style="list-style-type: none">▶ There is a formal system for involving the relevant professional Nurse Lead or Chief Nurse in professional issues involving nurses e.g. HR issues, the workforce and clinical governance implications of service design / redesign▶ The professional nurse lead reviews workforce data with managers e.g. actual against proposed skill mix, vacancies, absence rates▶ A measure is used to demonstrate / improve appropriate professional behaviors▶ Summaries of learning and improvement from quality measures (such as quality indicators, complaints and critical incident investigations) are used for organisational learning and are embedded within governance structures▶ A recognised and well publicised escalation process is in place to ensure nurses are able to bring concerns to the attention of professional leads and senior managers and that they receive feedback▶ HSCP, National, NHS and relevant Local Authority Guidelines and Policies underpin practice	<ul style="list-style-type: none">✓ Workforce data e.g. skill mix reviews, staff vacancies, temporary staffing use (agency and bank)✓ Core mandatory quarterly attendance statistics, capability, disciplinary and grievance data✓ Risk management reports and mitigation / actions required✓ Critical incident review reports and lessons learned / practice changes✓ Outcome of review of appropriate professional behaviours, action plans and progress reports✓ EIC and Clinical quality indicator reports✓ Escalation reports and outcomes

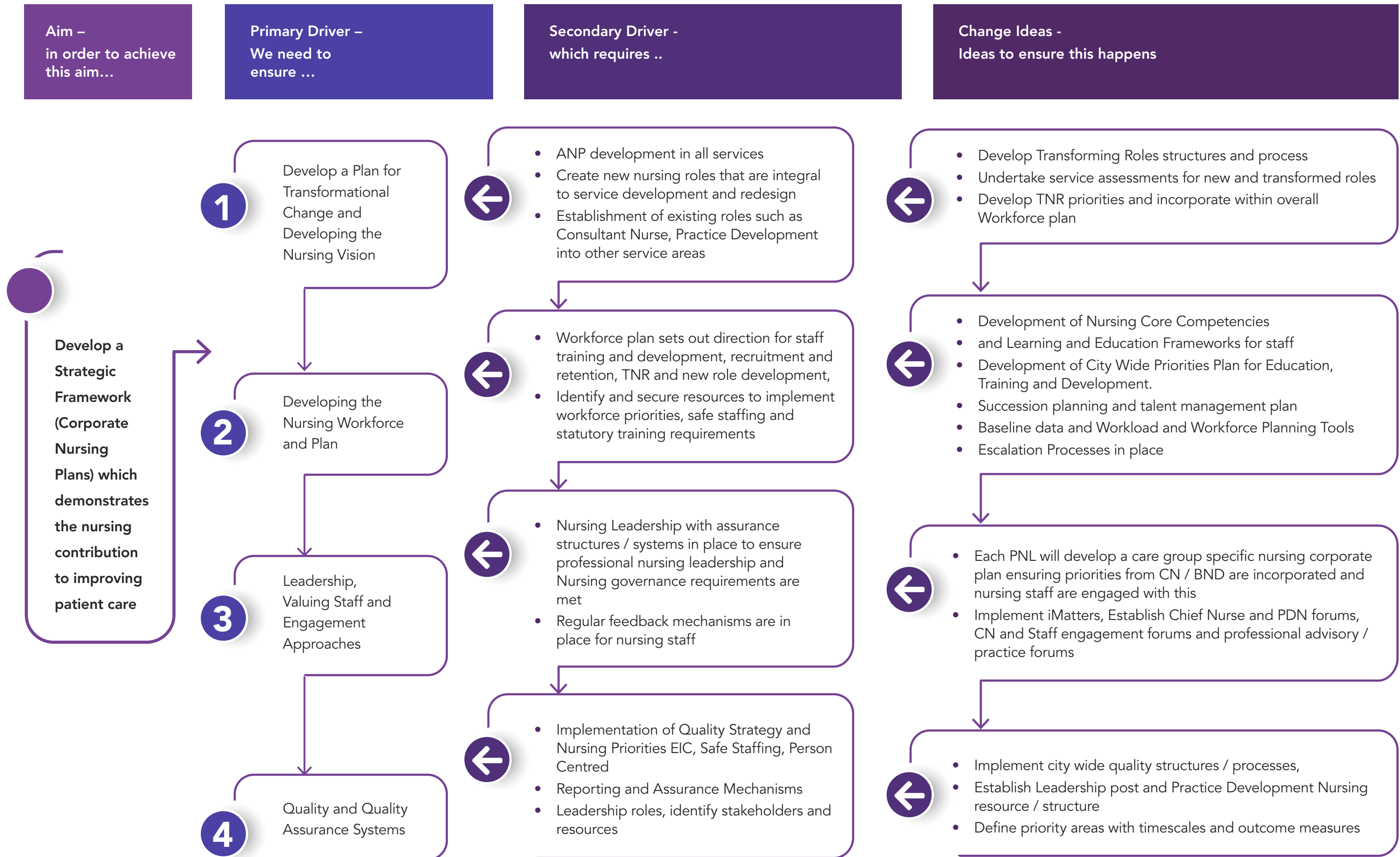
Examples of how we provide assurance

4

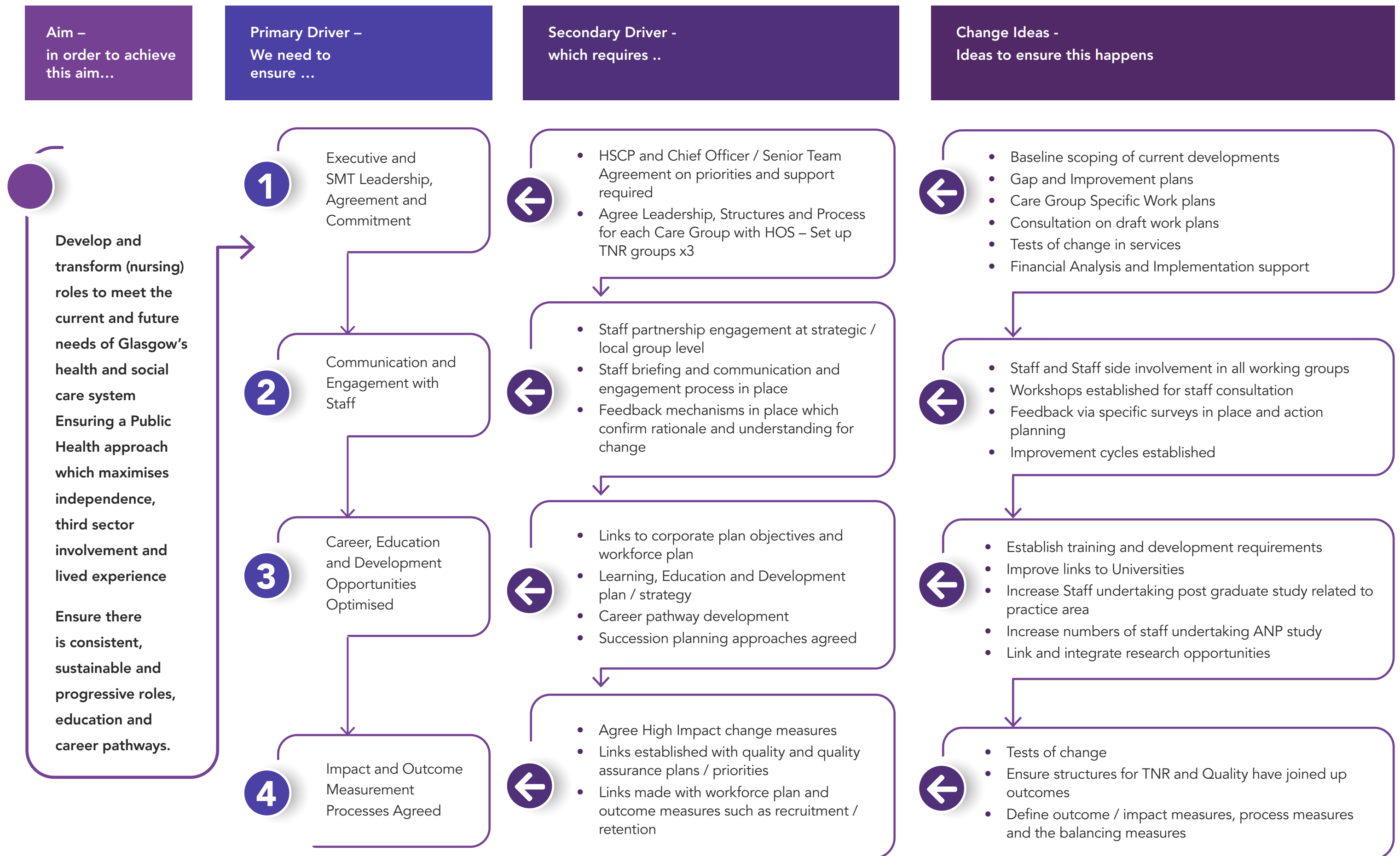
The HSCP and IJB have a clear understanding about the quality of nursing services and the nursing contribution to service development and transformational change

Conditions Required to Support Secondary Drivers	Indicators and Outputs
<ul style="list-style-type: none"> ▶ There is a formal system for reporting to Chief Nurse and Chief Officer / BND on professional issues involving Nurses ▶ There is a reporting system which provide assurance and enables action relating to corporate plan, quality strategy and transformational agenda ▶ The establishment of Quality and Transformational change groups ▶ A specific quality report is provided to the HSCP, IJB and NHS Board via relevant governance structures which contains progress reports that reflect EiC priorities, TNR, quality strategy implementation ▶ A culture of collaborative leadership, learning and continuous improvement is fostered through regular engagement workshops between the Chief Nurse, Heads of Service, Service Managers, PNLs, Consultant Nurses and staff 	<ul style="list-style-type: none"> ✓ Effective and functioning Professional Nursing Leadership Structure, regular Professional leadership meetings, local senior nursing meetings and reporting mechanism in place ✓ Independent scrutiny reports, action plans and progress reports ✓ Scottish Public Service Ombudsman reports ✓ Complaints, compliments and critical incident statistics and reports (including reports of near misses) ✓ Staffing and skill mix review reports ✓ Records of referrals to NMC and outcome of investigations and hearings ✓ Pre and Post Registration Education Placement Audit reports ✓ Patient / client feedback data ✓ Staff feedback data ✓ Risk management data (e.g. DATIX reports) ✓ Specific Scottish Patient Safety Programme and joint improvement collaborative indicators ✓ Healthcare Improvement Scotland, Care Inspectorate inspection reports and audits ✓ Compliance and celebration of audit and practice development outcomes on Key objectives ✓ TNR Work plans and outcome frameworks are in place for Adults, Older people and Children and Families Services ✓ Quality Workplan and measurement framework in place

