

**From:** [REDACTED]

**Sent:** 06 July 2017 16:08

**To:** [REDACTED]

[REDACTED]

**Subject:** NHSScotland Weekly NHS Health Board Summary (Period Ending 02 July 2017)

Dear Colleagues,

Please find attached the weekly summary of NHSScotland performance, which has been collated from the key indicators data supplied by NHS Boards. This weekly summary relates to period ending 02 July 2017 and is provided to help your Board benchmark and compare across the range of key indicators used to track performance.



NHSScotland  
Board Level Sum...

Regards

[Redacted]

[Redacted]

Scottish Government  
**NHSScotland Resilience & Business Management Division**  
Performance and Delivery Directorate  
Area 2East, St Andrews House, Regent Road  
Edinburgh, EH1 3DG

[Redacted]

[Redacted]

My normal working days are: Tuesday, Wednesday, Thursday & Friday



**To:** [REDACTED]

[illegible]

**Cc:** [REDACTED]

**Subject:** New ILF Scheme - announcement of new £5m fund to focus initially on supporting young disabled people with transitions in Scotland

Dear colleagues,

Please see information below which may be relevant to young people who are in transition and have communication support needs. Please feel free to share widely with your networks

Kind regards,  
Jean

Last Thursday, the Public Health Minister, Aileen Campbell, announced details of the New Independent Living Fund (ILF) Scheme, which will initially focus on supporting transitions for young disabled people, aged 16 to 21. You can read the full details of the announcement:

<https://news.gov.scot/news/independent-living-fund>

The launch was held at Upward Mobility Project in Edinburgh, attended by Ms Campbell and the Social Security Minister, [REDACTED]. I attach a photo from the launch. You might also be interested in James Fletcher's opinion piece, carried in the Sunday Herald and TFN blog:

[http://www.heraldscotland.com/news/15384684.Agenda\\_A\\_chance\\_to\\_make\\_a\\_real\\_difference\\_to\\_young\\_disabled/?ref=arc](http://www.heraldscotland.com/news/15384684.Agenda_A_chance_to_make_a_real_difference_to_young_disabled/?ref=arc)  
<http://thirdforcenews.org.uk/blogs/new-5m-fund-will-transform-the-lives-of-young-disabled-scots>

<< File: UPMO launch 29 June 2017.jpg >>

There is also a little bit more information on the new scheme contained within the Scottish Government pages:

<http://www.gov.scot/Topics/Health/Support-Social-Care/Independent-Living/ScottishIndependentLivingFund>

[REDACTED] Assisted Communications Team, Care, Support  
& Rights Division, Scottish Government, Directorate Health and Social Care Integration,

Room GE.15, St Andrews House, Edinburgh, EH1 3DG. [REDACTED]  
[REDACTED]

**Advanced Practice Group  
ACTION LOG  
From 10 November 2016**



Date identified		Action	Action Taken	Action For	Deadline	Date Completed
15/3/17	<b>Action 9</b>	All members to consider what comparative data should be looked at for all ANPs.		Group Members	Ongoing	Ongoing
11/5/17	<b>Action 10</b>	Community/Primary Care sub-group to produce competencies and then a briefing paper for GPs including a summary of the work undertaken in Phase 1 along with the next steps.		Community/Primary Care sub-group	July/August 2017	On agenda for 6 July 2017 meeting
11/5/17	<b>Action 11</b>	Consider whether the Postgraduate Education and Development Group should be asked to produce guidance on educational requirements.			6 July 2017	To be included in the Group's Phase II paper
11/5/17	<b>Action 14</b>	Each sub-group to nominate one or two representatives to meet in a workshop to produce a proposed way forward on common core competencies which would then be considered by the main ANP group.		Sub-group Chairs	6 July 2017	Workshop will be held on 1 August 2017
11/5/17	<b>Action 16</b>	Consider the Terms of Reference and whether any amendments are necessary.		Group Members	Summer 2017	
11/5/17	<b>Action 17</b>	Members to produce details of their respective mentoring and supervision systems to enable the production of a short paper which would facilitate further discussion.		Group Members	6 July 2017	Discussed at the 6 July 2017 meeting & agreed to consider the

