Evaluation of the Key Characteristics which support the completion of Flying Start NHS® in NHS Scotland

Final Report for NHS Education for Scotland

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This report and the views expressed within are from individuals and those commissioned to undertake the work and not of NES.
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Executive Summary

Background: Flying Start NHS® is a web based development programme, aimed at supporting newly qualified nurses, midwives and allied health professionals (NMAHPs) through their first year of employment. The programme aimed to support new staff in their transition from student to effective practitioner, and build their confidence during their first year in post, through a structured programme of online work packages, and an associated mentoring scheme. An evaluation of the programme found different levels of engagement and completion between professions and NHS Boards in Scotland. Difficulties in completing the programme were due to competing pressures within work time, the technicalities of the system, and the need for further support.

Aim: This project set out to evaluate the key characteristics which support successful completion of the learning outcomes of Flying Start NHS® development programme for newly qualified NMAHP practitioners.

Method: A qualitative approach was used to understand the views of participants from 5 NHS Boards across Scotland, using semi-structured telephone interviews and focus groups. Two key groups of participants were involved: those with a strategic and managerial level interest in the programme, and newly qualified practitioners (NQPs) who had successfully completed or were currently enrolled on the programme.

Findings: The programme was seen by strategic level respondents to be valuable, fitting well with policies on staff development, and worth supporting. The experience of completing the programme varied, and was more positive where Flying Start was integrated into the workplace, with protected time and mentor support being more readily available, rather than being seen as an add-on. Completion of Flying Start meant different things to different people, some relating this to the practical exercise of working through the programme, consolidating the skills and knowledge gained, and completing the concluding activities; others had a more reflective approach, linking completion with the benefits they had gained, or expected to gain from the programme.

The key characteristics which support successful completion of Flying Start identified through the research are as follows:

- **Effective communication** at the outset about what is expected of NQPs enrolling on Flying Start and managers and mentors supporting the programme.
- **Embedding Flying Start throughout the organisation**: Ensuring that the support mechanisms are in place for NQPs and
recognised at strategic and management level.

- **Establishing clear links between Flying Start and Continuing Professional Development:** Recognising Flying Start as an integral part of training and development, not an additional burden or an add-on.

- **Ensuring appropriate access to IT:** NQPs need to be able to access a computer and the internet to complete many of the activities; the website needs to be accessible and functional.

- **Setting minimum standards for assessment:** Clear consistent standards for all staff are needed to assess the work being submitted, to ensure equity within and between Boards.

- **Taking personal responsibility for completing the programme:** NQPs need a degree of self-motivation to complete the programme within the prescribed time.

- **Providing time to do the work:** managers need to build in useful learning time for NQPs.

- **Setting deadlines and sticking to them:** linking short term objectives and progression to the KSF review process.

- **Providing clear guidance for navigating through the learning modules:** NQPs need to adopt the best approach for them to identify the most appropriate activities to complete within each module will keep it interesting and relevant.

- **Having effective mentor and peer support:** regular access to a mentors and peers who understand the aims of Flying Start, and can offer support, guidance and encouragement.

- **Having a clear understanding of what completion looks like:** The NQP, manager and mentor need a common view on when the end of the programme has been reached.

- **Acknowledging the achievements of those completing the programme:** Recognising the effort that has gone into completing the programme, and adding value to this.

- **Having processes in place to monitor completion:** Processes to monitor completion are needed, to identify those who need additional encouragement to complete Flying Start.

**Conclusions and recommendations:** Whilst the Flying Start programme is becoming more developed and embedded within NHS Boards, issues remain that need addressing if the completion rates are to improve. At a national level, further guidance is needed on the quality and amount of work expected from NQPs, providing minimum standards to reach completion. NHS Boards should continue to support NQPs through Flying Start through mentor and peer support, access to IT and making learning time available. Processes to monitor completion are also needed within their Board, with the offer of additional encouragement for those not completing within the expected timescales.
1. Introduction

Background to Flying Start

Flying Start NHS® was launched in Scotland in 2006. It is a web-based development programme for newly qualified nurses, midwives and allied health professionals (NMAHP) entering employment with NHS Scotland. The programme aims to support new staff in their transition from student to effective practitioner, and build their confidence during their first year in post, through a structured programme of online work packages, and an associated mentoring scheme. In this way the changing requirements in the transition from student to practitioner are addressed, and support can be provided in areas needing further development following pre-registration education (Higgins et al., 2010).

The Delivering for Health agenda in Scotland (Scottish Executive, 2006) stated the need for a well-developed workforce to ensure patient care and services are delivered effectively and efficiently. It recognised the need to provide support during initial employment within the NHS, and promoted Flying Start as a means of helping NMAHPs develop into confident and competent practitioners. A strategic Statement of Support for Flying Start was issued in 2010, along with a letter from the Chief Nursing Officer and the Chief Health Professions Officer that was sent out to all NMAHP directors across Scotland in 2010 (see Appendix 1). This stated their support for Flying Start, and requested that all NHS Boards demonstrate their support for Newly Qualified Practitioners (NQPs).

The Flying Start programme material is available on a dedicated website

1

which provides access to the ten sections of the learning programme, along with learner guides which assist the newly qualified staff in navigating the system. Flying Start NHS® is integrated into the NHS Knowledge and Skills Framework

2

and designed to assist with building a portfolio of experience to support the existing development review cycle. The KSF provides a single, comprehensive framework on which reviews and development for all NHS staff are based, with an equivalent online tool, the eKSF being

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1 www.flyingstart.scot.nhs.uk
2 http://www.paymodernisation.scot.nhs.uk/afc/ksf/
available to staff in Scotland. All the learning activities in each module in Flying Start are linked to the appropriate core dimension of the KSF on the Flying Start website, and as such the Flying Start portfolio is designed to feed into the evidence base required for the 6 month and 12 month reviews under KSF, rather than being seen as a duplication of effort.

**Figure 1.1: Flying Start website home page**

Support for those undertaking the course is provided by mentors, whose role is to offer a light-touch approach to guide new entrants through the programme and lead them to completion.

Evaluations of Flying Start NHS® programme and the Allied Health Professional Support and Development Scheme, which linked in to Flying Start NHS®, showed that most newly qualified professionals found participation in the scheme to be a positive experience (Soloweij et al, 2010), particularly in relation to clinical skills development and confidence (Banks et al, 2011). However, the evaluation also found that difficulties in completing the programme were experienced due to competing pressures within work time, the technicalities of the system, and the need for further support. Differences in engagement and completion of the programme were also seen between professions and in different NHS Boards.
Understanding the key characteristics that encourage the successful completion of any staff development programme is crucial to ensure it remains effective in meeting its aims. This entails understanding how people at a strategic level and managers of newly qualified staff can support staff participating in the scheme, to encourage completion of the programme. There is also a need to identify what factors affect staff actually participating in the programme, and influence whether they are likely to complete the programme. For example, when developing an effective online learning resource, consideration must be given to the technical experience of the participants and the content of the learning material being delivered (Wong et al, 2010). The evaluation of Flying Start demonstrated that completion of the programme is more likely when newly qualified practitioners are provided with support to undertake the programme (Banks et al, 2011).

Understanding more about the specific characteristics associated with successful completion, and applying these more widely, should lead to a higher completion rate across the country, with benefits to NHS Boards, individual staff members and ultimately to patient care.

Guidance on the Flying Start website provides information to help mentors and learners understand when completion of the programme has been achieved (see box 1.1). This does not conclusively prescribe when the end of the programme has been reached, leaving some room for local interpretation of the guidance.

<table>
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<tr>
<th>Box 1.1: Completion of Flying Start</th>
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There are four key principles to apply to completion of the learning programme:

- The learning outcomes of all 10 Learning Units must be achieved.
- A portfolio of evidence must be available (either electronically or paper based) demonstrating sufficient evidence of the learning being applied in the workplace.
- There must be evidence of growth over time, i.e. the learner has demonstrated increased confidence and capability over the course of twelve months.
- All 10 concluding activities must be completed with clear objectives identified for the learner’s personal development plan for the coming year.

Learners and mentors often ask how they will know the learning programme has been completed. It’s a good question, unfortunately with no straight answer! There are two main guidelines for completing Flying Start NHS

1. That the learning outcomes from all 10 learning units have been achieved and concluding activities in all 10 units.
2. That the learner can provide sufficiency of evidence of applying learning in practice to be able to demonstrate they are meeting the requirements of the NHS KSF post outline.

Aims and objectives of the research

The aim of this project was to understand what successful completion means in terms of working through the programme and achieving the learning aims within a prescribed time period. The main aim of the project was to answer the following question:

What are the key characteristics which support successful completion of the learning outcomes of Flying Start NHS® development programme for newly qualified NMAHP practitioners?

Investigating the success factors for this involved looking at two key aspects: the delivery of the training programme and associated support mechanisms, including support from clinical managers, and the content of the material in terms of relevance and usefulness to the NMAHP’s for whom the Flying Start NHS® programme has been developed. The study explored the factors that influence whether or not the participants are able to complete the programme successfully, beginning with a review of literature and relevant policy. This explored the success factors and key characteristics of other web based development programmes, in health and other fields, assessing these in terms of their relevance to this programme.

Literature and policy review

Local policies around Flying Start

The extent to which Flying Start has been adopted and promoted varies across the country. Few NHS Boards have actually adopted a policy relating to Flying Start, although many have developed guides and information about how Flying Start should be approached. NHS Highland was one of the few Boards to have developed and implemented a Flying Start policy (NHS Highland, 2010), to ensure that the programme was integrated into their Mandatory Training Policy. This stated that completion of Flying Start is mandatory for all new NMAHPs on permanent, temporary or bank contracts and Flying Start must be started and completed within twelve months. It provided guidance as to how this can be achieved during the first year of employment. The policy described the roles and responsibilities for line managers, and for the NQP, and provided recommendations around mentor support, and supported learning time (suggested as being 2 hours per week).
contract relating to Flying Start must be signed by the NQP, mentor, line manager and practice education facilitator when an NQP starts, to ensure the policy can be implemented.

The information relating to Flying Start available in other NHS Boards varies quite substantially. For example, NHS Board A provided a comprehensive guide for all NQPs and their managers and mentors, and although not adopted as an official ‘policy’, it contained similar information to the NHS Highland policy, with details of roles and responsibilities of all parties involved, to ensure Flying Start was undertaken and supported during the initial employment with the Board. It provided a sign posting guide on working through the programme, and examples of the type of evidence required for inclusion in the portfolio. It also contained guidance on completing Flying Start (Box 1.2). A number of NHS Boards had developed an exit proforma to be completed once the NQP has demonstrated that they have sufficient evidence to complete the Programme, and can then be signed off Flying Start. Examples of exit proformas from two NHS Boards are shown in Appendix 2.

<table>
<thead>
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<th>Box 1.2: NHS Board E guidance on completion</th>
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**Completing Flying Start NHS**

When you have sufficient evidence within each of the learning programme sections to meet each of the learning outcomes documented within the Flying Start NHS website complete the concluding activity for each section.

Your mentor can review each section to ensure you have sufficient evidence to meet the learning outcomes. When this is completed the mentor will use the Exit Proforma.

The exit proforma is signed to say you have sufficient evidence within each section and you have completed all the concluding activities.