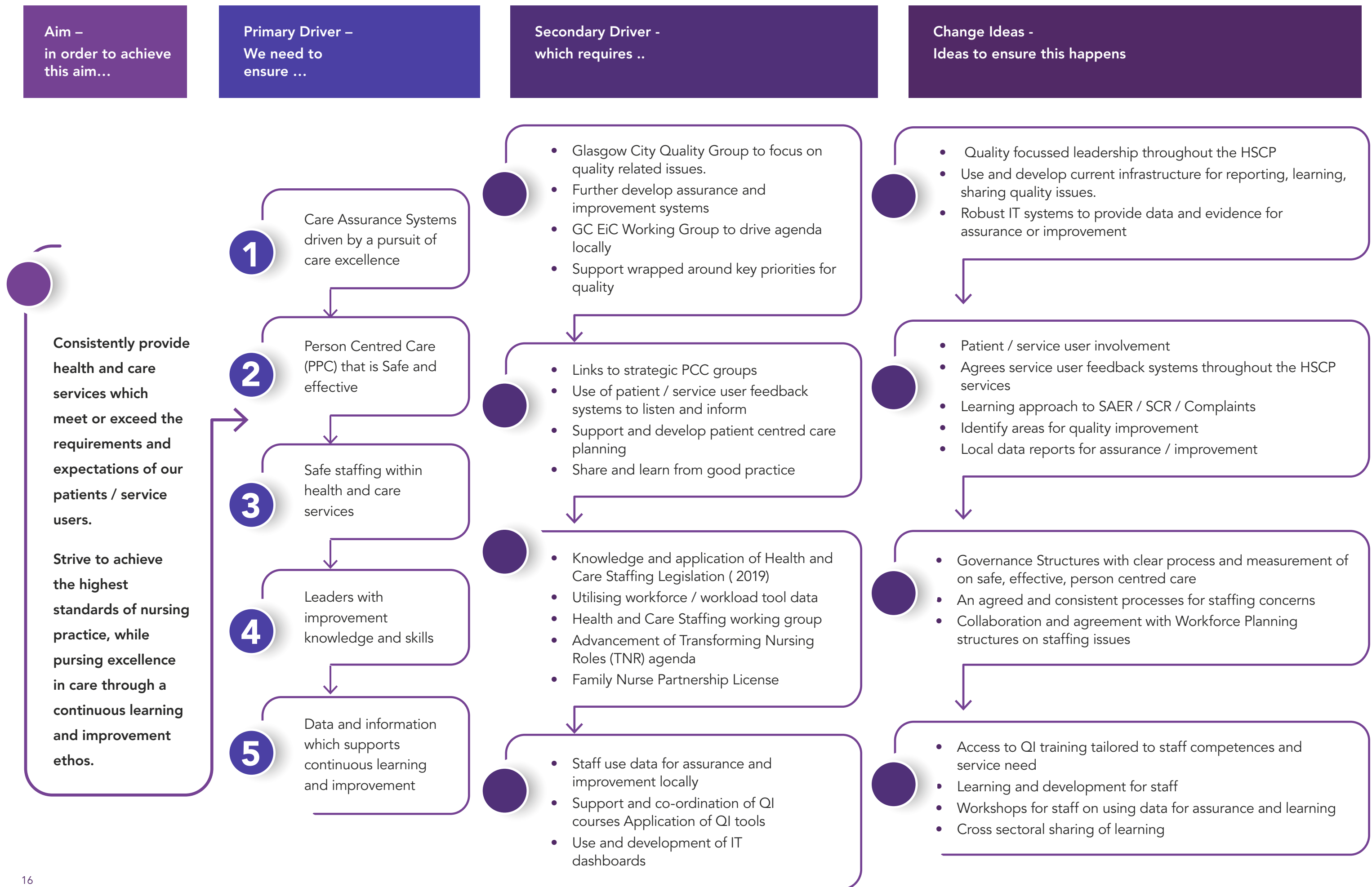
Corporate Plan - Driver Diagram



Transforming Nursing and AHP Roles - Driver Diagram



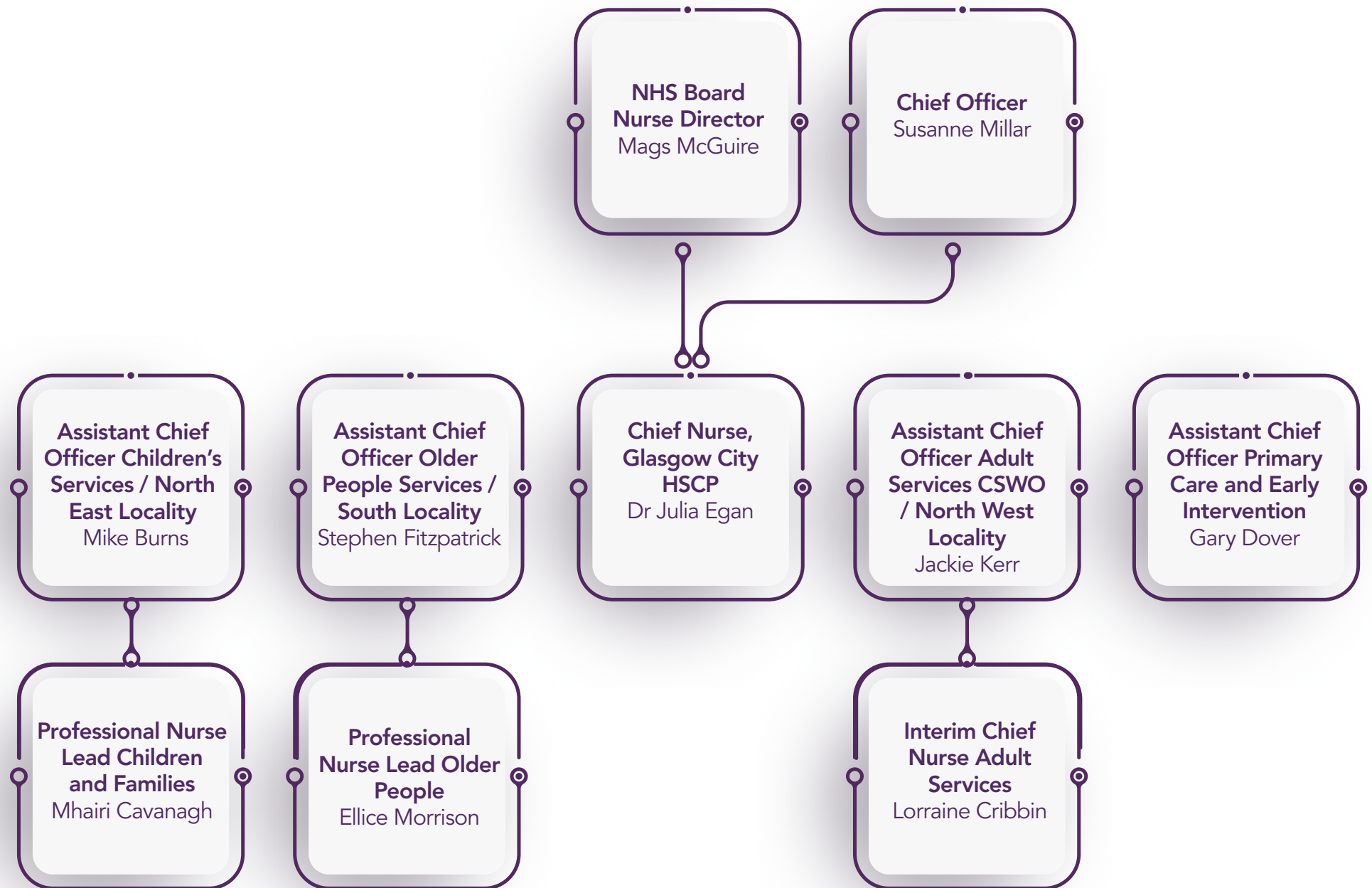
Quality Assurance and Improvement - Driver Diagram