						model used by NHS Ayrshire & Arran
6/7/17	<b>Action 18</b>	<b>Discuss with NHS Highland the basis for the calculation of their ANP figures for the Data Cleansing Exercise.</b>			18 August 2017	
6/7/17	<b>Action 19</b>	<b>Distribute to members the SWISS data for their respective NHS Boards in order that it can be compared with the returns submitted for the Data Cleansing Exercise.</b>			18 August 2017	
6/7/17	<b>Action 20</b>	<b>Distribute to members the independently submitted returns to the Training Needs Analysis exercise.</b>			18 August 2017	Actioned 12 July 2017
6/7/17	<b>Action 21</b>	<b>Distribute to members the NHS Ayrshire &amp; Arran mentorship academy template.</b>			18 August 2017	
6/7/17	<b>Action 22</b>	<b>Contact the Council of Deans for details of the mentorship systems used by Higher Education Institutions (HEIs).</b>			18 August 2017	
6/7/17	<b>Action 23</b>	<b>Ask colleagues in the NHS Lanarkshire library to undertake a search on supervision and mentoring models.</b>			18 August 2017	
6/7/17	<b>Action 24</b>	<b>Produce a paper on Phase II of the group's work</b>		Group Members	31 December 2017	

## Transforming Nursing Roles – Advanced Practice Group

Victoria Quay, Edinburgh

Conference Room 3

Thursday 6 July, 2017



### ACTION NOTE

Attendees	Organisation
	NHS Fife
	NHS Greater Glasgow & Clyde
	University of Dundee
	NHS Dumfries & Galloway
	Scottish Care
	NHS Grampian
	NHS Education for Scotland
	NHS Dumfries & Galloway
	Information Services Division
	NHS Ayrshire & Arran
	NHS Lothian
	Royal College of General Practitioners
	Golden Jubilee National Hospital
	Scottish Government
	NHS Forth Valley
	NHS Greater Glasgow & Clyde
	NHS Fife
	Scottish Government
	NHS Lanarkshire
	Royal College of Nursing
	NHS Dumfries & Galloway
	Scottish Government
	NHS 24
Video-Conferencing	
	NHS Tayside
	NHS Orkney
Apologies	
	NHS Lanarkshire
	NHS Highland
	Royal College of Nursing
	Scottish Government
	Scottish Government
	NHS Borders
	NHS Grampian
	NHS Ayrshire & Arran
	NHS Lothian
	Scottish Government

1.	<b>Welcome, introductions and apologies</b>	
	[redacted] welcomed everyone to the meeting and asked members to introduce themselves. The apologies were noted.	
2.	<b>Matters arising from previous meeting and action points</b>	
	<p>The minutes of the previous meeting were agreed without amendment.</p> <p>[redacted] provided updates on the actions from the previous meeting, noting that several were included in the agenda. Referring to <b>Action 11</b> he stated that the group's Phase II paper, on which he felt the group were in position to begin work, would include guidance on educational requirements. The group's Phase I paper had been recirculated to ensure that NHS Boards are aware of what had been agreed with Scottish Executive Nurse Directors (SEND).</p> <p>With regard to <b>Action 13</b> members heard that as some NHS Boards had asked for an extension to the deadline some outstanding submissions remained. Members were also advised that workshop on the production of a proposed way forward on common core competencies (<b>Actions 14 &amp; 15 refer</b>) had been slightly delayed and had not yet taken place.</p>	
3.	<b>Data Cleansing Exercise/Service and Training Needs Analysis</b>	
	<p>[redacted] referred to his paper circulated prior to the meeting and explained the figures contained therein. It was noted that there were some discrepancies and that Agenda for Change may have had an impact. Members agreed with [redacted] suggestion that the exercise to capture the number of ANP trainees may have to be repeated for the next 3-4 years whilst noting that a data cleansing exercise would not be required to be undertaken annually if NHS Boards used the flag on the Scottish Workforce Information Standard System (SWISS). It was noted that data on ANPs within General Practice will not be included.</p> <p>There was felt to be a need to do work on professional development distinct from the funding provided by the Scottish Government, and change of service models were being developed across Scotland. Each new Advanced Nurse Practitioner (ANP) would now be logged on SWISS as soon as they qualify which would negate the need for further data cleansing. The group was advised that NHS Boards would be required to sign off the data prior to publication, and members considered how frequently publication should take place. Annual publication was agreed, around September each year.</p> <p><b>Publication Plan</b></p> <p>ANP figures will be published on 5<sup>th</sup> Dec 2017. This will include:</p> <ul style="list-style-type: none"> <li>- Headcount and WTE of ANPs in post at 31<sup>st</sup> Mar 16 (sourced from attached baseline data)</li> <li>- Headcount and WTE of ANPs in post at 30<sup>th</sup> Sep 17 (sourced from SWISS)</li> </ul>	