You then keep a copy for yourself and send a copy off to the Flying Start database administrator. The address is on the key contact page. You will then receive a Flying Start NHS certificate.

**Completion of web based training programmes**

There appears to be a wide move towards e-learning in the health professions, and also in other sectors, with many examples of e-learning becoming more widely adopted and integrated to more traditional forms of study and continuing professional development. This approach to delivering training is beneficial where attendance at training courses is difficult due to working patterns and
geographical locations. Understanding the factors identified in the published literature that lead to successful completion of other web based training and development programmes, for both transition programmes and more generally, would be important in drawing out any characteristics that could be applied to Flying Start. The evaluation of Flying Start by Banks et al (2010) looked at all aspects of the programme and how it was implemented across the country. The evaluation indicated that completion of Flying Start was most successful when the NQPs felt they had support from all levels of management, when there was a clear understanding of the purpose of the programme, and of what had to be done to complete it.

There are many benefits to developing online learning and development programmes (Dawes and Handscomb 2002, Wilkinson et al, 2004). These include offering flexible working patterns to fit in with shift work, being able to access material as and when suits, therefore being able to fit around work and family commitments. It allows the learner to study at their own pace, and offers access to a wide range of material through the internet. The downsides of online working are that it can be isolating, can leave the student feeling overwhelmed by the volume of material available and is not suitable for all areas of work (Wilkinson et al, 2004, Chumley-Jones et al, 2002).

For areas where use of online learning is appropriate, making an online course mandatory as opposed to voluntary appears to have some impact on how the information is received and used. Yassi et al (2009) found that those who had to complete a course on infection control adopted the information into their working practice more effectively than those who volunteered. This was thought partly to do with having dedicated training time if engagement was mandatory; they also found that making a course mandatory increased the perception of management commitment to the course.

In an evaluation of specific web based modules designed for post-registration nurse students, which were to be completed online, with support of a workplace mentor, Wilkinson et al (2003) looked at the factors within the programme which contributed to reaching a 79% completion rate. The key success factors identified included the importance of preparing students in terms of IT and independent learning skills, time management skills, the need to make sure that mentors are familiar with the e-learning approach, and having adequate guidance to enable students to navigate through the available material.

Other web based courses aimed at health care professionals identify similar characteristics that lead to higher completion rates and satisfaction with the course. These include design effectiveness and quality of the learning material accessed online, web usability, in terms of navigating the site, and
the usefulness and relevance of the course material (Atreja et al, 2008, Huckstadt, 2005). Personal factors such as preferred learning style also influenced satisfaction; demographics (age, gender, ethnicity), practice setting and computer proficiency were less influential (Atreja et al, 2008, Sweeney et al, 2008). Probst et al (2009) described the effects of translating a course for radiotherapists that had been translated to an e-learning format. The completion and achievement rates for this were similar to those found for more traditional methods of delivery; factors contributing to this included providing students with clear expectations of what was expected from them at the outset, providing examples in learning material that was directly relevant to the experience of the students, and effective tutor support.

The issue of non-completion of online courses has also been raised in education. Aragon and Johnson (2008) researched the factors influencing completion and non-completion of community college online courses, which had a completion rate of 62%. Reasons for non-completion included personal/time constraints, quality of course design and communication from instructors; technology related issues and being confident with computer skills and learning preference, where the format of the course didn’t fit with the students learning preference. Having the same material available in various different formats can help overcome the issues around adapting to individual learning preferences, as was the case with the Cleanliness Champions (MacDuff et al, 2009).

In summary therefore, the literature review suggests that higher completion rates would be achieved by providing students with time management skills, technical support, a more effective and relevant course design, and the inclusion of communication mechanisms, such as a discussion forum or email (Aragon and Johnson 2008).
2. Method

Design

A qualitative approach was adopted for this research, in order to provide an in-depth understanding of the key characteristics of successful completion of Flying Start NHS®. Telephone interviews were used as the primary means of data collection to ensure sufficient data could be collected within the timescale set. Furthermore the time of health care personnel is often limited, making the logistics of organizing face to face interviews difficult.

Telephone interviews allowed the experience of respondents from a wide range of occupational and geographical backgrounds to be obtained, gathering information from a range of people with different expectation and levels of experience of the Flying Start NHS® programme.

A series of focus groups was also conducted with those NQPs who had recently completed the Flying Start programme, or were due to complete within the next few months. This was to provide the opportunity to discuss certain topics in more depth.

Participants

Health Boards participating in the research

Health Boards across Scotland have taken different approaches to implementing and supporting Flying Start. In order to obtain a cross section of views regarding completion of Flying Start the participant sample was largely drawn from five NHS Boards, which had agreed to participate fully following a request from NES to contribute to the research. There was also one respondent from each of five other NHS Boards who had volunteered to participate, giving a broader perspective on the experiences of learners who were undertaking the Flying Start programme.

Participant Groups

A sample of key individuals with an interest in the development and implementation of Flying Start NHS® were invited to participate in the research. Two main groups of participants were identified: those who had a strategic or managerial interest in Flying Start NHS®, and those who had recently completed or were currently completing the programme (table 2.1).
Table 2.1: Participant groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Participants</th>
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</table>
| **Group 1**               | 1 Executive Nurse Directors and AHP Directors/Leads in NHS Scotland  
2 Leaders in Human Resources and Learning and Development  
3 Selected managers and mentors with significant experience of supporting newly qualified NMAHPs |
| **Group 2**               | 1 Individuals who have completed the development programme within the previous 24 months  
2 Individuals who are currently on the programme and are due to complete in the coming 6 months. |

**Ethics**

Ethical approval was not required for this project as it was classed as audit/evaluation rather than research, and was solely concerned with ascertaining the opinions of NHS staff in relation to their professional role (Department of Health 2011).

**Procedure**

Data collection took place during January and February 2012. Staff members from across NHS Scotland were identified and invited to participate in the research, and once agreement to participate had been acquired, a mutually convenient time was agreed to conduct the interview.

**Group 1: Managerial/Strategic Level**

The first group with a strategic or managerial interest in the success of the programme was drawn from across the five selected NHS Boards in Scotland. The Flying Start Lead in each area provided names and contact details for all the potential Group 1 interviewees. Participants were contacted by email initially, with follow up phone calls and emails if necessary, to explain about the purpose of the research, invite them to participate and arrange a suitable time to take part in a telephone interview.
Group 2: learners on the Flying Start programme

The second group of participants were users of the Flying Start NHS® programme, who had recently completed the programme, or were due to do so within the coming months.

Successful completers

In order to comply with Data Protection Act requirements, the Flying Start Leads acted as an intermediary and contacted those within their boards who had successfully completed Flying Start to request their participation in the research. Once agreement had been received, their contact details were forwarded to the research team and arrangements made for conducting the interview.

Current users

NES holds a database containing details of all NQPs in Scotland who are currently enrolled in Flying Start; in compliance with Data Protection Act requirements, NES emailed all the NQPs on this list on behalf of the research team requesting that recipients participate in the research. Respondents willing to participate then contacted the research team directly, and arrangements were made for conducting the interview.

Focus Groups

Three focus groups with users of Flying Start were held in hospitals in two locations. These locations were selected in order to maximise the opportunity for NQPs to participate. Participants were identified by the Flying Start Lead in each location. In the first location, separate focus groups were held with successful completers and with NQPs currently enrolled in order to accommodate participant numbers. In the second location, a single focus group was conducted with both current users and successful completers.

Interview Schedules

Interviews were designed to explore participants’ experiences around Flying Start NHS®, in particular:

- Understanding of the aims and expected outcomes of Flying Start
- Understanding of what constitutes ‘successful completion’
- Factors around time available and time taken
- Prioritising Flying Start
- Strategic, managerial, mentor and peer support
- Acknowledgement of successful completion
- Relevance to current work role
- Usefulness of material, organisation and structure, clarity of information
• Factors that encourage or inhibit completion (such as protected time, experience of web based programmes; content of the programme; monitoring and assessment).
• Key factors about the resource that make it successful and encourage use

Separate interview schedules were developed for strategic level participants (appendix 3), managers and mentors (appendix 4) and successful completers/current users (appendix 5).

The focus group schedule was adapted from the user interview schedule (appendix 6).

**Analysis**

The interviews were transcribed, coded and analysed using framework analysis (Srivastava & Thomson, 2009). The framework for organising the data was developed based on the interview schedule, plus additional themes that emerged from familiarisation with the transcripts. Separate analyses were carried out for the two participant groups, however the final overall framework that emerged for both data sets was structured around three key elements:

- Management and delivery
- Content and materials
- Factors affecting participation and completion

The data was then coded into this framework, and the key themes analysed to provide an understanding of the participants’ views and attitudes towards completion of Flying Start. Analyses of the themes enabled the key characteristics that support or hinder the completion of the Flying Start programme to be identified. These results are discussed in the context of the findings from the initial review of policy, and findings from the literature review.
3. Findings

3.1. Group 1: Strategic and management level

3.1.1. Participants

The first group with a strategic or managerial interest in the success of the programme was drawn from across the five named NHS Health Boards, with a total of 23 participants taking part, at which point data saturation was reached, with no new themes emerging from the interviews (see Table 3.1).

### Table 3.1: Group 1 participants

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Executive Directors NMAHP</th>
<th>Leaders in Human Resources and Learning &amp; Development</th>
<th>Managers and Mentors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
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<tr>
<td>B</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>7</strong></td>
<td><strong>11</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

A number of sub-themes emerged from within the Key themes as follows:

**Management and delivery**

- Initial and continued awareness
- Prioritising Flying Start NHS®
- Issues around workforce type
- Protected learning time
- Using a web-based programme

**Content and material**

- Relevance
- Perceived benefits of Flying Start
- Usefulness
Factors affecting participation and completion

- Understanding completion
- Perceived success factors
- Self-motivation
- Time

3.1.2. Management and delivery

Initial and Continued Awareness

Strategic level participants frequently affirmed that action was being taken to promote effective delivery and management of Flying Start through initial and continued awareness of the importance of the scheme amongst NQPs.

“We have some systems and processes to monitor Flying Start, and that begins from the point of recruitment I suppose, in that literature is sent out with conformation of appointments, its written clearly into appointment letters, there is a clear expectation that Flying Start will be completed.” (ES003, Strategic-Nursing and Midwifery)

"now it is embedded and it is expected that any newly qualified practitioner who starts will start on that and ... there’s enough information out there that I would very much doubt that anybody new coming in wouldn’t know what to be doing." (ES002 HR/Learning & Development-AHP)

The practice education team in this case were responsible for enrolment and monitoring progress on the programme, but this was done indirectly through the support given to the mentors, who in turn had direct contact with NQPs. From an executive perspective, structures were in place to raise initial awareness amongst NQPs, with continued awareness being maintained by mentors.

HR/learning and development participants identified how the ongoing awareness of Flying Start was promoted through annual information up-dates and study days that aim to aid management level understanding of the intended purpose of the programme:

“I do annual reports to the AHP leads. So I do an annual report so its basically informing them of how many staff they’ve had starting within the course, how many are completing and how many are still to complete. Allied to that is that we do invite managers along to the Flying Start study days basically to give them a bit of background because sometimes they
don’t always understand where Flying Start comes from. So it is about giving them the background information as well.” (ES001, HR/Learning and Development-AHP)

There appeared to be a good understanding of the overall aims of Flying Start amongst most managers and mentors, but less awareness of what was expected of them in managing and mentoring NQPs undertaking Flying Start.