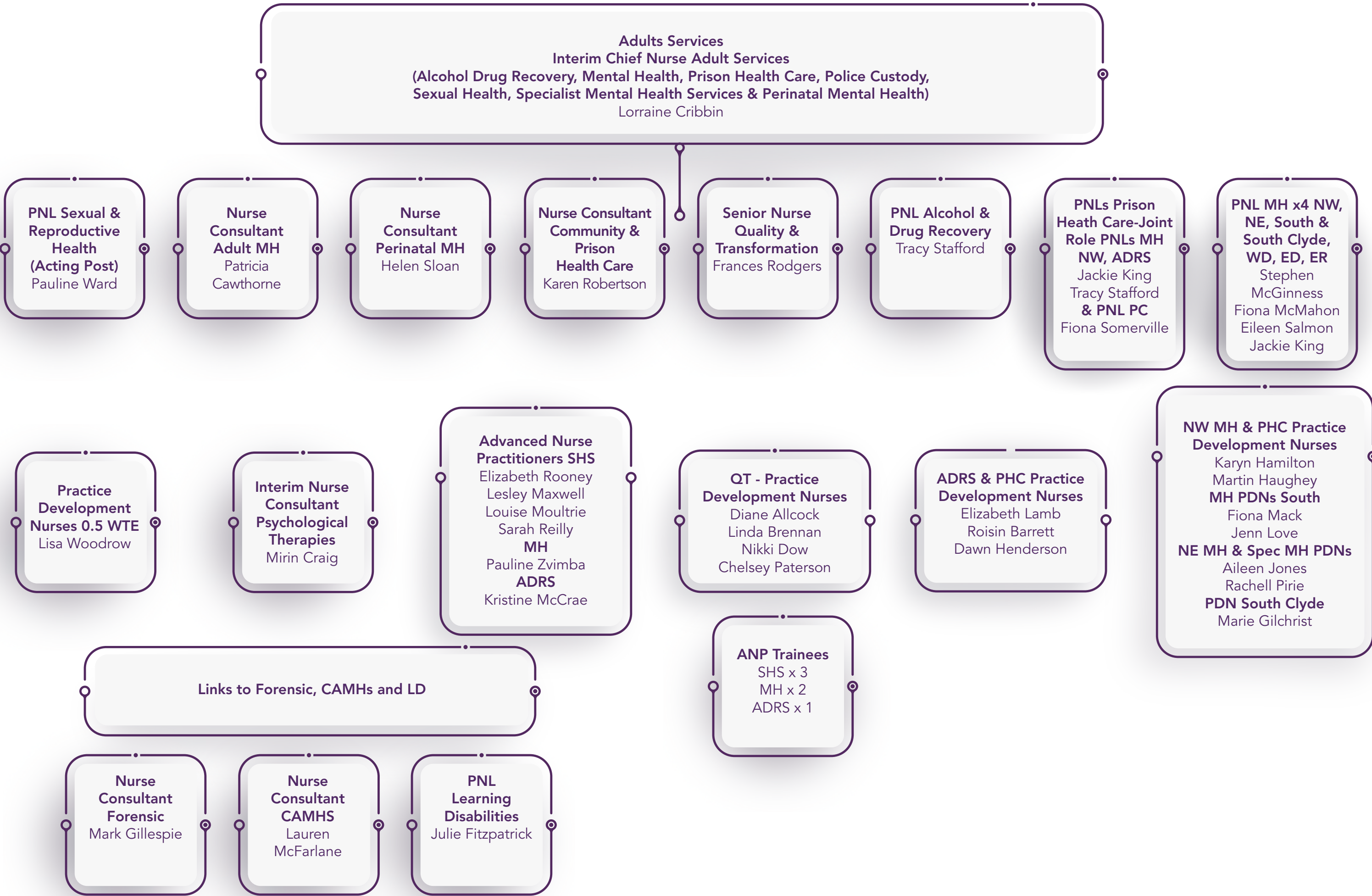
3. PROFESSIONAL NURSING LEADERSHIP STRUCTURE GLASGOW CITY



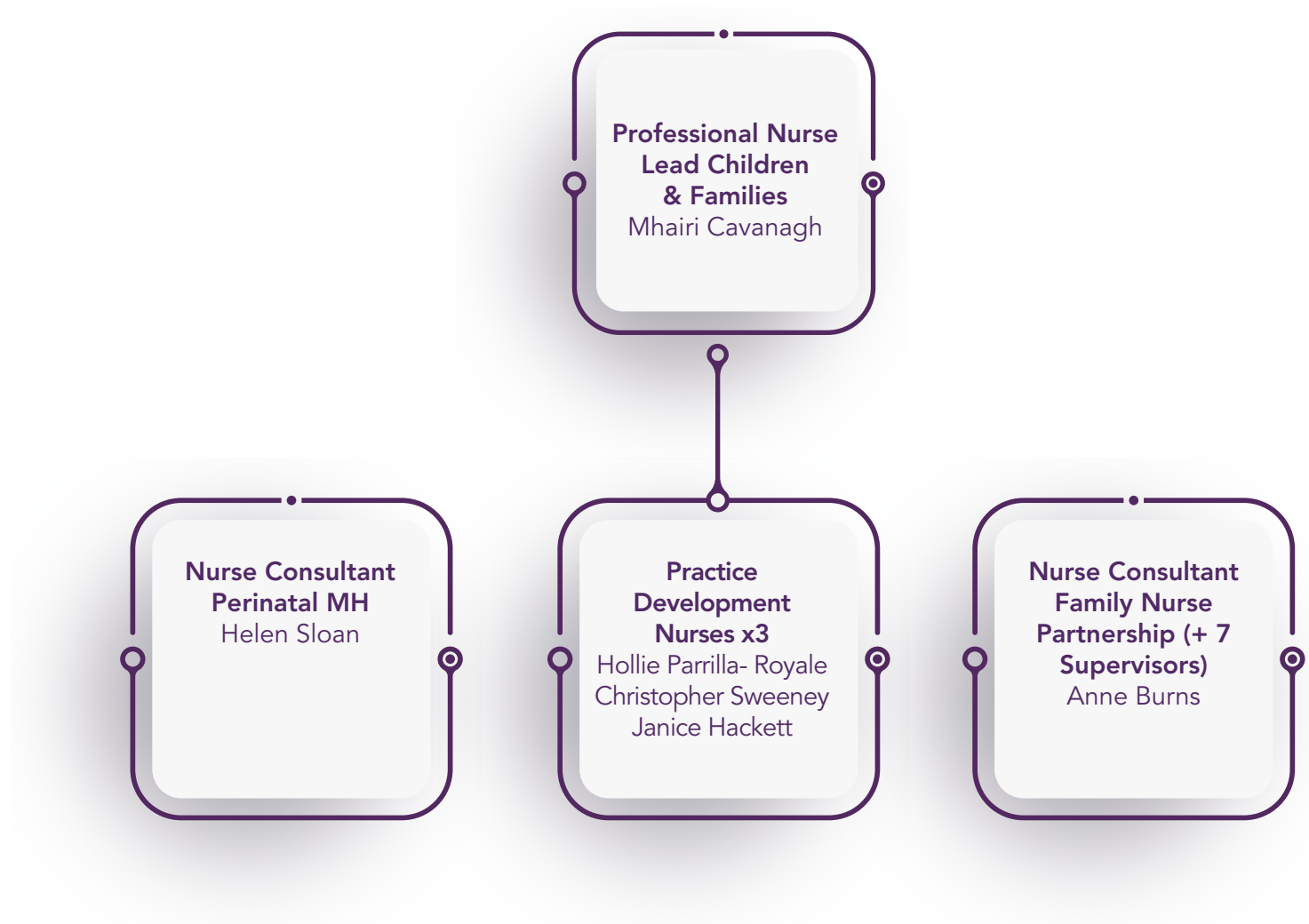
Professional Nursing Leadership Structure Glasgow City



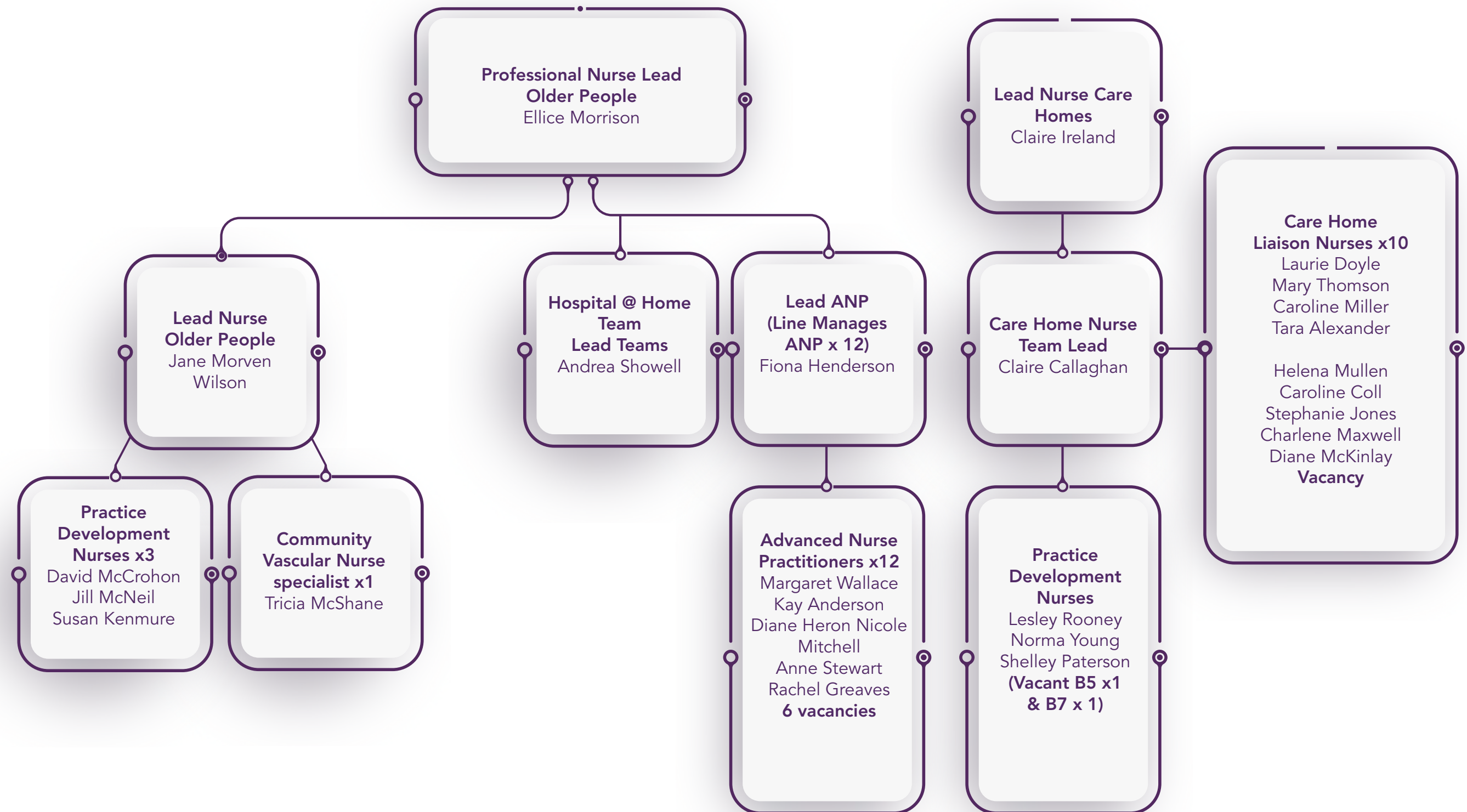
Adult Services Structure Chart



Children and Families Structure Chart



Older People Services Structure Chart



4. ADULT CORPORATE NURSING WORKPLAN 2020/21

Professional Nurse Leads
for Mental Health, Prison
Health Care, Police Custody,
Sexual Health, Alcohol
and Drug Recovery and
Consultant Nurses PHC,
MH, Perinatal Mental Health

Foreword

This is the Professional Nurse Leads and Consultant Nurses Adult Corporate Nursing Work Plan. It has been developed with the Professional Nurse Leads and Consultant Nurses within Adult Services.

Our Adult Corporate Nursing Work Plan has been based on the priorities and objectives that have been set by the Chief Nurse for Glasgow City, which take account of Board and National Nursing Strategy priorities and the Glasgow City Health and Social Care Partnership (HSCP) Strategic Plan. The plan sets out key areas of contribution which will support delivery of the five priority areas in the GCHSCP Strategic plan in areas such as shifting the balance of care, enablement, public protection, prevention, and harm reduction and also to support workforce development to support integrated team and service delivery.

Appendix 1, outlines the scope of services that the Professional Nurse Leads (PNL) and Consultant Nurses (NC) roles cover. The objectives in this plan apply to those areas which include Inpatient and Community Services for Adult and Older Peoples' Mental Health, Sexual Health, Prison and Police Custody Healthcare, Specialist Mental Health Services such as Perinatal Mental Health, Esteem, Adult Eating Disorders, Mental Health Liaison / Out of Hours and Unscheduled Care, Psychotherapy and Alcohol and Drug Recovery Services.

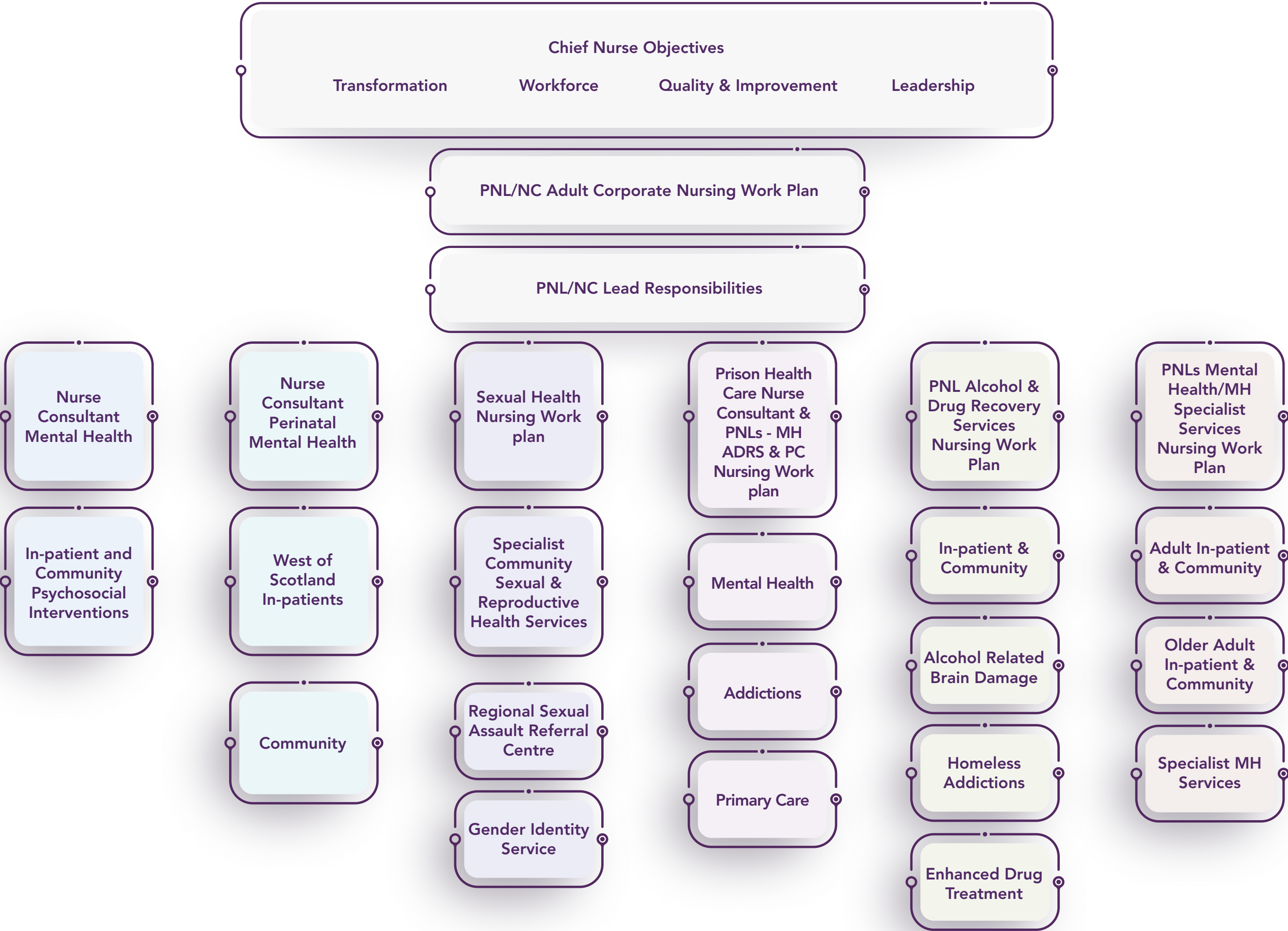
It is my responsibility, in my role as Chief Nurse for Adult Services to ensure that the professional leads for the service have appropriate governance, resource and assurance systems in place to support the achievement of the objectives in this plan and their local nursing plans. I want to make the connections from the corporate plans to our nurses and their teams who are providing direct clinical care, provide opportunities for dialogue, discussion and practice development within their sphere of responsibility. It is also imperative that nurses working within multidisciplinary / multi-agency teams and professional leadership roles, do so in such a way that promotes professionalism and joint working across the diverse range of care settings and that this joint working and collaboration extends to people and their families involved with care services.