The key dates to ensure approved quality assured data can be published are:

- 31 August: NHS Board deadline for any amendments to March-16 baseline figure
- 6 October: NHS Board deadline for ensuring SWISS data is accurate
- 10 October: Information Services Division (ISD) extract is taken for all staff in post at 30 September 2017
- 12 October: ISD shares extract data with NHS Boards to verify accuracy
- 26 October: NHS Board deadline to sign-off and approve release of ANP figures
- 28 November 5 day preview of all workforce statistics sent to workforce colleagues at Scottish Government and NHS Boards

### Data Recording

NHS Boards must ensure that all ANPs have the 'Advanced Practice Indicator' = Y within local HR systems.

It was important that the Scottish Government is provided with accurate figures with regard to the training that is being funded, and members agreed with [REDACTED] suggestion that NHS Boards should undertake an annual count of the ANPs that have been trained or are in the process of being trained. Members were unclear as to whether SWISS could provide a trainee ANP area, and if that could not be provided NHS Boards would have to carry out a manual exercise on an annual basis at the end of September each year.

[REDACTED]

**(Action 18)** It was suggested that NHS Boards would find it helpful to be able to compare their SWISS data with the figures that they had submitted and [REDACTED] stated that he would arrange for that to be done. **(Action 19)**

The group discussed the breadth of the data requested, and it was suggested that narrowing the focus to the areas covered by the 4 sub-groups would be helpful, with the addition of Learning Disabilities and a free text box.

Members were informed that the Service and Training Needs Analysis was underway, and an effort had been made to engage with independent contractors. The data received to date had yet to be examined. NHS Education for Scotland (NES) had facilitated 2 workshops on the completion of the proformas which were held in Edinburgh and Glasgow, and the deadline for submission of the completed proformas was 14 July 2017. The questionnaire would remain available for completion until 31 July 2017. Consideration of lessons learned would take place after the exercise had concluded. [REDACTED] stated that it would be possible to advise members of returns submitted independently to date, but that it would not be possible to do the same in relation to returns submitted close to the deadline. Members agreed that it would be helpful to have sight of the independently submitted returns, and [REDACTED] agreed to arrange their distribution. **(Action 20)**

#### 4. Core Competencies

informed members that a workshop had been organised for 1 August 2017 which would be held at the NES offices at West Port. Nominations had been received from the chairs of the 4 sub-groups, and it was intended that the workshop would produce agreed competencies for the 4 sub-groups, with the work being completed on the day. added that a series of Transforming Nursing Roles papers were being produced for publication in summer 2017, and Advanced Practice would be one of the first to be published.

#### 5. Mentoring and Supervision

asked members what they felt should be the mentoring and supervision model for ANPs, and was advised that NHS Ayrshire & Arran had a successful model in use. The need for a single point of contact at each NHS Board was noted, and it was suggested that the NES Out of Hours programme developed several years ago could be used. agreed to circulate the NHS Ayrshire & Arran template to members. **(Action 21)** In addition, stated that she would contact the Council of Deans for details of the systems used by the Higher Education Institutions (HEIs). **(Action 22)** advised that she would ask her library colleagues to undertake a search on supervision and mentoring models. **(Action 23)**

It was suggested that mentors were finding it difficult to find enough time to provide mentoring. It was also recognised that during Phase I of the group's work it was suggested that mentors be given sufficient time to carry out their mentoring responsibilities.