"Well my understanding of the aims was to give additional learning that’s necessary for people to be an effective practitioner and to enhance their learning." (EM002, Mentor – acute staff nurse)

“I think we have a problem that we have had here is that staff helping them [NQPs] to supporting them [NQPs] that is working with them [NQPs], and actually didn’t have a great knowledge of Flying Start and what it was” (CM001, Manager - Midwife)

**Prioritising Flying Start NHS®**

There was little consistency between Boards in terms of having specific policies relating to Flying Start, having protected learning time for staff, and the extent to which Flying Start was prioritised. Policies about completion were linked with pay band increments in some Boards, and for some professional groups:

“having similar policies about the need to complete Flying Start, those who want to move from Band 5 to band 6 should have completed Flying Start” (BS003, Strategic-AHP)

“I would not upgrade anybody to a band 6 that had not carried out Flying Start." (CM001, Manager-Midwives)

The approach taken to provide protected learning time to complete Flying Start differed between Boards. In some cases this was a decision at a strategic level, providing equity within the board in terms of what time was made available for individuals. In other cases the protected learning time was expressed as a managerial/mentor responsibility at local level, leading to inconsistencies across the Board:

“we have protected learning time for all our staff” (EM005, Manager-AHP)

“things like protected learning time... That’s determined by the individual in consultation locally you know with the mentor or the Senior Charge Nurse or Team Leader, so there’s no definitive guidance wrote down or agreed on that ... we certainly at the moment cannot build in, like, protected learning time to give people time to do this programme, or any other programme really ... the kind of work force capacity is based on service provision and not on participation in learning activities and so it would be particularly challenging to try and do that, at this point, in time” (CS001,Strategic-NMAHPs)
A lack of consistency was further articulated around the prioritisation of Flying Start at Board level and at practitioner level, and the extent to which it was integrated into daily practice. In one Board Flying Start was not seen as a priority at Board level, although enrolling was recommended by the Board. For others, the consensus was that Flying Start was considered to be a priority at a strategic level, and should be for those completing the programme:

“It’s certainly a priority for those who are involved in terms of having new entrants.” (BS003, Strategic-AHP)

“it’s a priority for Newly Qualified Practitioners and as I say it’s in their offer letter so the expectation is straight up that that’s what they need to do.” (ES002, HR/Learning & Development-AHP)

There was recognition that prioritisation has “changed over time” and more recently it has become emphasised at an organisational level because of the acknowledgment of low completion rates:

“I suppose it was at that point that it became more of a priority at an organisational level because we were identifying we had quite a number of practitioners who had commenced Flying Start and not completed.” (ES003, Strategic-Nursing and Midwifery)

Manager and mentor level responses indicated completing Flying Start was a priority, as no further training and development activities could be undertaken until Flying Start had been completed, and ongoing learning was a requirement of maintaining professional registration:

“Well until they’ve completed Flying Start they won’t be doing any other form of education. They must have completed that before they do any other formal advanced courses or mentorship or, you know, anything else they have to have done Flying Start and then practiced.” (EM003, Manager-Acute Senior Charge Nurse)

"they [NMAHPs] cannot choose to do ongoing learning, it is a requirement of the Health profession Council and also the Health Board. In order to maintain professional registration you need to ensure that you provide evidence of ongoing professional development" (ES002, HR/Learning & Development-AHP).

Despite all the responses indicating how Flying Start was prioritised, completing the programme was ‘secondary’ to the ‘day-to-day’ demands on NQPs time:

"we’re very busy so it wasn’t actually the highest priority. It can be very very busy in the community here, we’ve got the highest elderly population in the country. Certainly to get her up and running and to do all the things that we demanded it was probably not a priority above that, certainly." (EM001, Mentor-Community Staff Nurse)
The provision of a mentor was also highlighted from a strategic perspective as being prioritised as an important aspect of support for the programme, with the provision of a mentor being a local responsibility.

“Well we use our mentors obviously to support the Flying Startees and we use practice education facilitators, and they really drive the completion both directly with the newly qualified AHPs and nurses and midwives and indirectly through the mentors. Senior charge nurses are responsible for making sure that the Flying Start person has a mentor, and within the AHPs it’s the team leaders who are responsible for making sure that happens.” (AS002, Strategic-Nursing)

**Issues around workforce type**

Work force type as an influence on completion, and completion rates was an important sub-theme that was identified across the data set. Issues around work force type were articulated in a number of ways; accounts indicated that there are varied expectations of completion rates depending whether the NQPS were full or part time, employed as Bank staff or on the one year guarantee scheme. This would make the monitoring of completion rates more problematic.

“If practitioners are full time then there is an expectation that they would complete it quicker, in a shorter time scale than if they were part time for instance, so that varies but we keep that information on our data base so we have rough timescales when completion is due by and that’s monitored periodically by the practice education facilitator team.” (ES003, Strategic-Nursing and Midwifery)

Completion of the programme by staff employed on the Bank has been acknowledged as being problematic, mainly due to difficulties in having consistent support, and having time to undertake the programme.

“There really hasn’t been any newly qualified practitioners appointed other than to the bank, to the nurse bank, and that has been extremely difficult for us to provide support, continuity and so that has been problematic. And there comes the point where people are just working on such an ad hoc basis that it’s been very difficult for them to have mentor support.” (DS002, HR/Learning & Development- NMAHP)

In a number of Boards the mentor support for Bank staff was provided directly by the Practice Education Facilitators (PEFs).

"the PEFs for nursing and midwifery don’t directly support the Flying Startees, except those who are on the nurse bank and who don’t have another substantive post” (AS002, Strategic-Nursing)
There were also problems identified with supporting staff on the one year job guarantee scheme, which included completion of Flying Start as a condition of employment. The nature of the scheme, which was based around rotational placements, gave rise to problems with on-going assessment.

“The difficulty is that some of them in terms of their assessment period have already done some work so not all of them are able to complete Flying Start because they’re only going to be with us for three or six months” (BS003, Strategic-AHP)

**Using a web-based programme**

Strategic level responses around using a web based programme were typically positive and highlight the practical use of such a programme, while it was also acknowledged that this approach does not suit everybody:

“And not everybody will feel they’ve got access to a computer regularly too. Though we’ve spent some time looking at that and most people have access to a computer, either at the workplace or at home...I think it’s probably the most practical way to get to a big audience. But I know from discussions we’ve had fairly recently with colleagues that not everybody likes that way of learning.” (BS003, Executive-AHP)

The advantage of e-learning is that it is not context dependent, Flying Start can be completed at work or at home, at a pace that suits the learner; the drawback is the level of I.T. access, although responses suggest access to computers is being addressed at a managerial level:

"The benefits are that we can do it at home time, you can do half an hour at time, you can access documents and basically conduct yourself learning at your own pace. But the drawbacks are that some people I find need to be pushed or they might not have ready access to a computer at home or at work..." (EM004, Mentor-Charge Nurse)

“...to get access is quite difficult within IT, although we are now addressing that as a board” (DS002, Strategic-NMAHPs)
Summary

- A clear understanding of the purpose of Flying Start NHS was evident at a strategic and managerial level, however the expectations around day to day management and mentoring were less clearly articulated;
- Prioritisation of Flying Start varied across boards and was reflected in the extent to which the programme had been embedded into the organisation;
- Inconsistencies were noted around the provision of protected learning time for NQPs, with this being set at strategic level in some, but not all boards;
- Difficulties monitoring and supporting bank staff to ensure completion were noted;
- Delivery of Flying Start through web-based learning was viewed in a positive light, providing flexibility for individual learners. However, there were recognised problems with this approach, mainly around facilitating access to IT during work time.

3.1.3. Content and material of Flying Start NHS®

Relevance

The content and material of the programme was frequently referred. When asked about the individual learning units, management and mentor participants emphasised the relevance of the particular learning units and how that linked with enjoyment of certain aspects of the programme:

“Actually it was, there was one particular thing she told me about, where it was about dealing with conflict and being assertive, and one of the modules I think was focused on communications and assertiveness and basically how to be, like communicating a certain strong nurse, and she really thought that was great, she enjoyed that” (EM004, Mentor-Acute Nursing)

The way that practical knowledge could be transferred into the programme as a reflective piece was also highlighted

"...I use it, I often encourage them if they're involved in an incident in a clinical area, be it, you know, a drug area or whatever I often use them to go back to use that as a reflective note in whatever relevant part of Flying Start they feel we would utilise it in." (BM002, Manager-Acute Nursing)

Strategic accounts predominantly focused on the relevance Flying Start NHS® has with the wider training and development framework for NQPs. Particular attention surrounded how Flying Start NHS® would benefit NQPs continued professional development which would consequently satisfy
their eligibility to continue to practice as a nurse, midwife or allied health professional. Further links were made to other programmes such as the Effective Practitioner and Knowledge Skills Framework which were suggested to ‘complement’ one another:

"[it] is starting on the pathway of Continued Professional Development, which they need to be doing for the Health Professions Council for their registration." (ES001, HR/Learning & Development-AHP)

"I could support any AHP, newly qualified practitioner, mentor or manager so that they knew exactly what Flying Start was about and how best to link it in with eKSF and HPC requirements so that they didn’t see it as an additional thing to do but that it was part and parcel of their ongoing development." (ES002 HR/Learning & Development-AHP)

“Flying Start first and then Effective Practitioner so my understanding and my support of this would be to ensure and encourage all staff to use these tools and... what’s the word I’m looking for, just, information systems to help them be effective and good clinicians.” (AS001, HR/Learning & Development-AHP)

**Usefulness**

Perceptions of the benefits of Flying Start NHS® drew attention to the support in the transition from being a student to being a NQP and how this is useful in terms of building confidence:

"I think it does support them, it builds confidence, and makes sure they understand the difference between what it was like being a student.” (BS003, Strategic-AHP)

"it really does make a difference to people when they’re newly qualified in terms of their confidence” (AS002, Strategic-Nursing)

Some mentor responses highlighted the practical usefulness of the programme to be of “more” benefit in building NQP confidence and how this was achieved by working together:

“I think she found the more practical stuff, the supported practical learning with me more beneficial. It made her a bit more confident, she was really good actually” (EM001, Mentor-Community Staff Nurse)

Managers tended to draw on the progressive aspects that the programme afforded NQPs, particularly in terms of status. It was suggested that there was generally positive feedback from the midwives that had completed it and there was a positive feeling linked to reflecting on the completion of the programme:

“...midwives start as band 5, and I meet with them again once they’ve carried out. When I meet with them I talk about Flying Start and other things they have to do to get upgraded to a band 6... I do think they benefit from it and I have actually had quite positive feedback
from the midwives who have completed it and the fact that they have enjoyed it.” (CM001, Manager-Midwives).

The provision of Flying Start was also articulated as being useful in terms of promoting the reputation of the NHS Boards more generally, in showing that they supported staff development:

"I think it's really good in terms of making sure that we have a good reputation as an employer." (BS003, HR/Learning & Development-NMAHP)

### Summary
- The programme content was seen as relevant to practice;
- Links to wider knowledge and skills frameworks were applauded;
- Content was also seen to be relevant to CPD and ongoing professional registration.