In order to support those connections, the Professional Nurse Leads will develop local nursing plans supported by regular nursing team meetings that will reflect the strategic direction of the adult corporate work plan. These plans should also feature relevant local practice and professional priority areas and be subject to regular review throughout the year (Figure 1). The Nursing 2030 Vision for Scotland restates the values of nursing, of care and compassion and rights based care, our local plans should reflect this and should empower and enable nurses to feel supported in their work and professional development.

We need to ensure that we support staff and align service and professional priorities to enable a working together with general management, other professional groups and within multidisciplinary teams to achieve safe, effective and person centred care. In this, The Year of the Nurse 2020, I am proud of the caring contribution that each and every one of our nurses and their teams makes every day and want to take this opportunity to say thank you to all of you.

Lorraine Cribbin, Chief Nurse (Interim) - Adult Services, Glasgow City HSCP

Figure 1 - Leadership and Nursing Priorities - Delivery Model



Professional Nurse Leads / Consultant Nurses - Adult Corporate Nursing Work Plan

1: Transformational Change	Actions: Quarterly Report to Chief Nurse Adult and CN GC HSCP will reflect detail / progress report on actions below	Leads and Associated Leads	Timescales and Review	Progress: Met, Unmet, In Part or Ongoing	Strategic Driver/s
Developing the Nursing Vision Consider the current strategic context of Health and Social Care, Professional Nursing Strategies and NMC code / guidance to inform the development of a highly skilled adaptable nursing workforce	1. Development of new ANP role/s in Adult Services / Consultant Nurses PHC / MH and other areas / Band 4	Chief Nurse Adult Services with PNLs / NCs	Actions Reviewed End April 2021	1. Met and Ongoing	<ul style="list-style-type: none"> Transforming Nursing Roles Excellence in Care, Setting the Direction Nursing 2030 Vision Mental Health Strategy for Scotland NMC: Future Nurse A Fairer Healthier Scotland 2017-2022 MH and Inequalities Legislation context Dementia Strategy MHN national curriculum for pre-registration nurse education Deliver Effective services: Needs Assessment and Service recommendations for specialist and universal PMHS Sexual Health and Blood Borne Virus Framework 2015-20
	2. Further expansion of ANP roles in services			2. Met and Ongoing	
	3. Introduce and evaluate the impact of new roles within Perinatal Mental Health such as Lead Nursery Nurse and Nurse Therapist roles			3. Ongoing	
	4. Further development of enhanced psychological intervention and therapy skills across workforce			4. Ongoing	
	5. Reducing inequalities in health and wellbeing outcomes by promoting recovery, rehabilitation and re-enablement approaches to maximise independence. (Physical Health Care developments / pathways. Service developments across ADRS			5. Ongoing	
	6. Consider the impact / evaluation of learner nurses as employees. (moved on through bank developments)			6. Action PNLs: Needs further work	
	7. Measure impact of the COVID-19 response such as the development of new roles / extended scope of practice / transferable skills / new ways of working how has this impacted on the nursing workforce.(reference in the 6 month review report)			7. Action PNLs: Needs further work	

1: Transformational Change (continued)	Actions: Quarterly Report to Chief Nurse Adult and CN GC HSCP will reflect detail / progress report on actions below	Leads and Associated Leads	Timescales and Review	Progress: Met, Unmet, In Part or Ongoing	Strategic Driver/s
Developing the Nursing Vision (Continued) Consider the current strategic context of Health and Social Care, Professional Nursing Strategies and NMC code / guidance to inform the development of a highly skilled adaptable nursing workforce	8. Re-introduce Student Conversation Model	PNLs	Actions Reviewed End April 2021	8. Unmet Action PNLs	<ul style="list-style-type: none"> Transforming Nursing Roles Excellence in Care Setting the Direction Nursing 2030 Vision Mental Health Strategy for Scotland NMC: Future Nurse A Fairer Healthier Scotland 2017-2022 MH and Inequalities Legislation context Dementia Strategy MHN national curriculum for pre-registration nurse education Delivery Effective services: Needs Assessment and Service recommendations for specialist and universal PMHS Sexual Health and Blood Borne Virus Framework 2015-20
	9. Impact of future nurse – NMC skills annexes – retaining and developing clinical skills that may have a direct impact on the workforce (including Core competencies and LEandD Frameworks)	PNLs		9. Ongoing	
	10. Encourage cross speciality working / joint objectives between nursing / services such as Prison Health Care / Sexual Health, Mental Health and Prison Health Care, ADRS and Mental Health	PDNs and PNLs		10. Ongoing	
	11. Patient / Service User Feedback / views for further action as to how this is incorporated, Quality and Transformation team to work with PNLs	SNQT and PNLs		11. TBC	

2. Workforce Plan	Actions: Quarterly Report to Chief Nurse Adult and CN GC HSCP will reflect detail / progress report on actions below	Leads and Associated Leads	Timescales and Review	Progress: Met, Unmet, In Part or Ongoing	Strategic Driver/s
<p>Developing the Nursing Workforce Plan</p> <p>Lead on the development of the Adult Nursing Workforce Plan and contribute to overall Nursing workforce plan/s</p> <p>Contribute to the Glasgow City HSCP development of an educational, clinical and professional framework and infrastructure and associated professional governance to support nursing.</p>	<p>Develop an Adult Services Workforce Plan using National Template for Workforce Planning and to include Sections for ADRS, Mental Health, Specialist Mental Health Services, Perinatal Mental Health, Sexual Health and Prison Health Care Services</p> <p>Themes / Action to incorporate will include:</p> <ul style="list-style-type: none"> • Position / reporting on of Nursing and Midwifery Workload and workforce Planning Tools • Staff Development principles, investment funding • Nursing mandatory and role specific training and standards for updating, planned absence for training • recruitment strategy and standardised plan • Response to Safe Staffing Legislation • Escalation processes • Plans for Rotational posts (site / service specific) • Nurses health and wellbeing and satisfaction • Use of Agency and Bank Nursing • Defined Nursing core competencies and role specific knowledge skills and expertise and further development of ongoing job description work • Nursing career development framework and pathways • Additional nursing and nursery nurse staff for West of Scotland MBU, funded by Scottish Government • Role and development of HCSW 	<p>Chief Nurse Adult Services</p> <p>PNLs</p> <p>NCs</p> <p>SNQT</p>	<p>Actions Reviewed End April 2021</p> <p>Each PNL / NC to develop draft plan for their area and services</p> <p>CN will meet with PNLs / NC Mid May and Review Draft PNL / NC</p>	<p>Ongoing for further action by PNLs / NC</p>	<ul style="list-style-type: none"> • Nursing 2030 Vision • Transforming Nursing Roles • NMWWPT guidance • Safe Staffing Legislation • NMC: Future Nurse • Inequalities Legislation Frameworks • Flying Start • Effective Practitioner • National and NHS GGandC ANP Framework / Guidance • NES Post Registration Career Development Framework

3. Quality Strategy, Assurance and Improvement	Actions: Quarterly Report to Chief Nurse Adult and CN GC HSCP will reflect detail / progress report on actions below	Leads and Associated Leads	Timescales and Review	Progress: Met, Unmet, In Part or Ongoing	Strategic Driver/s
Define Adult Services Nursing Contribution to Year 1 implementation of the Quality Strategy - Pursuing Healthcare Excellence	1. Ensure Nursing work plan is developed and implemented at SCN / NTL level with PNL escalation, monitoring and assurance and reporting systems in place locally and to Chief Nurse	Chief Nurse Adult Services	Actions Reviewed End April 2021	1. Met	<ul style="list-style-type: none"> NHS GGC Quality Strategy – Pursuing Healthcare Excellence New Era Mental Health Nursing Nursing 2030 Vision Mental Health Strategy for Scotland HAI requirements and IPC guidance Excellence in Care Children and young people's Act Adult Support and Protection Act National Performance Framework Confidential Enquiry into Suicides Confidential Enquiry into Maternal Deaths Sexual Health and Blood Borne Virus Framework 2015 / 20 NMC Future Nurse Standards of Proficiency HAI requirements and IPC guidance
Ensure a lead contribution to the development, implementation and monitoring of a Professional Assurance and Improvement Framework	2. Support Senior Nurse for Quality and Transformation to review and establish agreed care assurance processes. Potential for development of tools for assurance			2. Met	
	3. Review audit schedules, link to EiC components			3. In part	
	4. Agree and implement Core quality measures for nursing including HAI / IPC etc. and implementation process for Dashboard / reporting			4. In part	
	5. Implement relevant aspects of Excellence In Care including Public Partnership / User feedback / Patient Centred components			5. Ongoing	
	6. Consider B7 TNA findings and other sources of evidence and incorporate into Learning, Education and Development Framework			6. Complete	
	7. Further development programmes for Nursing, building on C19 induction and support work.			7. 7. In part	
	8. Develop Nursing Core Competency Frameworks			8. In part B 5-7	
	9. Perinatal Mental Health risk to be included in other care groups as part of induction and consider other health risk inclusions such as Sexual Health			9. TBC	
	10. Agree the improvement priorities to improve quality of person centred care e.g. development and implementation of PCCP training package			10. TBC	

4. Valuing and Leading People - Leadership, Engagement and Approaches	Actions: Quarterly Report to Chief Nurse Adult and CN GC HSCP will reflect detail / progress report on actions below	Leads and Associated Leads	Timescales and Review	Progress: Met, Unmet, In Part or Ongoing	Strategic Driver/s
<p>Confirm professional leadership structures, roles, governance and assurance systems for nursing across adult services</p> <p>Ensure priorities for governance and profession are reflected in local work plans</p> <p>Secure leadership presence at appropriate levels / decision making to ensure nursing influence on key strategic decisions.</p>	<ol style="list-style-type: none"> Confirm leadership roles, values and behaviours of PNL / NC group Define succession planning routes for nursing leadership roles Define roles / relationships and key leads for corporate and local professional nursing work plans and priorities. Ensure Chief Nurse and BND priorities for profession are reflected in work plans. Ensure that key areas of public protection, education standards and training that meet NMC requirements are in place. Ensure systems to check revalidation / registration and that ensure safe, effective and person centred care are included in local nursing work plans for PNLS / NC teams Ensure local engagement and feedback mechanisms in place for nursing staff through iMatter feedback, use of professional judgement tools in WFP also professional nursing groups and professional advisory structures Ensure learning from SCIREG is shared and actioned. 	Chief Nurse Adult Services, PNLs	Actions Reviewed End April 2021	<ol style="list-style-type: none"> Met Met and Ongoing Met Met In Part and Ongoing Met Met Ongoing 	<ul style="list-style-type: none"> Mental Health Strategy for Scotland New Era Mental Health Nursing Nursing 2030 Vision Enabling Professionalism NMC iMatter feedback process



Appendix 1

Scope and Range - Professional Nurse Leadership and Consultant Nurse Roles within Adult Services

The Professional Nurse Lead (PNL) provides leadership for nurses working in a range of clinical services and settings that includes inpatients, community and specialist services. The role provides professional leadership for nursing within a defined geographical or service area as part of the Health and Social Care Partnerships (HSCPs) designated within the NHS GGandC Board area. The PNL role supports the delivery of National, Board and HSCP strategic plans and directives, which will be inclusive of National Nursing Strategy and Quality Strategy priorities which aim to ensure that safe, effective and person centred care is provided for people and their families who access services. The PNL role will support nurses to achieve their potential and provide quality care by working collaboratively and in partnership and communicating effectively with nursing staff in all levels of service within their area of responsibility. The role will work closely with operational and general managers to support service functioning and professional governance.