The need to argue for time to be protected for mentoring was stressed, and the 0.25 WTE protected time for medical staff was noted. Whilst members agreed that provision needed to be made to enable mentors to undertake their mentoring duties, it would not be appropriate to specify a time commitment as there would always be local variations. It was suggested that key principles be developed but that it would be important that they were not too prescriptive.

stated there was a need to agree a minimum standard but that it would be important to be clear about how it would be structured.

#### 6. Sub-group updates

##### Community/Primary Care

dvised that work was well advanced on drafting a General Practice paper, and work had also been undertaken on competencies.

##### Acute

stated that feedback from regional events had been collated, but that no work had been done on competencies as he was waiting on the outputs of the event on 1 August 2017.

##### Paediatrics

informed members that her sub-group had recently been focussing on competencies.

#### 6. Transforming Nursing Roles

said that he had spoken with Midwifery and Allied Health Professional (AHP) leads and will link with both groups for their views. It was acknowledged

	that the clinical pillar will be different for each staff group but that the other pillars will be the same. He suggested that a Phase II paper be produced by 31 December 2017 outlining the work done e.g. competencies, supervision and mentoring, metrics, NES engagement work etc. <b>(Action 24)</b> Then consideration should be given to the next steps and whether the group, or something similar, should continue. Membership would be based on Advanced Practice representatives from each NHS Board along with representatives from nursing, midwifery and AHPs.
	<p> <span style="background-color: black; color: black;">[REDACTED]</span> went on to suggest that the group have 2 further meetings, with possibly 1 additional meeting, to finalise its work. Members agreed that the group's final meeting should be the one scheduled to take place on 26 October 2017. </p>
<b>7.</b>	<b>AOCB</b>
	No items were raised.
	<b>Date of Next Meeting</b>
	13 September 2017, 10:00 – 15:00, The Dome, New Register House, Edinburgh