### 3.1.4. Factors that affecting participation and completion

#### Understanding completion

Respondents were asked about their understanding of completion of Flying Start. Strategic responses indicated completion to be a “consolidation” of relevant practice based evidence, or completing all the modules within the programme:

"for me the completion of Flying Start is when the individual determines that they have completed enough of the programme to consolidate their skills and knowledge in that first year of employment, for others it’s about completing everything that’s in the whole programme.” (CS001, Strategic-AHP)

While HR/Learning & Development feedback focused on completing the 10 learning objectives, there was also emphasis placed on Flying Start as a “foundation” that would allow NQPs to evolve into further development programmes. It was also highlighted that experienced staff might find the content and activities of Flying Start useful:

"Well I guess the one thing for me would be going through each of the ten objectives. The other thing would be to use that as a foundation rather than something that you’ve completed. I know there’s resources now that can take you to the next stages around safe and effective practice through the effective practitioner web resource, but I would still even say that some of the activities you could revisit in Flying Start as well to see how you’ve learned and you’ve reflected upon that, and that wouldn’t just be for newly qualified graduates, I think this resource could be used for experienced staff too" (DS001, HR/Learning & Development-AHP)
Attention was drawn to the lack of guidance to know when an NQP had done enough work to complete the programme.

"One of the challenges that myself and my nursing colleague felt that it was a great programme but actually somebody could start on it and never know if they were finished." (ES002, HR/Learning & Development-AHP)

However, another HR/Learning and Development participant from the same board suggested attempts to resolve what completion looked like were being implemented practically through the use of an exit proforma and recognition of completion:

"we have tried to tighten up on things like the exit proforma, which is basically when staff are completing the programme and they send us back an exit proforma, so we can say right you have completed and we then send off a certificate in recognition of all the hard work they have put in." (ES001, HR/Learning & Development-AHP)

From a managerial/mentor perspective accounts suggested that regular monitoring was the key to knowing what completion looked like:

"completion for them... as mentor and as the newly qualified midwife, we knew that they had completed it because we met throughout their time during Flying Start, throughout that year, to make sure that they were achieving it." (BM001, Manager-Midwives)

When asked about the awareness of completion rates some participants were able to quote precise figures, while others indicated that this information was not collected at Board level, or that defining completion rates was difficult because of the type of workforce that was employed in certain localities:

"We don’t collect any data on that at all locally" (CS001, Strategic-AHP)

"It’s hard to define. We have in total about 1,300 bank staff and of those in Flying Start, probably at various stages of it that have started it and not completed probably anything up to about 50 to 100. We don’t have exact figures just because of the kind of turnover in bank. And the classes that come through some of the staff are already nursing auxiliaries then they qualify, we encourage them to do Flying Start, but they don’t all complete and it’s getting that information of who’s registered." (BM002, Manager-Acute Nurses)

Perceived success factors

The respondents highlighted a number of key success factors that they perceived as being the main drivers in promoting completion of Flying Start. These included self-motivation and having a willingness to learn, having adequate support from directors, managers and mentors and the team
in which they worked, having sufficient time to be able to complete the programme and understanding what was expected from the NQPs in the first year of employment.

There was a clear perception in strategic accounts that a key success factor for the completion of Flying Start was self-motivation, pushing the responsibility of completion on to the NQP, and encouraging this from the ‘top-down’:

“…accepting their own responsibility and exercising the kind of self-determination about what they need to learn, where, how, when, and we should be encouraging that.” (CS001, Strategic-AHP)

In order to encourage motivation to complete the programme it was suggested that deadlines need to be set, there needs to be a clear understanding of why the NQP is doing Flying Start and promoting the benefits of it.

"The novice nurse needs to be motivated. The mentor needs to be interested and also motivated to help, and there needs to be like a closure from maybe management attitude, date given out, date due and maybe some progress, like in between dates to see how you’re going on, what’s going on. (EM004 Mentor-Charge Nurse)

Direct support from managers and mentors was identified as a key factor for successful completion, along with support from team members and other NQPs.

"Well I think self-motivation, willingness to learn, the support from your mentor, the support from the team and available resources." (EM002, Mentor-Acute Nurse)

“To support each other, because umm we’ve got 10 new internships which will be starting on Monday, so they actually start by supporting each other through the Flying Start as well. But also the support from the PEFs, and the support the mentors give them.” (CM001, Manager-Midwives)

Successful completion was seen to be linked to a commitment at a Board level to integrated training and development, and supporting staff more generally to provide better patient care.

“I think it’s really important that the users, the mentors, managers, even senior managers accept and acknowledge the value of Flying Start, how that supports the organisation being a learning organisation, how it can support improving patient care, and also I guess the considerations around job satisfaction as well and having the time to reflect and build on your skills.” (DS001 HR/Learning & Development-AHP)
Time was expressed in a variety of ways as a perceived success factor for completion of the programme, as specific protected time or adapting team working patterns to enable NQPs to work on Flying Start

"I think that there are times when staff will say that they don’t have time or that they don’t have access to computers, but actually they do have time allocated so there should be no reason why they can’t do it." (ES002, HR/Learning & Development-AHP)

"in my own area we would carve out time for them to do that, so, I mean, it’s not all about... I mean a lot of the girls obviously would do work in their own time but what we would try and do is factor in time, we don’t get protected time as such but as a team, the team would work round to give the new start the time to complete it, so that was it’s more a team effort locally."(BM001, Manager-Midwives)

**Areas for further development**

Group 1 participants were asked about the areas they thought could be developed further to promote completion of Flying Start, either within their own Board or at a national level. Managers thought that there should be more strategic level support; conversely a HR/learning and development lead from the same Board thought the programme would benefit from reducing the resistance to the programme from managers.

“what you have to do is speak to the leads of... clinical leads of your departments to stress the importance of these girls completing Flying Start” (BM001 Manager-Midwives)

“resistance from your mentors and resistance from senior charge nurses to allow time for your newly qualified staff, and probably a resistance of, maybe lack of recognition of how important it is for our NQPs to work their way through these units.” (BS002 HR/Learning and Development)

Making it compulsory was one option to encourage a higher rate of completion, although it was acknowledged that this may be difficult to implement in practice, and may have an impact on how it would be perceived by NQPs.

“I suppose you make it compulsory, in [NHS Board B] we are building that into recruitment that it is compulsory. We haven’t yet to my knowledge bottomed out how we ‘police’ that, for want of a better word but I think if you go down an extremely formal route you might lose some of... it becomes a chore rather than people enjoying it.” (BS001 strategic - AHP)

Giving the programme more formal recognition within the wider education system at a national level, facilitated by NES, would be useful.

“at times they’ve spoken about credit ratings and I am not sure if that’s still a discussion that’s going on. But it is probably something that is worthwhile exploring given the fact that
we are more and more learning is credit rated and it give a wee bit more kudos too” (ES002 HR/Learning & Development-AHP)

Some respondents thought that the programme did not need any further improvements in their Board.

"I’m not sure without sounding blasé that we really need to do anything else." (AS002 Strategic-Nursing)

"I don’t think we can do anything here because I think we’ve got it embedded right from top down." (EM005 Manager-AHP)
Summary

- A lack of guidance on the definition of completion led to variation in understanding what completion looked like;
- Attempts to resolve this problem included regular monitoring, the use of an exit proforma;
- Differences in monitoring of completions across boards was noted, with not all boards keeping clear records of completions;
- In localities with high levels of bank staff monitoring of completion is more difficult;
- Encouraging the self-motivation of NQPs was suggested to be important for completion;
- However, the importance of embedding the programme within the culture of the organisation was also described;
- Providing time to complete was highlighted as important for completion and it was suggested that mentors and senior staff had to recognise the importance of allowing NQPs protected time;
- It was suggested that completion would improve if completion was made mandatory, whilst links to CPD credits would make completion more appealing.
3.2. Group 2: Learners using Flying Start

3.2.1. Participants

Interviews and focus groups were conducted with staff working in 10 NHS Boards (see Table 3.2). A total of 33 participants took part in this part of the study. The participants covered a range of professional roles within the NHS (tables 3.2 and 3.3). Recruitment to Group 2 continued until data saturation was reached, with no new themes emerging from the interviews and focus groups.

Table 3.2: Interview participants by professional group

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Nurses</th>
<th>Midwives</th>
<th>AHPs</th>
<th>total</th>
</tr>
</thead>
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<tr>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
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<td>11</td>
</tr>
<tr>
<td>Other</td>
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<td>0</td>
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<td>5</td>
</tr>
<tr>
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<td>2</td>
<td>13</td>
<td>33</td>
</tr>
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</table>

Table 3.3: Focus group participants by professional group

<table>
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<th>Nurses</th>
<th>Midwives</th>
<th>AHPs</th>
<th>Total</th>
</tr>
</thead>
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<td>5</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
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<td>1</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>

Within the Group 2 participants, the number of people who had successfully completed the Flying Start programme slightly outnumbered those who were still currently enrolled (table 3.4)

Table 3.4: Status of participants, by professional group

<table>
<thead>
<tr>
<th>Nurse status</th>
<th>Nurses</th>
<th>Midwives</th>
<th>AHPs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful completer</td>
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<td>1</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Currently enrolled</td>
<td>5</td>
<td>1</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>2</td>
<td>13</td>
<td>33</td>
</tr>
</tbody>
</table>

| %    | 55%   | 6%    | 39%  | 100% |

Of the NQPs and successful completers we talked to, the majority were based within an acute hospital setting, with 4 based wholly in a community setting (12%), all of whom had successfully completed the programme. The AHPs involved in the focus groups and interviews came from various
disciplines: Speech and Language therapy (n=7), radiography (n=2), occupational therapy (n=2), physiotherapy (n=1) and podiatry (n=1). All of those participating in the research were on permanent or temporary contracts; none were employed as bank staff.

Reasons provided to us for not being able to participate in the research included having a busy work schedule and being about to go off on long term sick leave. One person contacted us by email to say she would prefer not to participate in the research, the reason being, “To be honest the Flying Start Programme was the bane of my life. I felt that it was unnecessary and took up too much time.”

**Time in current role**

Those who had completed Flying Start had been in their current role for between 18 months and 4 years. For the current users, this was between 6 months and 2 years, with the majority being in post for around one year.

**Time taken to complete Flying Start**

On average, the length of time taken to complete Flying Start was between one year and 18 months, with a small number (n=3) taking nearer to two years to complete, although one of these was employed part time. All of those currently enrolled said they hoped to finish Flying Start around the one year mark, or as near to that as possible. One person registered as a current user had been in post for 2 ½ years. She had taken the decision not to complete Flying Start, as no mentor was available and she did not have any time to complete the programme.

### 3.2.2. Framework Analysis

A number of sub-themes emerged from within the Key themes as follows:

**Management and Delivery**

- Initial awareness and expectations
- Support
- Monitoring and assessment
- Training and career progression
- Protected time
- Acknowledgement of completion
- Consistency of approach

**Content and Material**

- Structure
- Content
- Experience of a web-based programme
Factors affecting participation and completion

- Understanding completion
- Incentives to complete
- Perceived success factors

3.2.3. Management and Delivery

The data suggests that participants’ experience of how the programme was managed and delivered, including their initial awareness and understanding of Flying Start, had considerable influence on their attitudes towards the programme as a whole. These were largely factors relating to the organisation in which they worked, and the importance put on Flying Start within their Health Board.