The Consultant Nurse (NC) role aims to strengthen clinical leadership as well as improve practice and the patient experience. The core functions of the role include research, education, training and staff development. The NC will manage complex care on their clinical caseload for 50 % of their time and provide expert clinical supervision for staff. The role is focused on changing and improving nursing culture through transforming roles and ultimately patient care that is aligned to service development.

Practice Development Nursing Role (PDN)

The core role of Practice Development Nurses and Practice Development Support Nurses is to work with nursing staff to deliver safe, effective and person centred care, develop staff skills, competence and confidence in care delivery, identify training and development needs of staff. They will provide training in practice / clinical skills and / or signposting staff to appropriate resources and support. They will also support clinical staff role in audit and assurance processes associated with Excellence in Care. The practice development role is pivotal to support staff in the delivery of the local nursing plans for their area and to support their PNL to achieve implementation and evaluation of impact for their local area.

From nursing staff who are newly qualified who require induction and support in their first role, to experienced community nurse team leaders, or senior charge nurses within inpatient services dealing with a range of complex clinical care issues, the PDN / PDSN will support care delivery through discussion, supervision, training and development interventions in order to meet the range of needs identified by staff. The PDNs and PDSNs will also support PNLs and Chief Nurse at a corporate development level, exercising their professional leadership, change management, critical thinking skills and implementation of research and current evidence base into clinical practice.

There are Practice Development Nurses and Practice Development Support Nurses within Mental Health, ADRS, Sexual Health and Prison Healthcare Services.

Mental Health Services

There are four Professional Nurse Leads for Mental Health reflecting the scope of the board wide responsibility for Mental Health Nursing that incorporates the six Health and Social Care Partnerships (HSCPs). There are 2 Consultant Nurses within Mental Health (including PSI) and Perinatal Mental Health. The Mental Health Nursing workforce is comprised of approximately 1,935 staff (@1815 WTE). There are approximately 1300 registered mental health nurses (@1220 WTE RMNs) supported by approximately 635 Mental Health Care Support Workers (@595 WTE HCSWs) employed across a diverse range settings delivering specialist person centred mental health care under the umbrella of Mental Health Services. Within the NHSGGC boundary, mental health nursing care is delivered across multiple sites and spans a range of Adult, Older Adult, inpatient, community (including primary care) and includes specialist services such as ESTEEM, Acute Home Care, Acute Psychiatric Liaison and Unscheduled Care. Mental health service diversity necessitates an effective multi-disciplinary team approach requiring a dynamic skilled mental health nursing workforce. Mental health and wellbeing are key priority areas for other services therefore mental health nurses, as integral members of the multi-disciplinary team, continue to have an extended reach sharing expertise with other services and agencies and they provide holistic assessment, planned treatment and care interventions tailored to meet the person's specific physical, emotional, social, psychological and spiritual needs. Mental health nursing care is underpinned by rights, values and evidence based care that is recovery focussed. Contemporary mental health nursing care delivers a flexible compassionate caring response to meet the needs of the population we serve; mental health nursing respects and promotes the rights of people, addresses health inequalities and facilitates people to participate as equal partners in care¹. Mental Health services and mental health nursing roles continue to evolve and transform to meet the ongoing mental health and wellbeing needs of the population.

Prison Health Care, Police Custody Healthcare and Specialist Mental Health Services in NHS GGC

The Professional Nurse Leads for ADRs, Mental Health (NW) and Primary Care have professional responsibility for Prison Health Care areas on a Board-wide basis. There is a Consultant Nurse for Prison Health Care covering MH, ADRS and Primary Care.

The PNL MH North East has responsibility for Police Custody Healthcare and other Specialist Services such as Esteem, Adult Eating Disorders and Mental Health Assessment Units / Crisis Care.

[1] New Era for Mental Health Nursing



Prison Healthcare (PHC) consists of a team of 70 nurses, reflective of full and part time staff working with other HCPs to ensure the health and wellbeing of people held in the 3 prisons within NHS GGC board area. HMP Barlinnie, HMP Low Moss and HMP Greenock hold up to 2,000 people who can access healthcare at any time during their time in prison. Greenock also provides care for female prisoners and 24 bedded women's CCU due to open in NW Glasgow August 2022. PHC is split into 3 key areas – Primary Care, Mental Health and Addictions. Nurses are employed for specific services and work with a variety of HCP – GPs', Psychiatry, Psychology, Pharmacy, Podiatry, Dentist, OT's, Physios, Optometrists and Dieticians, to provide safe, effective patient centred care.

Healthcare provision is based on a Primary Care model of service delivery 7am – 9pm. Nursing staff in each team will provide comprehensive assessments to allow appropriate referrals to be made and care plans developed. Chronic disease management and acute presentations are the main care focus of the Primary Care Team. Addiction Nurses work with patients to ensure assessment of needs, access to appropriate care and treatment and through care in the community. Mental Health Nurses assess all referrals made to the team and ensure that the needs of patients in the prison are met following a MDT model of care. Much time is spent by nurses in PHC liaising with healthcare partners in the community – both at the point

of admission and point of liberation – to ensure that the care and treatment of patients in the prison is equitable to that available in the community. PHC nurses also provide a Health Improvement Service to focus on key strategic drivers such as Smoking Cessation, Mouth Matters, Weight Management, Mental Wellness and Harm Reduction strategies.

Police Custody Healthcare (PCS) consists of a team of 27 nurses, reflective of full and part time staff providing 24 hour a day cover to all patients held in any of the 7 Custody Suites in the board area. Nurses provide physical and mental health assessments to patients and ensure continuity of care and treatment while a person is in police custody. Staff come from a variety of clinical backgrounds including acute and primary care, mental health and learning disabilities and alcohol and drug services. Non-Medical Prescribers work with Forensic Physicians (FP's) to ensure that appropriate medication is either initiated or maintained whilst in custody. Comprehensive care plans are created to ensure quality of care is maintained following assessment, as nurses are not based in each location and work across all 7 sites. PCS nurses liaise with community and hospital based staff to ensure continuity of patient care and onward referrals if required. PCS nurses also provide out of hours cover for Archway - the sexual assault service based.



in Glasgow. Nurses work with specialist medical staff to ensure the wellbeing of people who report sexual assaults to Police Scotland during the out of hour's period. The short period of time people stay in a PCS, max 72 hours, allows staff to focus on Health Improvement initiatives such as Take Home Naloxone, One Hit Kits, BBV Testing, ABI's, Smoking Cessation, condom provision and signposting to other health and wellbeing services in the community. The service works closely with Police Scotland and links with partners in most clinical areas including Primary Care, Acute Care, Mental Health – community and inpatients, and Alcohol and Drug Services.

Alcohol and Drug Recovery Service

The Professional Nurse Lead post for Alcohol and Drug Recovery Services (ADRS) has a Board-wide nursing remit which supports all 6 HSCPs. The Alcohol and Drug Recovery Services across the Health Board geographical area are diverse and incorporate community and inpatient services and specialist teams such as Alcohol Related Brain Damage, Enhanced Drug Treatment Service and Primary Care Alcohol Outreach. The integrated service works collaboratively with the Alcohol and Drug Partnership, Public Health and other service partners to deliver on a range of strategic objectives to support individuals, their families and communities to recover from alcohol and drug related issues. The addiction nursing workforce consists of 180 registered mental health, 46 general adult nurses and 2 learning disability trained nurses. These nursing roles extend to include 1 CBT practitioner, 6 HCV Specialist Nurses, 1 Senior Advanced Nurse Practitioner and 7 Non-medical prescribing nurses, 52 non-registered nurses support care and treatment with all nursing roles providing essential community outreach approaches and recovery orientation. Support is provided to individuals of all ages and includes young people and parents whose children are affected by alcohol and / or substance use and to service users experiencing or at risk of domestic violence, trauma, homelessness, criminal justice and prison through care.

West of Scotland Mother and Baby Perinatal Mental Health Services

The Consultant Nurse for Perinatal Mental Health (PMH) provides nursing leadership for the PMH service. The service consists of the West of Scotland Mother and Baby Unit, which is a 6 bedded Regional unit that, if required, takes admissions from across Scotland, the Community Perinatal Mental Health Team which covers NHS GGC Board and part of South Lanarkshire Boards areas and the NHS GGC Board Maternity Liaison Service

The West of Scotland Mother and Baby Unit (MBU) admits women who are experiencing severe mental illness in the later stages of pregnancy or if their baby is under 12 months old. The six bedded inpatient unit enables mothers to be supported in caring for their baby whilst having care and treatment for a range of mental illnesses including: postnatal depression, postpartum psychosis, severe anxiety disorders and eating disorders.

It has a specialist multi-disciplinary community team providing care and treatment to women who are pregnant or postnatal and are at risk of, or are affected by, mental illness. It provides expert advice to women considering pregnancy if they are at risk of a serious mental illness. Maternity liaison is provided to the 3 maternity sites in NHS GGC. The Mother and Baby Unit has 28 nursing staff consisting of RMNs, Nursery Nurses and Health Care Assistants, the Community team has 15 nursing staff consisting of RMNs, Nursery Nurses and Health Care Assistants.

For further information visit our [website](#).

Sexual Health Services and Sandyford Nursing Services

The Professional Nurse Lead post for Sexual Health Services (SHS) has a Board-wide remit for nursing that includes services for contraception, sexual infection prevention, testing and treatments, abortion care, community gynaecology, gender identity, sexual assault and referral,

6 HSCP areas. Services include the Regional Sexual Assault and Rape Service, Abortion Care Service and assertive outreach which are all aimed at reducing sexual health inequalities.

The service works in partnership with Public Health and other service partners to deliver the outcomes detailed in the National Sexual Health and Blood Borne Virus Strategy and local Sexual Health Strategies. The ethos of the Sandyford Service is to provide integrated and modernised services, respecting diversity and ensuring equality in keeping with Scottish Government policies.

The nursing workforce comprises 57.1 Whole Time Equivalent registered nurses with expertise in blood borne virus prevention and treatment, public health partner notification and public protection, contraception provision including intra-uterine and sub-dermal devices, sexual assault management and abortion care. Advanced Nurse Practitioners and teams of specialist nurses with non-medical prescribing qualifications deliver services supported by 10 Whole Time Equivalent health care support workers who deliver person centred care within a framework of trauma informed practice.



5. CORPORATE NURSING WORKPLAN 2021

Older Peoples Service



Foreword

This is the Professional Nurse Lead for Older People's Service Corporate Nursing Work Plan. It has been developed in conjunction with the Chief Nurse, Glasgow City HSCP

This Corporate Nursing Work Plan has been based on the priorities and objectives that have been set by the Chief Nurse for Glasgow City, which take account of Board and National Nursing Strategy priorities and the Glasgow City Health and Social Care Partnership (HSCP) Strategic Plan. The plan sets out key areas of contribution which will support delivery of the five priority areas in the GCHSCP Strategic plan in areas such as shifting the balance of care, enablement, public protection, prevention, and harm reduction and also to support workforce development to support integrated team and service delivery.

We need to ensure that staff are supported and by aligning service and professional priorities and working together with general management, other professional groups and multi-professional teams to achieve safe, effective and person centred care.