Portfolio Lead, Primary Care  
Ihub, Healthcare Improvement Scotland

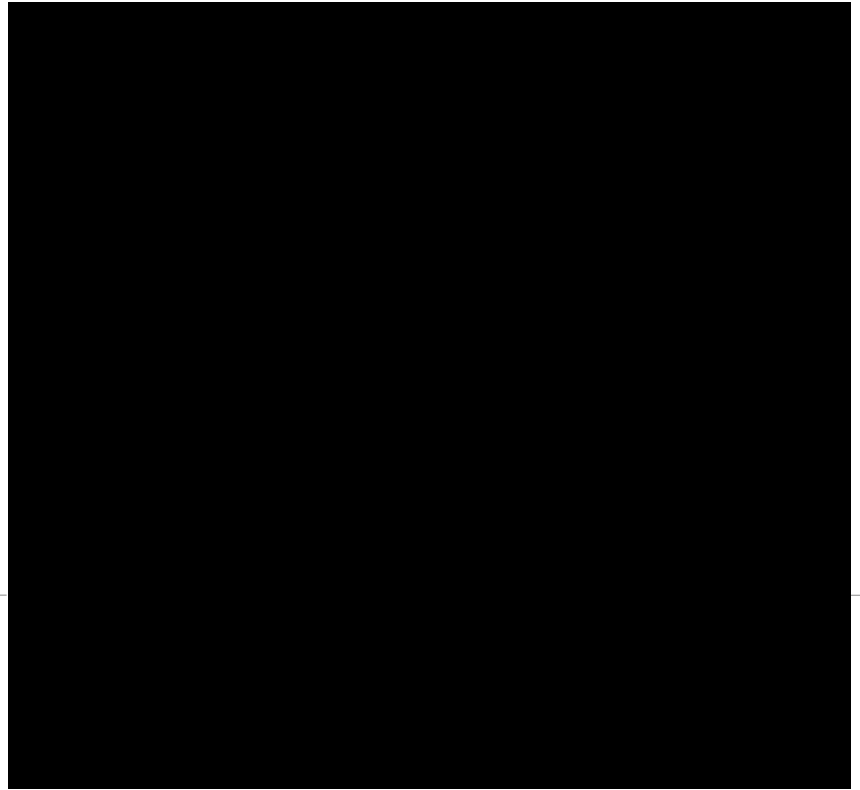
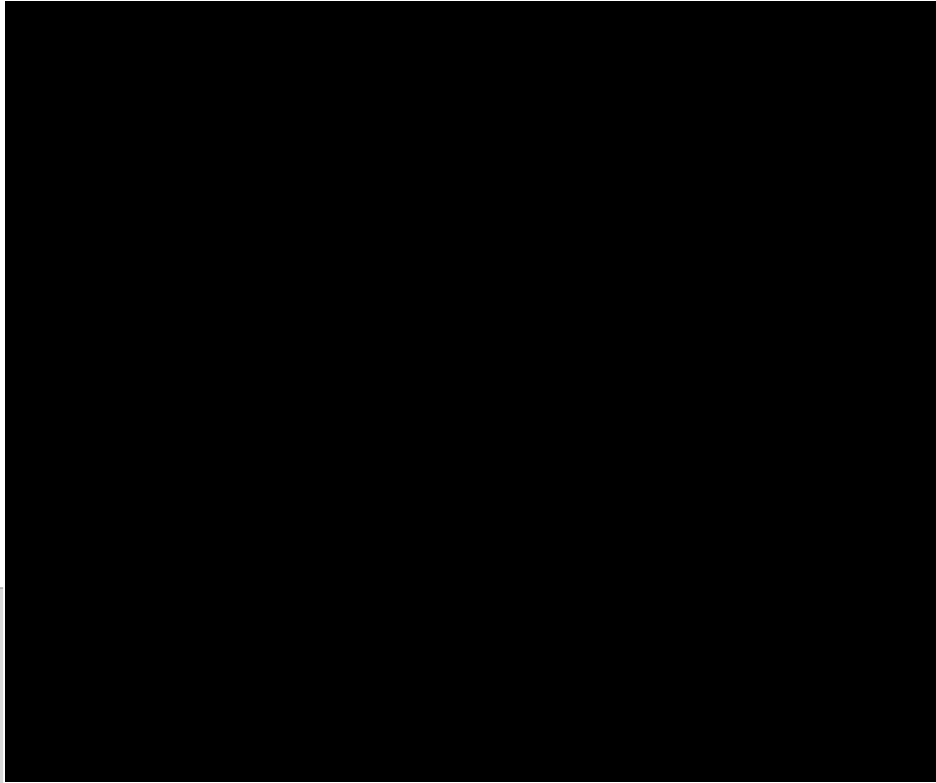
The Improvement Hub (ihub) is a part  
of Healthcare Improvement Scotland

## Our role in one sentence.....

Supporting health and social  
care services to **redesign and**  
**continuously improve**