Initial awareness

The majority of those who had completed, or were currently undertaking Flying Start indicated that they had been made aware of Flying Start whilst still at university, and before taking up their first job post qualification.

"I think I found out about it when I was on a placement when I was still at Uni, so I knew that it was something that I’d probably have to do when I started my first job." (CU002 - current user AHP)

"I had an awareness of it when I was at university, but really [found] out about it once I started in my post." (CU003 - current user AHP)

Others were made aware of it during the general induction period of their job, whilst others attended formal sessions on Flying Start which were facilitated by the practice education facilitators and provided more detailed information about the programme.

Expectations at the outset

The understanding of what was expected of the NQPs varied, with some being clear about what they would have to do, and others feeling they were less well informed.

“I was actually, because I went with my mentor and we went along to a wee training session about Flying Start, so I kind of had a rough idea of what was involved, what would be expected of me in order to complete it." (BC002 - completer nurse)

“it took me a good few months I think to kind of get my head around why I was doing it and what it sort of involved me doing.” (CU004 - current user AHP)
A clear message was received by most people that the programme should be completed within one year of starting employment within their health board. What was less apparent was whether this was optional or compulsory training programme, although this would have varied somewhat depending on the policy or approach adopted by the individual health boards.

“When I took up my permanent Band 5 post they just introduced it into the contract in [NHS Board E] that Band 5 AHPs that it was mandatory for you to complete it in your first working year.” (EC007 – completer AHP)

"If it’s a requirement then it should be mandatory, but I don’t really see why we have to do it. I mean some of the mandatory things, like your fire lectures and all that’s understandable, but I don’t see...” (EU003 - current user nurse)

Completion of Flying Start was also understood at the outset as being a necessity for progression on to the next pay band or increment, although this differed between professional groups. Not completing within the year seemed to have few consequences for the NQPs.

"Obviously you need to complete this before you can get upgraded to a band 6." (CU001 - current user midwife)

“I think it’s something that used to be, in that you’d complete your Flying Start and that would get you up to your band 6 but that’s not the case anymore so it’s almost like you’re completing it anyway but you’re not really getting the benefits that maybe people did 5 years ago.” (EU005 - current user AHP)

"Well I was told at university that it had to be completed otherwise you didn’t get your increment at the first gateway. But certainly after a year myself and my colleagues in the ward that were told the same thing got a pay rise anyway” (OU003 - current user nurse)

**Support during the programme**

The majority of people were allocated a mentor for Flying Start; this was someone with whom they worked, or in some cases their line manager. The amount of support expected, and received from managers and mentors varied, with some having frequent meetings and open access to a mentor, and others having a more ad hoc approach. On the whole the mentoring process was seen to be a positive experience by both those who had completed the programme or were currently enrolled.
"We’re usually quite well supported I have to say. We have monthly meetings where we will bring our portfolio along and discuss what’s in there and sort of ask any questions that we had or get any advice on maybe certain topics or sections." (CU004 - current user AHP)

"We had meetings that were scheduled maybe monthly, but those didn’t always happen for a variety of reasons. But we could be in contact by email or by telephone if we had specific questions or, you know, within particular areas then we were able to ask those." (OC004 - completer AHP)

A recurring theme was one of their mentor or manager not having a great deal of information about Flying Start, and not knowing what was expected of them as a mentor. It was often a joint learning experience between the mentee and their mentor.

“I don’t really think they were that sure of what they were doing to be honest. They were there for support when it came to like reading the portfolios, but I don’t think they were really sure what they were meant to do.” (AC002- completer nurse)

"no, mentors didn’t really know themselves what was needed." (AC006- completer midwife)

A small number of respondents were not allocated a mentor, and felt they had little support through the programme. Peer support was seen as being valuable, especially when support from managers and mentors was lacking.

"There was no feedback on anything that I’d done... “(OU002 - current user AHP)

"there was two other nurses that started the same time as me that were told, we were kind of all told that we should be completing it, but no-one else has done it yet and no-one else really knew about it.” (OU003 - current user nurse)

**Monitoring and assessment**

The Flying Start online learner guide suggests having short term goals or objectives, to make the process more manageable, with regular meetings between the mentor and mentee to ensure that progress was being made. Many of the respondents who had successfully completed Flying Start indicated that this had been the case. Support was also provided by the PEF.

"Regular meetings, I had a three monthly review process with my manager and monthly with my mentor.... When I’d finished an activity we put the time together and at the end of like
the sessions we’d go through everything and then once she was happy with it then I would go to my manager and they would both sign it off.” (EC003 - completer AHP)

"Yeah, my mentor checked it and the practice education facilitators who run the Flying Start programme for us she got in touch every now and again just to see how we were getting on and see if we needed a hand with anything and to make sure we understood what we were doing." (AC002- completer nurse)

There were a few exceptions to this, and the regular monitoring did not always happen in practice. One respondent said she had no guidance during the programme, and did not get any support to ensure that progress was being made.

"No. At the end of the programme ... at the end of completing the programme we handed it in, that was [it]" (CC001 - completer AHP)

The criteria for assessing of the concluding activities by the mentors and managers varied, and with no set guidelines or benchmark as to what standards needed to be met, this led to a wide variation in the work put forward and approved for final assessment.

"I see the amount of work that I did and then when i see other peoples flying start, and they passed and there was very little in it ... I could have got away with half of the work I had done in it" (AC004- completer nurse)

“I’ve had two mentors to do mine because I’ve had problems, and they’ve both got totally different expectations of what you need to do, but ... the first mentor wanted me to do loads, but the second mentor was a bit more easy-osie and didn’t want as much" (EU003 - current user nurse)

**Links to training and career progression**

There appears to be a good understanding of the links between the Flying Start programme and the eKSF, and that Flying Start is the initial stage of an on-going learning process. Respondents from one Board in particular realised that the work was not meant to be duplicated, although there were practical difficulties in linking the two programmes. Others were frustrated because they were doing work for both separately, and thought the work was being replicated.

"The fact that you can combine it with your eKSF works in quite well, I think one of the things that would have been better is if you could sort of if the documents were transferable
with the two programmes obviously that’s not an easy thing to do.” (EC007 – completer AHP)

“We were told that at the induction day, your CPD and your Flying Start they’re all the same thing. So you’d be able to link any CPD into one of the activities. Sometimes it’s quite difficult” (EU005 - current user AHP)

As well as providing evidence for the eKSF, two AHPs also gave examples of the work done for Flying Start being used to provide evidence of professional development for their own Professional Body, again avoiding repetition.

"It was also evidence I could use to send to the Royal College of Speech and Language Therapists to say that I had completed this and it saved me having to also do, you know, the professional body’s own sort of induction programme if you like." (OC004 - completer AHP)

Protected Time
The majority of people did have at least some protected time allocated to work on Flying Start during working hours. The amount of time available varied again between professional groups and between Health Boards. For those who had protected time, this was usually around half a day per month, although one respondent reported having one day per week as a study day.

“I was allowed to use unused appointment slots to work on it, and in actual fact they actually paid me a study day, ... for the duration of Flying Start ... I had a day to go to the health board library and get online and things like that." (DC001- completer nurse)

The AHPs that we interviewed generally had a more regular time set aside for Flying Start, reflecting the pattern of work within their team during the week. When protected time was available, it was often the first thing to be taken away should anything unexpected crop up. Conversely, it was often when things were quieter than usual that people were offered time to do Flying Start, on an ad hoc basis rather than as a regular feature of their working week. Most NHS Boards offered some degree of flexibility in providing time to do work on Flying Start.

“I’m quite fortunate, because of where I work and because of who I work with if we had sort of days where we were a wee bit quieter she would just say to me look you bash on with your Flying Start, because we are a wee bit quieter, so it kind of worked out well.” (BC002 - completer nurse)
Other participants felt that even if they were entitled to protected CPD time, there was a reluctance to use it because of how they would have been perceived by the rest of their team working in a busy environment.

"you are supposed to get half a day a month that you can do it in but I never had anything. I never pushed it either, I never said that I need this half day off.” (AC004- completer nurse)

This was not always the case, and one respondent explained how she did request protected time to work on Flying Start. Once she was granted this, she was able to complete the programme.

"It’s giving you allocated time to complete it. If you’re given the allocated time to do it then I dinnae see why it would be a problem completing it! Cos I found that once I started getting my study days, it was just... I managed to get it done” (EC006 - completer nurse)

Most of the users participating in this research worked on their Flying Start at home, or outside the workplace, regardless of whether they had protected time or not. It was apparent that there was inconsistency in the amount of time people spent working on Flying Start.

“I had two to three hours a week of protected learning time, but I usually gave myself about five to eight hours a week, so that was either a bit of a weekend or two or three evenings a week.” (EC003 - completer AHP)

I didn’t have any protected time, I just done it when I had the chance during working hours” (EC001 - completer nurse)

The overall approach to completing the programme during the year was sporadic, completing large sections of the programme over a short period of time, then doing nothing for some time.

"I’ll find that I don’t do any for a while and then I’ll have a little burst and I’ll get some done. And I’ll feel a bit better about it." (EU005 - current user AHP)

**Acknowledgement of completion**

There is some variation between Boards as to how completion of Flying Start is acknowledged. Many respondents thought that acknowledgement of completion was important both in practical terms, to have something physical to put in their portfolio, and in terms of having recognition of the hard work that had been put in to doing Flying Start. Most Boards issued a certificate; one held an award ceremony to present these certificates.
“When we completed it we had like a kind of award ceremony thing ... it had the managers of the hospital there and our mentors ... it was like a little ceremony where you went up and got your certificate and the photo was in like the hospital magazine and things like that. So a lot of people were made aware of it.” (AC002 - completer nurse)

"I got a wee certificate actually. I sent my exit proforma thing, I sent that away, and I’ve not long received my certificate actually so that was quite nice. Just kind of closes the door on it now." (BC002 - completer nurse)

There were also examples of nothing being done to acknowledge reaching the end of Flying Start.

“It wasn’t acknowledged at all. ... if you expect people to put a lot of work over the course of a year, do the work, then complete it, not have any sort of acknowledgement that it has been done is a little unsatisfactory.” (OC004 - completer AHP)

“It was just basically that was it, it was done, then we could be signed off. I didn’t get a certificate to say it was done.” (CC002 - completer AHP)

Staff currently enrolled did not know always know what to expect at the end of the programme.

“I know that I saw on the Flying Start website one of the health boards did like a day to congratulate people and talk about the benefits of it, but I don’t know if my board would do anything like that. ... it’s always nice to be appreciated for what you’ve done. I don’t know if they would.” (OU003 - current user nurse)

**Consistency of approach**

The experience and perceptions of how Flying Start was prioritised within each NHS Board and by individual managers varied substantially. This had an impact on the time made available to work on the programme and the support given. Perceptions of the importance given to Flying Start were found to differ for current users in the same NHS Board and profession. This is most likely to be down to the approach of the individual line managers involved, rather than the organisation as a whole.