The plan also features relevant local practice and professional priority areas and be subject to regular review throughout the year. The Nursing 2030 vision for Scotland restates the values of nursing, of care and compassion and rights based care, local plans should reflect this and should empower and enable nurses to feel supported in their work and professional development.

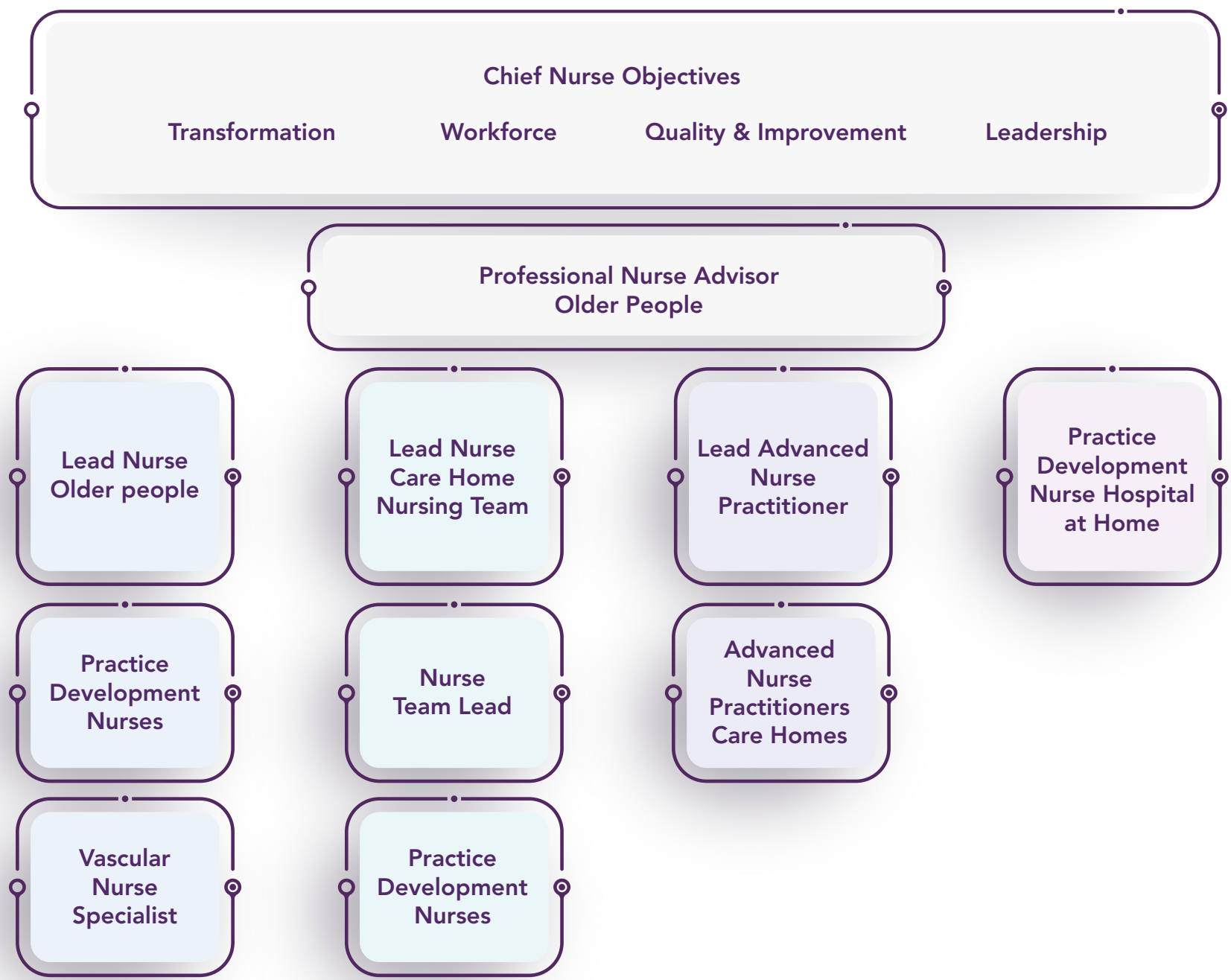
Appendix 1, outlines the scope of services that the Professional Nurse Lead (PNL) role covers. The objectives in this plan apply to those areas in community nursing service which include - District Nursing, Rehabilitation Nursing, Treatment Room and Care Service, Vascular Nurse, Practice Development Nurses, Specialist Nurses and Advanced Nurse Practitioners.

The PNL role is supported by the Lead Nurse Older Peoples Service, Lead Nurse Care Homes Nursing Team and Lead Advanced Nurse Practitioner.

Dr Julia Egan, Chief Nurse, Glasgow City HSCP



Figure 1 - Chief Nurse Objectives



Older Peoples Service Corporate Nursing Work Plan

1: Transformational Change	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
Developing the Nursing Vision Consider the current strategic context of Health and Social Care, Professional Nursing Strategies and NMC code / guidance to inform the development of a highly skilled adaptable nursing workforce	<ul style="list-style-type: none"> Reducing inequalities in health and wellbeing outcomes by promoting rehabilitation and re enablement approaches to maximise independence Consider the impact of COVID-19 and learning from this Further expansion of new roles such as Advanced Nurse Practitioners, Community Practice Teachers and Consultant Nurse Impact of future nurse – NMC – skills annexe retaining and developing clinical skills that may have an impact on the workforce Promote integrated working where appropriate 	Chief Nurse PNL			<ul style="list-style-type: none"> Transforming Nursing Roles Excellence in Care, NMC: Future Nurse Education Standards Nursing 2030 Vision NMC: Future Nurse A Fairer Healthier Scotland 2017-2022 Dementia Strategy National and NHS GGandC ANP Framework / Guidance Glasgow City HSCP Vision

2. Workforce Plan	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
<p>Developing the Nursing Workforce Plan</p> <p>With the Chief Nurse support the development of the Older People's Nursing Workforce Plan and contribute to overall Nursing workforce plans and redesign of nursing services</p> <p>Contribute to the Glasgow City HSCP development of an educational, clinical and professional framework and infrastructure and associated professional governance to support nursing</p>	<ul style="list-style-type: none"> • Work with the Chief Nurse to develop a 5 year Nursing work plan • Review current nursing structures and roles • Define Nursing core and role specific knowledge skills and expertise • Ensure nursing staff have access to training specific to their role • Ensure nurses are aware of their responsibilities when completing the mandatory Nursing and Midwifery Workload and workforce Planning Tools • Nursing career development framework and pathways • Support the development of the Care Home Nursing Team which will provide support and advice to Care Home Managers, staff and residents. This will include Care Assurance Visits, proactive support and advice to Care Home Managers and staff. There will be joint working with Commissioning Service and Care Inspectorate to achieve improvements within Care Homes where required. 	<p>Chief Nurse</p> <p>PNL</p>			<ul style="list-style-type: none"> • Nursing 2030 Vision • Transforming Nursing Roles • NMWWPT guidance • NMC: Future Nurse • Inequalities Legislation Frameworks • Flying Start • Effective Practitioner • NES Post Registration Career Development Framework • Hospital at Home Service

2. Workforce Plan... continued	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
	<ul style="list-style-type: none"> • Support the development and implementation of quality measures with the Care Home Service • Support the Lead Advanced Nurse Practitioner to develop the ANP Service within the Care Home Service • Lead on the clinical element of the Hospital at Home model. Establish and support Nursing / AHP roles required for this team • Identify and address training needs of team members lead on the Clinical skill / Learning and Education Plan and Induction required for staff appointed to the Hospital at Home Service • Link with HEI to support pre and post registration students to ensure they receive quality clinical placements when in community settings 				

3. Quality Strategy, Assurance and Improvement	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
<p>Define Older Peoples Services Nursing Contribution to Year 1 implementation of the Quality Strategy - Pursuing Healthcare Excellence,</p> <p>Ensure a lead contribution to the development, implementation and monitoring of a Professional Assurance and Improvement Framework</p>	<ul style="list-style-type: none"> • Define Older Peoples nursing contribution to year 1 of the Quality Strategy • Ensure Nursing action plan is developed and implemented at NTL level with PNL escalation, monitoring and assurance and reporting system locally and to the Chief Nurse • Support Quality Post holder to review and establish agreed care assurance processes for Community Nursing and Care Home staff • Build capacity for Quality Improvement in PDN staff • Ensure staff are aware of Safe Staffing Legislation • Dashboard / reporting to record outcomes • Reevaluate standards for EIC and audit tool • Review audit schedules, link to EiC components • Review Nursing Competency Frameworks in conjunction with other disciplines as appropriate for all services • Contribute to Transforming Nursing Roles Steering and Development groups. • Ensure staff are able to contribute through engagement sessions in shaping future work force • Ensure learning from SAER embedded in practice 	<p>Chief Nurse</p> <p>PNL</p>			<ul style="list-style-type: none"> • NHS GGC Quality Strategy – Pursuing Healthcare Excellence • Safe Staffing Legislation • Nursing 2030 Vision • Excellence in Care • IPC Guidance • Adult Support and Protection • NMC Future Nurse Standards of Proficiency

4. Valuing and Leading People - Leadership, Engagement and Approaches		Leads and Associated Leads		Progress: Met, Unmet, or Ongoing	Strategic Driver/s
<p>Confirm professional leadership structures, roles, governance and assurance systems for nursing across adult services</p> <p>Ensure priorities for governance and profession are reflected in local work plans</p> <p>Secure leadership presence at appropriate levels / decision making to ensure nursing influence on key strategic decisions.</p>	<ul style="list-style-type: none"> Define succession planning routes for nursing leadership roles Define roles / relationships and key leads for local professional nursing work plans / streams and priorities. Ensure Chief Nurse and BND priorities for profession are reflected in work plans. Ensure that key areas of public protection, education standards and training that meet NMC requirements are in place. Ensure systems to check revalidation / registration and that ensure safe, effective and person centred care are included in local nursing work plans Ensure local engagement and feedback mechanisms in place for nursing staff through iMatter feedback, professional nursing groups and professional advisory structures 	<p>Chief Nurse</p> <p>PNL</p>			<ul style="list-style-type: none"> Nursing 2030 Vision Enabling Professionalism NMC iMatter feedback process Adult Support and Protection NMC Educational Standards



Appendix 1

Scope and Range - Professional Nurse Leadership Role within Older Peoples Service

The Professional Nurse Lead (PNL) provides leadership for nurses working in a range of clinical services and settings that includes community and specialist nursing services. The role provides professional leadership for nursing within a defined service area as part of the Health and Social Care Partnerships (HSCPs) designated within the NHS GGandC Board area. The PNL role supports the delivery of National, Board and HSCP strategic plans and directives, which will be inclusive of National Nursing Strategy and Quality Strategy priorities which aim to ensure that safe, effective and person centred care is provided for people and their families who access services. The PNL role will support nurses to achieve their potential and provide quality care by working collaboratively and in partnership and communicating effectively with nursing staff in all levels of service within their area of responsibility. The role will work closely with Heads of Service, Service Managers and Nurse Team Leads to support service functioning and professional governance.

Lead Nurse Older People Service

The Lead Nurse will provide professional and operational support to the Practice Development Nurses and Vascular Nurse Specialist. They will also support the Professional Nurse Lead in the development of community nursing services. The role contributes to ensuring community nursing teams deliver effective, evidence based and innovative clinical care. They will lead on system wide or local developments in nursing practice which underpin service development.

Lead Nurse Care Homes

The Lead Nurse Care Homes will provide professional and operational leadership to the Care Home Team. The Lead Nurse will work closely with Care Home Managers, Care Inspectorate and Commissioning Services. The Care Home Nursing Team will support the Care Home Managers and nursing and care staff in providing advice and education as appropriate to each Care Home.