# Our Team





## *Our Primary Care Support*

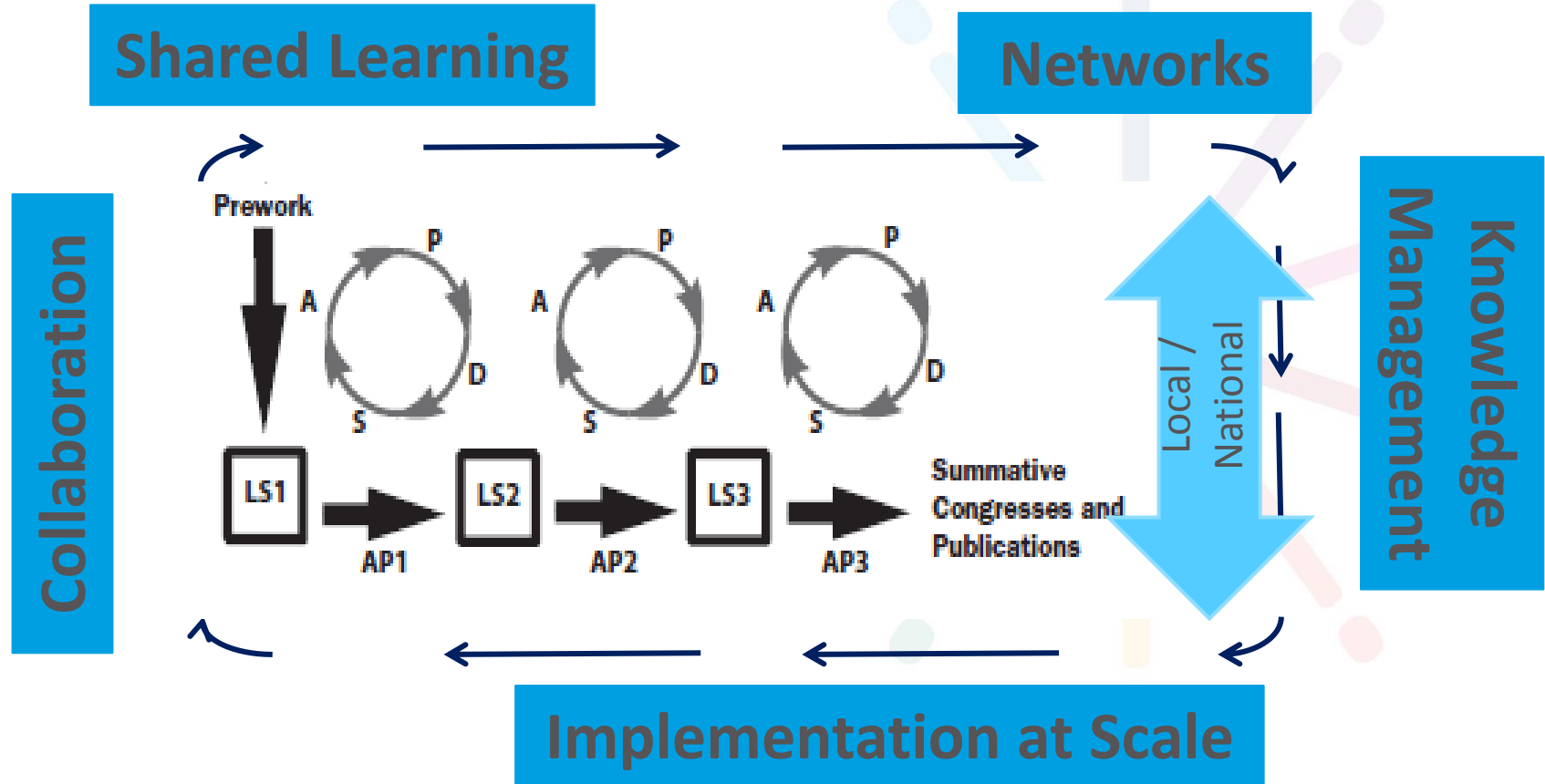
### GP Cluster Support

- Quality Improvement Programme Support
- Development of Quality Improvement and Leadership Skill
- Development of a national learning system

### Primary Care Transformation Fund

- Review and analysis of Primary Care Transformation Fund and associated projects
- Development of a national learning system

# Our approach to developing a National Learning System





# Quality Improvement Support

*Improving Together: A National Framework for Quality and GP Clusters in Scotland* set out the intrinsic and extrinsic functions of clusters as follows:


Intrinsic	Extrinsic
Learning network, local solutions, peer Support	Collaboration and practice systems working with Community MDT and third sector partners
Consider clinical priorities for collective Population	Participate in and influence priorities and strategic plans of Integrated Authorities
Transparent use of data, techniques and tools to drive quality improvement – will, ideas, execution	Provide critical opinion to aid transparency and oversight of managed services
Improve wellbeing, health and reduce health inequalities	Ensure relentless focus on improving clinical outcomes and addressing health inequalities

## ‘Consider clinical priorities for collective population’

*How are clusters doing this and how might we help?*

In collaboration with ISD LIST analysts:

- Cluster Population Health Needs Assessment (*consider what population? What are you trying to achieve? What resources are required?*)
- Develop Cluster Quality Improvement Plan (identify health priorities, population profiling, etc.)
- Support implementation of Quality Improvement Plan (assess health priority areas, scale and impact, etc.)
- Using QI methods implement changes (action planning, monitoring and evaluation)
- Support continuous quality improvement (learning, measuring impact, identifying next priority)
- **Capture and share learning, share tools and resources for national use.**



**What else can/  
should we be  
doing?**



Thank you  
Questions/Discussion

The Improvement Hub (ihub) is a part  
of Healthcare Improvement Scotland