"I don’t think it is. I don’t think it’s seen as a priority for the service at the moment” (CU002 - current user AHP)
"I definitely think it’s a priority, but I know that we had planned to finish it like last month and we kind of put it back... But I think it certainly is a priority and my manager is quite keen that we don’t put it back any further" (CU004 - current user AHP)

At an organisational level, a number of NHS Boards have stipulated that Flying Start should be the priority during the first year of employment, with no additional training being allowed until Flying Start had been completed.

"They won’t let you do any further training until you have got your flying start" (AU001 - current user nurse)

"We weren’t allowed to do our IV training until we had finished it" (EC004 – completer nurse)

Those who felt that Flying Start was a priority for themselves were obviously motivated to work on and complete the programme at an earlier stage than those who did not see it as a priority.

"It was low down my priority list, that’s why I took the two years to finish it." (EC001 - completer nurse)

"I feel it was important. It’s always been on the back of my mind that it’s something I always wanted to do to help myself improve." (OU003 - current user nurse)

The respondents were aware of differences between NHS boards in terms of whether completion is encouraged, or even if Flying Start has to be undertaken at all.

"I think in [NHS Board A] it’s classed as high priority because everyone has to do it. But in [previous location] when I first moved up there they gave me the choice to do it or not and no-one really done it, and that’s why I didn’t do it ... whereas [here] you had like a study lesson on it. And then you had the practice education facilitator came to the ward to speak with you and go through it and you were allocated days and given a mentor." (AC002- completer nurse).

"it’s [Flying Start's] not a massive big deal I don’t think. I know some Boards don’t even do it now, you know” (EU002 - current user nurse)

“it’s unfair that there is areas where it’s not been completed and people are still making progress, it’s not a fair system." (EC006 - completer nurse)
Summary

- There was an awareness of Flying Start amongst almost all NQPs at University;
- Understanding of what was actually expected of them under the Flying Start programme varied depending on the amount of information they received at induction;
- Support from managers and mentors for Flying Start was largely positive, and had a substantial influence on the experience of the NQP undertaking the programme;
- Peer support was also perceived as important;
- There was a lack of consistency as to how Flying Start was prioritised between boards, and also within boards, with the perception being that this was due to the approach of individual line managers;
- There is also some variation within the monitoring and assessment process, particularly with the amount and quality of evidence NQPs say is required by mentors and managers in order to sign off Flying Start;
- Acknowledgement of completion by the Board was appreciated – knowing what to expect in terms of acknowledgement once the programme has been completed helped;
- Time is made available for most people to do some work on this during work time, whether this is specifically protected time each week or month, or just being encouraged to spend quieter times working on this;
- However some individuals feel reluctant to ask for or take up time they are actually entitled to.

3.2.4. Content and Material

This section deals with the factors around successful completion that relate to the content and material delivered by the Flying Start programme via the website. These factors would apply equally to everyone embarking on the programme, and independent of the Board in which the NQP was employed or the profession of the NQP.

Structure

The overall structure was quite confusing for some participants, and there was a need for clearer guidance on how to work through the programme. Although the online learner guide was clearly
available to help with this, only a few people appeared to have been aware of it, or actually used it in working through the programme.

“There is some guidance on the Flying Start website and some recommendations about, you know, maybe between [months] one and three think about this area, two and five think about this area and I tried to follow that initially, but sometimes with your own work, your own caseload it was difficult to find the time to always do that.” (CU003 – current user AHP)

“I like things quite specific, I like ‘this is what you’ve to work through’ rather than kind of choosing yourself and to be honest I think if I’d had that right at the very start I probably would have completed it within the timescale to be honest, so I think that was certainly helpful for me.” (CU005 - current user AHP)

There appeared to be two methods adopted by users to work their way through the programme, and selecting the order in which to undertake the ten learning modules. The first of these was to start at the first module on the list and work through them in order.

"I just worked through them from one to ten." (OU003 - current user nurse)

"I worked through it in quite a logical way. I kind of tried to take kind of a unit at a time and kind of familiarise myself with what the objectives were for that unit and then work it out that way when I was going to do which unit." (OC001 - completer AHP)

The second method was to fit their current work into the activities on Flying Start, and just doing the sections that were interesting or relevant at a particular time, regardless of which module it fitted into.

“Look at what kind of situations I’ve been involved in, and then I’ll go onto kind of Flying Start and see which situations fall into which kind of categories.” (CU001 - current user midwife)

“Basically to be honest I kind of started sort of randomly going through the online website and sort of picking the topics that appealed to me the most.” (BC002 - completer nurse)

"I didn’t do them in order because I think you could do them any way you wanted. So I went through it and anything that was happening at that time at work that was relevant the exercises and stuff I kinda did it that way.” (AC003 – completer nurse)

**Content**

Many participants thought the content of the programme appeared to be overwhelming at first and contained too much information, much of which was perceived to be too generic.
"I think at the beginning it was extremely daunting. I mean certainly for me I looked at it and I thought there’s no way I’m going to get through all this.” (CU005 - current user AHP)

“I think it’s slightly too longwinded to be honest. I think there’s really far too much to Flying Start.” (CU004 - current user AHP)

Many people, particularly the AHPs, thought that the material was more appropriate for nursing and not relevant to their work, and this influenced the choice of activities.

"[there was] quite a lot of nursing. I know obviously there’s more nurses than any other profession, but some of them you have to really think to relate it to your own profession.” (EU005 - current user AHP)

"They could do more to maybe try and separate out the different professions. And maybe highlight what tasks are more relevant to which ones." (CU003 - current user AHP)

For each learning module the NQP needed to select activities to complete that related to their daily practice. There appeared to be a number of different methods of selecting which activities would be completed from each module, often selecting those that required the least work, although this was not always the case.

"I decide what one would be the easiest one to do, what would cause me the least amount of work to get it finished because it was just taking up so much time." (AC004- completer nurse)

"Personally I picked the areas I felt were my weaknesses, which I needed to work on first, I chose those first, and then within those areas I then chose some activities which I felt were pertinent to my learning needs. …. I suppose by the end of it I was left with a few activities that I was kind of just doing for the sake of completing the programme." (EC007 – completer AHP)

“so what I had agreed with my mentor was that I’d choose the bits from Flying Start, some modules that I could use to fill in the gaps from the NQP framework. So some of it I’ve just done concluding activities and other ones I’ve done some more activities in them.” (CU002 – current user AHP)

For each activity on the website, there is a guide as to the amount of time that should be spent completing the activity. Whilst this was seen to be a useful guide, there were wide variations between participants in the time actually taken on each activity.

“I would say they were quite accurate with the time.” (OU003 - current user nurse)

“I think some of them are shorter than they are suggested online. I suppose it depends doesn’t it? Everybody will work at a different rate.” (CC001 - completer AHP)
"No, I think they took longer a lot of them if you were doing it thoroughly." (OC004 - completer AHP)

There was a general consensus that some modules were easier to complete than others, primarily because they found the content more relevant to their day to day work, with a lot more opportunity to put the particular aspect of work into practice or examples that could be used to demonstrate competence in that area. Communication and clinical skills were overwhelmingly seen as the preferred modules; those that were less popular included policy, research skills and career development. Equality and diversity was another module that some respondents found difficult, especially if there was little opportunity to experience this in their daily practice.

"Well clinical skills were quite straightforward because well it’s more black and white, been somewhere and learned to do something you couldn’t do before, so I think that was probably the easiest." (DC001 - completer nurse)

“Policy and admin I would say was a lot more difficult, because, you know, being at the bottom of the NHS tree you don’t get involved in anything like that.” (EC003 - completer AHP)

"The research one definitely. I don’t do a lot of research in my current role, so if I’m honest I tended to kind of shove that one to the side and focus more on the ones that I knew that I could definitely get experience in." (BC002 - completer nurse)

“I think equality and diversity was one of the more difficult ones because I hadn’t encountered people working from various backgrounds a huge amount” (EC004 – completer nurse)

There also seemed to be a fair amount of repetition between activities, and going over work that had already been done at university, prior to qualification.

“say you write something on communication and about team skills, it’s just the same thing you’re writing up the same thing for different sections" (EU003 - current user nurse)

"I actually found it very repetitive of what we’d actually completed in our three years of training." (EC001 - completer nurse)

**Experience using a web based programme**

The majority of respondents liked having a web based programme to work through, as it gave them flexibility about when and where to do the work, and was familiar to most, with a similar approach to work conducted at university.
“I’m quite used to using sort of web based resources anyway, so for me personally that wasn’t an issue.” (BC002 - completer nurse)

Access to computers during working hours was acknowledged as a problem; a lot of those undertaking the programme used their own computers at home, and others had access to computers at work, but in a non-clinical environment such as a library or education centre, although it was indicated that these would have to be used outside of work time.

"Yeah it was okay once we’ve got access to a computer" (EC006 - completer nurse)

“Actually accessing the computer at work it is really difficult.” (OU005 - current user nurse)

While most people were happy with using an internet based training programme, most encountered some technical problems at some point, usually in terms of links to other sites or Athens passwords not being available, often having to use generic search engines to find similar information.

“some of the links didn’t work or there was somewhere you needed an Athens password, I don’t have that.” (CC001 - completer AHP)

“It logs you out all the time. I’ve uploaded all the things that I’ve done, if you’re spending an afternoon doing stuff and you add something, it times out so you have to log in all the time, every time you want to add something, it’s a little bit annoying” (EU005 - current user AHP)

Another suggestion to make it easier to complete sections of the learning modules would be to make the Flying Start website allied closer to the eKSF site, and have a similar layout and means of adding information to a portfolio.

"I would have liked it if under each of the sections there was a box that you could type in so that you could just do it as you go along rather than having to open another screen and type all stuff in Word and then attach ... It would have been a lot quicker and a lot easier, and in my 15 minutes that I had at the end of each shift I could have just opened it up really quickly online and just done a box.” (EC002 - completer nurse)
Summary

- An internet based approach was considered to be the best way to deliver the programme, to allow enough flexibility to complete the work at their own pace and to fit in with existing work schedules. Technical problems encountered were generally seen as being minor, albeit frustrating at the time.
- The structure of Flying Start was perceived to be slightly overwhelming; without additional guidance, many people worked through the modules in the order they were listed on the website.
- There seemed to be too much material to work through in some of the modules on the website. In many cases this was seen to be too generic or too focused on nursing, and not related to individual professions enough.
- The communication and clinical skills modules were seen to be most relevant across the board and often completed first (not least because these were the first two modules on the list on the website); the less popular units, seen to be harder or less relevant were policy, career development and equality and diversity.

3.2.5. Factors affecting individual participation and completion

Understanding completion

The main focus of this research project was to understand the factors that lead to successful completion of Flying Start. Given the uncertainty around the understanding of what completion meant in practice, according to the previous evaluation of Flying Start (Banks et al 2010) and the comments of Group 1 participants, and the rather vague definition provided on the Flying Start website, it seemed appropriate to ascertain what those undertaking the programme understood by completion. The answers varied to some extent between respondents, although there was little to distinguish the responses from successful completers and those currently enrolled. Some considered completion in practical terms, relating simply to the number of activities completed.