Lead Advanced Nurse Practitioner

The Lead Nurse Practitioner will provide operational and professional leadership to Advanced Nurse Practitioners and support trainee Advanced Nurse Practitioners to achieve support through the ANP education pathway. They will lead the ANP service to ensure any new developments to enhance their skills to meet the needs of patients with complex needs.

6. CORPORATE NURSING WORKPLAN 2021

Professional Nurse Lead for
Children and Families



Children and Young People - Corporate Nursing Work Plan -

Foreword

This is the Children and Families Corporate Nursing Work Plan. It is based on the priorities and objectives that have been set by the Chief Nurse for Glasgow City, which take account of Board and National Nursing Strategy priorities and the Glasgow City Health and Social Care Partnership (HSCP) Strategic Plan.

This plan sets out key areas of contribution which will support delivery of the five priority areas in the GCHSCP Strategic plan in areas such as shifting the balance of care, enablement, public protection, prevention, and harm reduction and also to support workforce development to support integrated team and service delivery.

Appendix 1, outlines the scope of services that the Professional Nurse Leads (PNL), Consultant Nurse Family Nurse Partnership (NC) and Senior Nurse Practice Development (SNPD) roles cover within Children and Families services. The objectives in this plan apply to Health Visiting, School Nursing, immunisation teams, Family Nurse Partnership (FNP) and incorporate aims and objectives of national policy and strategic direction related to these services. The national CNO programme TNR led and developed work related to a number of nursing disciplines including HV, SN, CAMHS, LAC, CCNs, GPN and others. Each relates and builds on the work of each partner discipline and sets out a clear: refocused role, evidence base, underpinning education and training and workforce requirements within an integrated context.

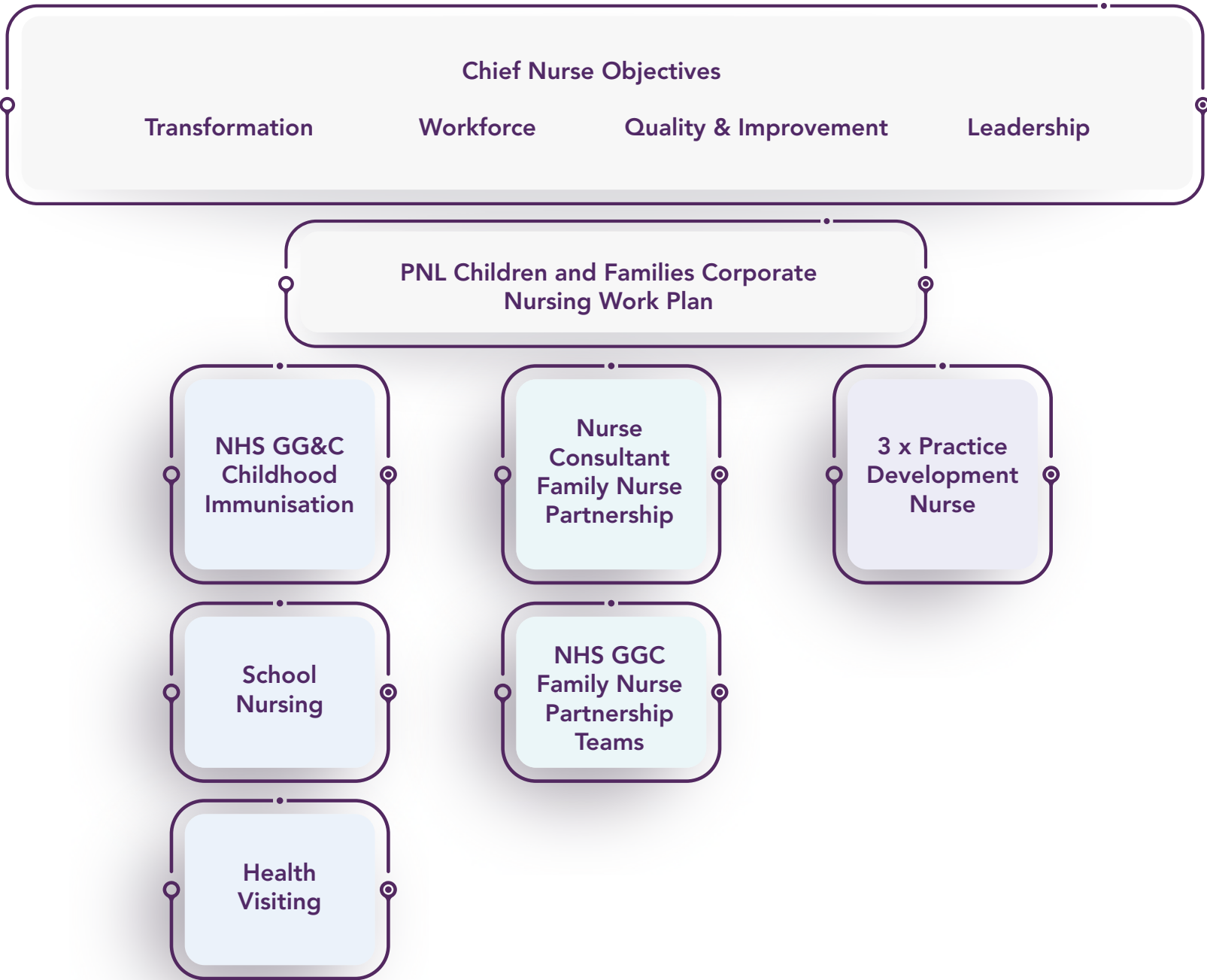
I hope that this plan will be used by team leads to communicate with their teams and raise awareness of key objectives and how these relate to our practice. I anticipate that PDNs will be required and will use this to guide the work on our key priorities and that, as a professional nursing team within Children and Families we can use the objectives and milestones to monitor how we are progressing in supporting staff to deliver safe, effective and person centred care. In addition this plan will inform Service Managers of the nursing priorities and give assurance to operational Heads of Service.

In recent years there has been significant investment by Government in Health Visiting and the Vaccine Transformation Programme has transformed how children and young people are protected from serious disease. Additionally much preparation has been completed for the investment in School Nursing that is just about to happen. Therefore the work contained within this plan builds on solid foundations and huge achievements by all involved. However there are challenges to be addressed like delivering the antenatal pathway in Health Visiting, streamlining the Professional Support in CAMHS and SCS and addressing the waiting lists and inappropriate referrals and the reality that School Nurses are still a very limited resource and the need is great. Particularly in the middle of a global pandemic. Additionally in GCHSCP the professional nursing structure is very limited and requires investment in order to achieve all that is required. There are also opportunities to revisit support structures and to use the Quality Agenda to ensure that families get the best care possible by the right person at the right time.

Mhairi Cavanagh, Glasgow City HSCP



Figure 1 - Leadership and Nursing Priorities - Delivery Model



Children and Families Corporate Nursing Work Plan

1: Transformational Change	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
Developing the Nursing Vision Consider the current strategic context of Health and Social Care, Professional Nursing Strategies and NMC code / guidance to inform the development of a highly skilled adaptable nursing workforce	<ul style="list-style-type: none"> Development of role of School Nurses and consider opportunities to expand on role 	MC / TNR / ALL			<ul style="list-style-type: none"> Transforming Nursing Roles Excellence in Care, Setting the Direction Nursing 2030 Vision NMC: Future Nurse Education Standards A Fairer Healthier Scotland 2017-2022 Delivery Effective services: Needs Assessment and Service recommendations for specialist and universal PMHS Glasgow City HSCP Strategic plan and objectives Glasgow City Vision
	<ul style="list-style-type: none"> Reducing inequalities in health and wellbeing outcomes by promoting early intervention / prevention and self-efficacy in relation to enablement approaches to maximise independence and ensuring a public health approach to practice 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Continue to build on third sector organisation input in relation to above working within community / neighbourhood models wherever possible 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Consider the impact of COVID-19 and learning from this 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Consider the role of HCSW in immunisation 	MC / TNR / ALL			
	<ul style="list-style-type: none"> In partnership with Heads of Service and CP Team develop an integrated and proactive response to Child Protection 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Impact of future nurse – NMC skills annexes – retaining and developing clinical skills that may have a direct impact on the workforce. 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Ensure FNP are aligned to and part of developing the wider Nursing Vision and HSCP vision 	MC / TNR / ALL			
	<ul style="list-style-type: none"> In partnership HOS, CN and service managers develop and implement national policy direction in relation to these services and agree corresponding work plan which ensure linkage and integration with other HSCP services 	MC / TNR / ALL			

2. Workforce Plan	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
<p>Developing the Nursing Workforce Plan</p> <p>Lead on the development of the Children and Families Nursing Workforce Plan and contribute to overall Nursing workforce plan/s</p> <p>Contribute to the Glasgow City HSCP development of an educational, clinical and professional framework and infrastructure and associated professional governance to support nursing</p>	<ul style="list-style-type: none"> Develop Position for continued roll out of Children and Families Nursing and Midwifery Workload and workforce Planning Tools 	MC / TNR / ALL	Delivery		<ul style="list-style-type: none"> Nursing 2030 Vision Transforming Nursing Roles NMWWPT guidance Safe Staffing Legislation NMC: Future Nurse Inequalities Legislation Frameworks Effective Practitioner National and NHS GGandC ANP Framework / Guidance NES Post Registration Career Development Framework Any service redesigns
	<ul style="list-style-type: none"> Inform recruitment strategy via Workforce planning group or equivalent 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Inform Response to Safe Staffing Legislation 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Continued consideration to Nurses health and wellbeing and satisfaction 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Ensure the safe use of Agency and Bank Nursing in immunisation 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Work towards defined nursing core / role specific knowledge skills and expertise and further development of ongoing Job description work – by exploring role of differing band 7's their learning needs, future proofing 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Contribute to nursing career development framework and pathways 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Ensure that Nursing mandatory and role specific training is updated 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Develop links for HV at West of Scotland MBU, funded by Scottish Government 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Develop a clear plan for the role and development of HCSW and CNN 	MC / TNR / ALL			
	<ul style="list-style-type: none"> FNP contribution to national SG workforce planning and ensuring a fair and equitable service in NHSGGC 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Review Operational and Professional structures in relation to the FNP Consultant Nurse role and remit 	MC / TNR / ALL			

3. Quality Strategy, Assurance and Improvement	Actions:	Leads and Associated Leads	Timescale	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
Define Children and Families Service Nursing Contribution to Year 1 implementation of the Quality Strategy - Pursuing Healthcare Excellence	<ul style="list-style-type: none"> Ensure Nursing action plan is developed and implemented at NTL level with PNL escalation, monitoring and assurance and reporting system in place locally and Chief Nurse 	MC / TNR / ALL			<ul style="list-style-type: none"> NHS GGC Quality Strategy – Pursuing Healthcare Excellence
Ensure a lead contribution to the development, implementation and monitoring of a Professional Assurance and Improvement Framework	<ul style="list-style-type: none"> Support Quality Post holder to review and establish agreed care assurance processes 	MC / TNR / ALL			<ul style="list-style-type: none"> Nursing 2030 Vision
	<ul style="list-style-type: none"> Agree and implement Core quality measures for nursing in relation to excellence in care Dashboard / reporting 	MC / TNR / ALL			<ul style="list-style-type: none"> IPC guidance
	<ul style="list-style-type: none"> Implement relevant aspects of Excellence In Care including Public Partnership / User feedback / Patient Centred components 	MC / TNR / ALL			<ul style="list-style-type: none"> Excellence in Care Children and young people's Act
	<ul style="list-style-type: none"> Review audit schedules, link to EiC components 	MC / TNR / ALL			<ul style="list-style-type: none"> Adult Support and Protection Act
	<ul style="list-style-type: none"> Consider B7 learning needs findings and other sources of evidence and incorporate into Learning and Development Plan 	MC / TNR / ALL			<ul style="list-style-type: none"> National Performance Framework
	<ul style="list-style-type: none"> Develop Nursing Competency Frameworks 	MC / TNR / ALL			<ul style="list-style-type: none"> NMC Future Nurse Standards of Proficiency
	<ul style="list-style-type: none"> Ensure the learning from SCI / SCR embedded in practice and that progress is audited 	MC / TNR / ALL			<ul style="list-style-type: none"> FNP License and Revised Core Model Elements
	<ul style="list-style-type: none"> Ensure that the links between universal services / SCS and parenting link to provide seamless, proportionate care for families 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Ensure governance and assurance processes are in place for safe and effective Immunisations 	MC / TNR / ALL			
	<ul style="list-style-type: none"> Build capacity for Quality Improvement in the form of Practice Development Nurses 	MC / TNR / ALL			