"I would say it’s meeting the outcomes within the guidelines" (AC001- completer nurse)

"It was to do some of the activities out of each units and concluding activity" (CC001 - completer AHP)

Others defined completion being achieving their objectives that were agreed with their mentor.
"basically doing all the activities with my mentor and going through, you know, all the bits and pieces I did to get there and then my manager again and then I had a final interview with my manager as well." (EC003 - completer AHP)

"I suppose achieving the goals that I set with my mentor in the beginning and basically getting it signed off." (DC001- completer nurse)

This was taken a little further by one respondent, not specifically in terms of completing activities, but in having taken the learning aspect of the programme as far as possible, and developed your skills as a result.

"completion to me is just when you’ve kind of done as much learning as you can through it and taken as much from it as you can." (BC002 - completer nurse)

Many respondents linked completion of Flying Start with ongoing CPD and professional development, and in some cases, progression up the salary scale.

"I would say successful completion would be to use it towards your first KSF gateway" (OC001 - completer AHP)

"Completion for me of Flying Start was my ability to move from a band 5 podiatrist to a band 6 podiatrist, and so it gave me a promotion at the end of it." (EC003 - completer AHP)

“from completing that programme that helped me with my professional development plan for the next year and I know that I need to continue to do reflective practice, to continue to learn really and identify factors that I need to progress with in the future. I know that the skills are a continual process.” (AC003- completer nurse)

There were also clear perception of completion being necessary before being able to apply for other jobs, and providing an advantage over those who had not completed it.

“i am in a better position to go and get another job, as soon as you say that you’ve completed your Flying Start, then another areas not having to give you time off, I suppose it is a bonus if it’s done it’s more favourable for yourself really." (EC005 - completer nurse)

"I suppose just knowing that it’s done and knowing that then if a job came up elsewhere or if you were to want to leave and to go for another job to be able to say that you had completed it.” (CU002 - current user AHP)

There was also the thought, predominantly amongst those who had not yet completed, that completing Flying Start would mark the end of the transition period from starting as an NQP, to being acknowledged as a fully-fledged, independent professional.

"Well it means that I’m no longer a newly qualified nurse that has managed to within a year fulfil steps in the same way as you’re training at university. You know, you pass an exam
which means that you’re almost there for getting ready, for now being able to work in any of the wards and not as a newly qualified nurse, but just as a standalone like staff nurse.” (OU005 - current user nurse)

"To me it was kind of my transition period from going from a student to a qualified or a competent and confident staff nurse. So it was more another step in my career, like for me feeling more confident with my own skills." (OU003 - current user nurse)

Others just saw completion as being the end point, and the relief of not having to spend any more time on the Programme.

“To get it over and done with – I don’t really know. I don’t actually know what it was supposed to mark or at what stage I was supposed to be at. It was literally a paper exercise for me; I don’t know how other people found it. So completion didn’t actually mean ... it just meant it got rid of it.” (EC001 - completer nurse)

"Kinda finishing it and not having to do any more.” (EC007 – completer AHP)

One respondent couldn’t envisage completion at all (or perhaps saw this as linking in with continuing development):

"Well I don’t really know, I think it never ends." (EU004 - current user AHP)

**Incentives for completion**

One of the key incentives for completing Flying Start was to understand how the programme would benefit the NQP in their professional role. Not everyone was clear about how the work being done would be of any benefit in their personal development as a practitioner. On the whole, those who had successfully completed the programme had developed a better understanding of the benefits, which hadn’t necessarily been apparent to them at the start of the programme. Benefits seemed clearer once the programme had been completed, had been acknowledged by the Board, and there had been a period of time to reflect on this.

“I’ll be quite honest when I first started the programme I didn’t have a lot of faith that it was going to help me at all, but as I worked through it I actually found that, do you know what it really enables you to sit down and reflect on how you are as a practitioner, how you communicate with people, where people fit into the team role. It really does make you sit down and think more about what you’re actually doing, why you’re doing it and how you can make changes to improve it.” (BC002 - completer nurse)

"Yeah it felt like it was worth it at the end of it. I know quite a lot of the time a lot of people it felt like it dragged on a wee bit, but by having like a ceremony at the end do you know what I mean, it made you feel more worth doing it." (AC002- completer nurse)

Current NQPs were less clear on how the programme would benefit themselves.
"I don’t really quite know the point of doing it. I just think, because there’s eKSF as well, I don’t really see why we’re doing it at all." (EU003 - current user nurse)

"you feel like you’ve done all this work, but you’re not entirely sure how it fits in with your job and within your role kind of thing." (CU004 - current user AHP)

Completion of Flying Start was one way for staff to show commitment to their role and their employer, and was a clear motivating factor, especially where other rewards for completion were not apparent. This focused around showing that the Programme was important for the NQP, wanting to create a good impression and appear to be professional.

"Yes and for my mentor to know that I had taken my new role seriously and understood the policies and procedures and workings of the work environment and then putting it down, linking it to my training, yeah." (EC002 - completer nurse)

"I think wanted to demonstrate to people that were employing me that I had a positive attitude to the job and to career progression, and I suppose from that point of view it gave me something concrete to show that I was committed." (DC001- completer nurse)

However, it was not always easy to find the motivation to do more on Flying Start after a day at work.

"I have got great intentions, I think I’ll go in and do this and I’ll go home and do a bit and when I get home I’m knackered and I can’t do it." (AU001 - current user nurse)

Another commonly acknowledged benefit of Flying Start was the link with the KSF, providing evidence of improvement and continuing to develop as a professional. Likewise, the evidence for Flying Start could also be used to support development activity required by professional bodies.

“There wasn’t really any kind of reward for completing it. So that really didn’t give you much of an incentive to put the time and effort in to doing it. I know that from a personal point of view I wanted to get it done, I have used everything since for my eKSF.” (EC007 – completer AHP)

"I think well for speech and language therapy we link it into RCSLT, you know, the qualified therapist framework that we have to complete ... I think of Flying Start as something that kind of augments that so that I can show that I’m fully qualified and it just supports the experiences and helps provide some experiences to help me be signed off." (CU003 - current user AHP)

Financial incentives motivated some to complete, and this was particularly the case for the AHPs who stated that completion of Flying start was linked to promotion to the next pay band:
“it’s really all about the upgrading to a band 6” (CU001 - current user midwife) 

"I know for the KSF you have to have so much done if I want my increment in my first year, and I think in order for me to get my increment I need to get my Flying Start so that’s going to push me to get it, yeah." (EU004 - current user AHP) 

However, the payments made to the first cohorts of AHPs who completed the programme were no longer available, and it was perceived that some comparable incentive was needed to take its place.

"I know some sort of incentive would increase the compliance rate and encourage people to complete it on time. I know people who did it initially they were funded to do it.. I suppose if you are being paid to do it you put a bit more time and effort into it and you make sure you are meeting all your deadlines and you achieve all your goals while you are doing it, so some sort of alternative incentive might be a bit more beneficial for it." (EC007 – completer AHP)

For some, the motivation to complete was just getting it done, and getting it out of the way so that they could then focus on other things.

"To be honest with you what motivated me to complete it was, it’s not going to sound good, but it was just a burden and I just wanted it out of the way, so I did it as quick as I could towards the end. … motivation at the start was for my work and then towards the end it was just to get it out the way so that I could get on with my work." (EC002 - completer nurse)

There were a number of disincentives that were highlighted by respondents, primarily around not perceiving any benefits of doing the programme, and instead being a factor that made the transition from student to practitioner more problematic. Also the fact that the financial incentives paid out to the initial cohorts of AHPs was no longer available proved to be a source of frustration for current users.

“Actually it makes that transition more difficult …I didn’t see how that was going to benefit me, so possibly maybe highlighting how that’s going to help somebody might have encouraged someone to complete it quicker, but if you don’t believe in it then it reduces your motivation levels.” (EC001 - completer nurse)

Managing the time the NQPs spent on Flying Start influenced their thoughts on the completion process, as did their feeling of being in control of the time spent on the programme. Staff found managing their own time difficult enough, and fitting this in with other people’s availability caused some concern.

“obviously everybody is very, very busy and a lot of the Flying Start is to meet with somebody and observe and discuss and all these different things, and everybody has different timetables that are conflicting, that’s just not always a realistic thing to be able to
So there’s a real time issue in terms of having to sort of hit the ground running with your job as well. (CC001 - completer AHP)

Factors promoting successful completion

The overwhelming factors identified specifically by the respondents as being key success factors for completion were having good support in terms of a mentor, and having time to complete the programme. Other factors highlighted included faster progression through salary increments or pay bands. A small number of respondents who had successfully completed the programme, albeit with a more negative experience, acknowledged that improvements had been made in the last couple of years, and that there was more support available for those currently enrolled. The key factors affecting successful completion are summarised as follows:

- Having a good mentor and support from your manager and peers.

  “I think the best support you get is actually in-house with your peers and your mentors and stuff, you know what I mean? I think that’s the biggest thing you get.” (EU002 - current user nurse)

- Managing time and competing demands within the workplace.

  “I think just being guaranteed that you’re going to get the time off, I think that actually would just go a long way in allowing people to get on with it and do it, and I think more people would probably do it... people that I qualified with, a lot of them still haven’t done it and it’s purely down to the fact that they don’t get the time” (BC002 - completer nurse)

- Links with career and salary progression

  "I think it was an incentive, bringing forward progression and incremental salary scale." (DC001 - completer nurse)

- Self-motivation and a desire to continue to learn and benefit from the programme.

  "I think you have to prioritise it; you have to manage your time well, you’ve got to be motivated to do it." (CU003 - current user AHP)

  “Your own abilities and giving yourself enough time to get it done and reading and reading to gain knowledge” (OU005 - current user nurse)

- Understanding the aims and objectives of the programme, and what the expectations are of the NQPs to complete.
“Setting specific and achievable goals ... every module doesn’t have to be a great fat section as long as you’ve covered it and had a good handle on what you wanted to get from it to begin with, so you know when you’ve achieved it.” (DC001 – completer nurse)

- Acknowledgement that other benefits and training opportunities are withheld until Flying Start is completed.

“You can’t do anything unless you have got your completion certificate before you can do anything like IV training; it’s got to be done before you can go on and do other things” (AC004- completer nurse – completer nurse)

- Perception that everyone is being treated the same, with some degree of equity both across NHS Boards, and within Boards.

"Same rules for everybody" (EC004 – completer nurse)

- Being more accountable for completing the work and having a prescribed timescale in which to complete the programme, with repercussions if it is not completed.

"You’ve got to do it within a year; you’re given a timescale for it, that’s pretty much it." (EU002 - current user nurse)

“it’s got to be more structured in that your kind of told this has to be done by this date, and this has to be done by this date and then actually having somebody coming down on you if you have not done it.” (EC007 – completer AHP)

Areas where more help would be beneficial

In addition to highlighting the key success factors in completing Flying Start, respondents also suggested where additional help and support would be beneficial, either at a local or national level. Some were more aspirational, wanting to find some way of easing the pressure on new and existing staff.

"It’s the pressures within the NHS; we’re less staff and more patients." (EC003 - completer AHP)

Having a champion to promote the programme in each Board and provide support, along similar lines to the Cleanliness Champion that has been widely accepted within many areas (West et al, 2006, MacDuff et al, 2009).