4. Valuing and Leading People - Leadership, Engagement and Approaches		Leads and Associated Leads	Progress: Met, Unmet, or Ongoing	Strategic Driver/s
<p>Confirm professional leadership structures, roles, governance and assurance systems for nursing across Children and Families services</p> <p>Ensure priorities for governance and profession are reflected in local work plans</p> <p>Secure leadership presence at appropriate levels / decision making to ensure nursing influence on key strategic decisions.</p>	<ul style="list-style-type: none"> Confirm leadership roles, values and behaviours of all band 7's 	MC / TNR / ALL		<ul style="list-style-type: none"> Nursing 2030 Vision Enabling Professionalism NMC iMatter feedback process NMC Education standards
	<ul style="list-style-type: none"> Define succession planning routes for nursing leadership roles 	MC / TNR / ALL		
		MC / TNR / ALL		
	<ul style="list-style-type: none"> Ensure that key areas of public protection, education standards and training that meet NMC requirements are in place. 	MC / TNR / ALL		
	<ul style="list-style-type: none"> Ensure local engagement and feedback mechanisms in place for nursing staff through iMatter feedback, professional nursing groups and professional advisory structures 	MC / TNR / ALL		
	<ul style="list-style-type: none"> Ensure appropriate response to locality iMatter feedback in relation to professional issues 	MC / TNR / ALL		
	<ul style="list-style-type: none"> Attend relevant meetings 	MC / TNR / ALL		

Appendix 1

Scope and Range - Professional Nurse Leadership and Consultant Nurse Roles within Children and Families

The Professional Nurse Lead (PNL) provides leadership for nurses working in a range of community and specialist services. The role provides professional leadership for nursing within a defined geographical or service area as part of the Health and Social Care Partnerships (HSCPs) designated within the NHS GGandC Board area. The PNL role supports the delivery of National, Board and HSCP strategic plans and directives, which will be inclusive of National Nursing Strategy and Quality Strategy priorities which aim to ensure that safe, effective and person centred care is provided for children and their families who access services. The PNL role will support nurses to achieve their potential and provide quality care by working collaboratively and in partnership and communicating effectively with nursing staff in all levels of service within their area of responsibility. The role will work closely with operational and general managers to support service functioning and professional governance.

The Consultant Nurse Family Nurse Partnership (NC) role in Family Nurse Partnership has key objectives in line with FNP Service Level Agreement with the Scottish Government in order to deliver this licensed programme. The core functions of the role include leadership, research, education, training and staff development. However, the Consultant Nurse also provides an operational line management role across the board wide FNP service. A key aspect of the role of the NC in FNP is quality improvement, assurance and the development of systems and processes to support effectiveness.

Practice Development Nurses

Currently managed by PNL for Children and Families. Areas of responsibility are a Glasgow wide Practice Development to develop practice in line with NMC standards and other Policy Drivers



Health Visiting Services in Glasgow City

Health Visitors are key to the early intervention and prevention strategy. They engage with the families of pre-5 children and deliver the Revised Universal Pathway working within the GIRFEC principles. The investment has meant that the workforce has changed very quickly in the last 5 years and this is very positive, however this workforce is still quite inexperienced and there needs to be a focus on their development needs (alongside the other Band 7 roles in the team – Team Leaders, Practice Development Nurses and Practice Teachers). The Government has invested in this group and would want to retain the numbers however consideration needs to be given to the use of skill mix in this group of staff. There are also links to Health Visiting across NHS GGC.

School Nursing Services in Glasgow City

Historically School Nurses have not had a high profile and there are quite negative stereotypes, additionally over the years School Nursing Services have decreased. There has been a recent refocus on this nationally and 10 pathways have been developed. In Glasgow City there is a focus on three pathways.

Child protection, emotional health and wellbeing and transitions. There are very few school nurses and this resource needs to be built on. As this happens we need to review these 3 pathways and if appropriate add to them. There are also links to School Nursing Services across NHS GGC.

Immunisation Teams across GGC

Vaccine transformation for children and young people is well underway. Motivated teams led well operationally have risen to the challenges of this transformation. COVID-19 has given an opportunity to explore accessible vaccines for all children and young people and an increased focus on the importance of high uptake rates in the community.



7. NURSING LEARNING, EDUCATION, TRAINING AND DEVELOPMENT, SCOPING AND PRIORITIES





Introduction

The Chief Nurse for Glasgow City HSCP with the support of the Professional Nurse Leads (PNLs), has undertaken a scoping process to identify priorities for learning, education, training and development for Nursing. The scoping outcomes, which are set out in this paper, and subsequent implementation plan to follow are key components of the Professional Nursing Governance Framework within Glasgow HSCP.

Staff investment in training and education and practice development is integral to assuring ourselves that safe, effective and person centred care processes are in place and that these are some of the necessary conditions that need to be in place to improve patients health, wellbeing and recovery.

Developing and Responding to the Priority Areas

The Learning, Education Training and Development Scoping has identified the key priorities for Nursing across the spectrum of care groups within Glasgow City HSCP.

These have been identified from:

- HSCP Objectives / plans and priorities within the corporate nursing plans,
- Transforming Nursing Roles,
- Quality Improvement and Clinical Governance requirements
- Local learning plans,
- Practice development requirements,
- Learning from incidents
- Requirements associated with the Core Competencies Framework for Nurses Band 5 to 7 which have recently been developed and fit with the revised NES Development Framework.
- The Learning Education and Development Framework that has been developed to support staff to meet the Core Competencies and also includes the mandatory and statutory training requirements.

The Chief Nurses within Glasgow City have agreed the following core training priorities in response to the HSCP objectives and clinical and practice priorities.

- **Leadership and supporting programmes such as Queens Nursing Institute for Scotland**
- **Quality and Quality Improvement**
- **Transformation**
- **Succession planning**

Service Specific Learning, Education Training and Development Priorities

Glasgow City provides a range of services which cover adult, older people and children and families. The Chief Nurses and the Professional Nurse Leads have identified the following priority areas:

Adult Services: Chief Nurse - Lorraine Cribbin

Adult Services includes Mental Health, Alcohol Drug Recovery, Sexual Health, Specialist MH Services, Prison Health Care, Homelessness

Mental Health (MH) Inpatient / Community – Adult and Older people

- Suicide prevention
- Trauma
- Borderline Personality Disorder (BPD)
- ADHD Neurodiversity
- Clinical skills – venepuncture / Nasogastric feeding / ECG
- Clinical Risk Assessment
- Psychological Therapies – Stress and Distress
- Physical Healthcare management, monitoring and maintenance i.e. Deteriorating Patient (NEWS2).



- Diabetes Monitoring and maintenance
- PUDRA
- GAEL and Palliative Care
- Research methods

Mental Health Specialist Services - Perinatal MH services

- NES – Infant Mental Health
- SPIRIT (joint work with Midwifery / HV / FNP)

ADRS and Addiction Prison Health Care

- ANP and NMP – to include training for prescribing supervisor and practice supervisor
- Medical Emergency Training (MET) and Basic Life Support (BLS)
- Suicide Prevention
- Trauma and psychologically informed practice
- Core Skills, CBT

- Harm Reduction
- Medication Assisted Treatment
- Child Protection
- Leadership and management
- Quality improvement

Sexual Health Services

- Graduate Certificate in Sexual and Reproductive Health – (note course has been withdrawn from UWS portfolio and no alternative currently available. This as an essential criteria in the job description for sexual health nurses)
- Intrauterine Contraception insertion
- Contraceptive implant insertion / removal
- Non-Medical Prescribing
- Patient Group direction
- Competency training in Sexual Health Advising



- Competency training in the management of symptomatic patients
- Venepuncture training
- Adult / child support and protection
- Suicide prevention
- Nurse Leadership
- Practice Supervisors / Assessors training
- Mandatory learnpro training module

Prison Health Care

- Non-Medical prescribing
- Advanced Nurse Practice
- BLS
- Adult Support and Protection (ASP)
- NES Supervision Module
- Graduate Diploma Integrated Community Nursing
- Core Skills in Addictions / Mental Health

Psychological and Trauma Informed Care, Increasing access to Psychological Therapies (PT) and Improving outcomes in Psychosis

- Post-graduate level CBT training – Challenges present for supporting MH nurses through this 2 year training programme (current staffing levels and workloads, limited supervision capacity in the board) and this is the group most suited to rapidly progress into PT training.

- Development work and pathways for those working out with MH are indicated, for example, SPIRIT training and building competencies here to enable people to develop further in pathways to support the acquisition of PT skills and expertise.
- Behavioural Activation – low intensity evidence-based PT. Open to all working in MH.
- PSI psychosis – Roll-out was paused due to COVID-19. Evidence-based PT.
- Trauma informed to trauma skilled trainings, levels 1 to 4 (awaiting board plan – paper anticipated).
- SPIRIT as foundation level CBT-informed evidence-based PT, a sound precursor to post-graduate level CBT trainings. (Exploring the potential for SPIRIT to carry academic credits.

Older Peoples Services: Professional Nurse Lead- Ellice Morrison

- Advancing Practice in District Nursing
- Tissue Viability
- ASP
- Palliative Care
- Rostering Policy
- Excellence in Care (EIC)
- Sickness / absence
- Complaints process
- Investigations



New to supervisor role training for existing and new District Charge Nurses.

- Looking at 1st line attendance management
- Managing conduct
- Managing conflict
- Staff induction / roles and responsibilities.
- TURAS / Appraisal
- ACP / difficult conversations- the ACP facilitator role comes to an end early next year- sustained focus on training and building competence / confidence is desirable until embedded in practice
- Equipu training

University Modules

- V300 prescribing for existing band 6 staff
- Advanced clinical assessment module

Children and Families: Professional Nurse Lead – Mhairi Cavanagh

- Trauma informed Care
 - Strength Based Approaches
 - GIRFEC
 - Child Protection
 - Financial Inclusion
 - GBV
 - Building Improvement Capacity - Improvement Methods / tools and Techniques
 - Maternal and infant mental health
-



Quality Improvement and Transformation: Senior Nurse – Frances Rodger

- Develop system for monitoring and tracking quality and improvement training uptake and practice at clinical level
- Scottish Improvement Foundation (SIF)
- Scottish Improvement Leadership (SclL),
- Scottish Coaching and Leading for Improvement Programme (ScLIP)
- Scottish Quality and Safety Fellowship (SQSF).

Post Graduate Education

Work needs to be undertaken to review the current Service Level Agreements with partner universities across all services.

PNLs need to identify priority areas for development in terms of academic modules across each service. Rationale, impact and outcome measures for each area will be developed. A baseline audit of current availability, funding and identification of any constraints or areas of ongoing need will be undertaken.

Chief Nurses are undertaking work with the Consultant Nurses to establish links to universities and research development programme to underpin practice and agree areas of joint research.

Conclusion

This scoping paper is the first stage, it sets out the initial priorities and it will form the basis of an implementation and development plan that will be presented to HSCP Senior Management Team for further discussion in the coming months.