“if you’ve got somebody that’s passionate about it they can really spur you on, you know, I think, with a lot of things isn’t it?” (AC001- completer nurse)
More recognition of the work that had been put in to completing the programme would be appreciated, even by those working for Boards that do already acknowledge completion.

“Maybe a little bit more recognition.” (EC002 - completer nurse)

“Some acknowledgement that you’ve worked hard on it” (CU002 - current user AHP)

One respondent wanted more visible support at senior level within the Board, to show commitment to the programme.

“more support from the [NHS] board and the people that run the Flying Start. I haven’t actually ever met the person that’s in charge of it” (OU005 - current user nurse)

A number of respondents suggested making it more relevant, with signposting for specific posts, reducing the more generic aspects of the programme and therefore being able to complete it in less time.

“it is very, very generic the whole Flying Start, and they could probably whittle it down a lot smaller and do it in a lot less time, because a year’s quite a long time as well.” (EU002 - current user nurse)

Summary

- Completion meant different things for different people, some relating this to the practical exercise of working through the programme and completing the concluding activities whilst others had a more reflective approach, linking the act of completion with the benefits they had gained, or expected to gain from the programme;

- Understanding how the programme would benefit the NQP directly, by becoming a more confident, independent practitioner, enhance skills and knowledge and in some cases facilitating faster progression through pay increments was a key incentive for completing Flying Start;

- Successful completion was also linked to
  - Having effective time management skills, and being able to have some control over the time spent on this was linked to;
  - Choosing the right activities at the right time and keeping the programme relevant and interesting;
  - Taking responsibility for completing the work within the prescribed time scales;
  - Having good support available from managers, mentors and peers.
4. Discussion

This research aimed to identify the key characteristics which support the completion of Flying Start NHS® in Scotland. The research concentrated on two groups of participants: those with a strategic or managerial interest in Flying Start, and newly qualified practitioners who had either recently completed the programme or were planning to do so in the near future. Whilst many of the outcomes from this research were similar to those found in the full evaluation of the Flying Start programme (Banks et al, 2010), this project took this further, in revisiting the programme once it has had additional time to become more embedded, and in understanding the views of those who had successfully completed Flying Start.

On the whole, Flying Start was viewed positively, across the majority of NHS Boards and between participant groups. The benefits of completing Flying Start had often only become apparent to the successful completer group once they were some way through the programme or had actually completed it – once the pressure of having to do this work was lifted, there was more time for reflection, and more opportunity to link the programme to their day to day work.

Awareness of Flying Start was considered to be good, by both strategic level respondents and NQPs who had been engaged with the programme. Most NQPs were made aware of Flying Start whilst at University; differences in the understanding of what was expected of them at the start were due to the extent to which the Board provided guidance and support at induction and beyond. NQPs who were provided with more comprehensive information about Flying Start, for themselves as well as their managers and mentors, had a better understanding exactly what was expected from those enrolling on the programme, and the personal benefits of completing it.

Awareness of Flying Start at a strategic level amongst those who were interviewed was thought to be relatively high; the majority were well aware of how this fitted into the ongoing training and development policies and needs of staff members, and could see the benefits of completing the programme, both for the NQPs themselves, and in benefitting the wider teams, and providing a better quality of care.

There appeared to be less consistent awareness and understanding of Flying Start amongst the manager and mentor level respondents, and this translated into inconsistencies in the delivery of the programme at a local level. Whilst completing Flying Start was seen as a priority at a strategic level, it was up to local managers to implement this on the ground. The approach to this, in terms of
providing access to resources and time varied, largely depending on the extent to which Flying Start had been integrated into the organisation. For those Boards where Flying Start had been a priority over a number of years, and had become embedded into the workplace, there was a more general acceptance that this was something that had to be done within the first year of employment, and efforts were made to achieve this, even if the process seemed arduous at times. In areas where Flying Start was not integrated into the workplace to the same extent, and was seen as an ‘add-on’, the programme was seen to be a hindrance to learning about the job, rather than a programme that would support development of skills within the job. As this is a relatively new programme, few mentors had actually completed the programme themselves; as the programme matures and becomes more embedded, mentors are likely to be drawn from the pool of staff who have completed Flying Start in the past, and will therefore have a greater awareness of the programme, and issues around support needed for successful completion.

Another issue relating to mentorship for the Flying Start programme was about the appointment of a mentor for the NQP. Ideally a mentor would be someone working in the same area as the NQP, on a similar shift pattern, and preferably not their line manager as was the case in some instances. Mentorship or preceptorship was seen to be a key factor in the experiences of newly qualified nurses and midwives, with newly qualified staff needing a mentor they could relate to and have access to (Hughes, 2011); this is also the case for newly qualified teachers, where the selection of a mentor for the initial period as a qualified teacher is seen to be highly important (Rippon and Martin, 2006). Little was said in these interviews about how a mentor was allocated to the NQP – given the apparent importance of this, time should be taken to find a suitable match between an NQP and their mentor.

Linking the completion of Flying Start to clear outcomes such as progression to the next pay increment was a clear incentive to encourage work on the programme to progress. It was important to make it clear to those starting the programme exactly what the expected benefits are; if there is no direct link to progression to the next pay increment then the other less tangible benefits should be highlighted.

Flying Start needs to be delivered consistently within Boards, and between Boards as far as possible, whilst still allowing some degree of adaptation to local needs and priorities. Clearer guidelines for managers and mentors in monitoring and assessing learning and concluding activities is needed, to ensure consistency in the standards set for completion of Flying Start. The Flying Start website explains how Flying Start can count towards academic credit; as more people use the evidence
gathered through their work on the programme to link to academic level and credit through the Recognition of Prior Learning (RPL) process, more consistency in standards to pass and complete Flying Start would be necessary. Some sort of benchmarking process, with examples of the extent and quality of work that is required, would be a useful addition to the site, for both users working through the material and for managers in assessing this.

The content of the Flying Start programme needs to be seen to be relevant and interesting to keep people engaged and wanting to continue on the programme. Some additional guidance is needed on methods of navigating the programme; the most positive responses were from users who had thought about their experience at work, and looked to fit this into the most appropriate module or activity within the whole programme. There appeared to be less satisfaction, and more perceived repetition from those who simply started off at the top and worked through the modules in order. Many NQPs said they looked to their mentor for guidance on which modules and activities to complete – mentors need to be confident about doing this, and therefore need specific training around Flying Start to ensure they can offer support for this. Clearer signposting within the programme was considered necessary, in helping to identify which activities were most relevant to the different professional groups.

One difficulty encountered when looking at how to monitor completion of the programme was in finding a suitable measure of completion rate. No single definition was forthcoming. Problems arise when looking at how to include part time and bank staff, and when taking into account the different timescales taken to complete the programme.

**Limitations of the study**

There were a number of limitations about the research process that need to be taken into account when considering these results. The participant sample was largely drawn from five NHS Boards in Scotland, which had agreed to participate. There was also one respondent from each of five other NHS Boards who had volunteered to participate, giving a broader perspective on the experiences of learners who were undertaking the Flying Start programme. However, as there was no strategic or managerial viewpoint given from the other Boards, it was difficult to ascertain whether their experiences were typical of the NQPs in their Board.
5. Conclusion and recommendations

Key success factors

The aim of this research was to evaluate the key characteristics supporting the completion of Flying Start. Based on all the evidence gathered during the course of this research, the key characteristics supporting the completion of Flying Start are summarised below.

1. **Effective communication** at the outset: ensuring NQPs know what is expected of them, whether completion is mandatory and the consequences if the programme isn’t completed on time.

2. **Embedding Flying Start throughout the organisation**: Ensuring that the support mechanisms are in place for NQPs and recognised at strategic and management level; ensuring managers overseeing those completing the programme have sufficient understanding about the aims of the programme and how best to support this, in particular for those not in a permanent, full-time post.

3. **Establishing clear links between Flying Start and Continuing Professional Development**: Flying Start activities link directly into the core dimensions of the eKSF, and can be used to support other professional development requirements. It needs to be recognised as an integral part of training and development, not an additional burden or an add-on.

4. **Ensuring appropriate access to IT**: NQPs need to be able to access a computer and the internet to complete many of the activities. For the web based programme to be effective, the links need to be working and up-to-date. Mirroring the accessibility of the eKSF and being able to enter work online may make the site more user friendly.

5. **Setting minimum standards for assessment**: Staff need to be aware of the standards against which their work is being assessed, and have assurance that they are being assessed on similar criteria. There needs to be some form of benchmark or agreed standards within and between professions, and within and between NHS Boards.

6. **Taking personal responsibility for completing the programme**: NQPs need to be motivated to undertake the programme, and agree to complete it within the prescribed time. Understanding personal benefits for professional development and the wider benefits for the organisation may help to encourage this.

7. **Providing time to do the work**: managers need to ensure newly qualified staff members are able to have time for learning activities. Whilst this may not be sufficient to complete the whole programme, NQPs who had some protected learning time were more likely to
complete the programme and view it positively. Having some degree of control over how and when to use this time, along with help with time management would be beneficial.

8. Setting deadlines and sticking to them: linking short term objectives and progression in Flying Start to the KSF 6 month review as well as the 12 month review.

9. Providing clear guidance for navigating through the learning modules: Finding the best approach to working through the programme and selecting the most appropriate activities to complete within each module will keep it interesting and relevant. NQPs may benefit from adopting a flexible approach to completing the programme. Giving clearer reasons why the less popular modules are necessary and relevant may encourage earlier completion of these sections.

10. Having effective mentor and peer support: regular access to a mentor who understands the aims of Flying Start, and can offer support, guidance and encouragement to the NQP. Ensuring that NQPs know of other NQPs that are currently undertaking the programme, or those that have recently completed within their locality can provide a further means of support.

11. Having a clear understanding of what completion looks like: The NQP, manager and mentor need to know when enough work has been done to reach the end of the programme.

12. Acknowledging the achievements of those completing the programme: Having some recognition that the NQP has put the effort into completing the programme, even if this is little more than a letter or certificate noting that the work has been done to complete the work to the required standard.

13. Having processes in place to monitor completion: To address areas where completion is regularly not achieved within the expected timescales, processes need to be set up at an organisational level to recognise this, and to identify those who need additional encouragement to complete Flying Start.

Recommendations

Having identified the key characteristics for that support the successful completion of Flying Start, this then leads on to a number of recommendations for improving completion rates, aimed at a national, Board and individual level.
**National level**

1. Better signposting around the Flying Start website would make navigation easier; including activities that have a greater relevance for different professional groups may help to maintain interest and engagement with the programme. Making it possible for NQPs to enter information directly into boxes on the website at the appropriate point, and linking this directly to the eKSF within each module would avoid repetition, and allow the portfolio to be stored electronically.

2. NES should consider developing minimum quality standards or benchmarks to make it clear what is expected of NQPs completing the activities in Flying Start, to ensure a consistent approach to assessment between and within Boards.

3. NES may want to consider developing a clear definition for completion rate, and support the process of monitoring this across Scotland, to build up a national picture of engagement in and completion of Flying Start.

**NHS Boards**

1. There was a clear lack of understanding of the programme amongst mentors and managers. Boards need to ensure that those undertaking the role of mentor, for this programme and managers of NQPs, are provided with sufficient training to provide guidance to NQPs to assist them through the programme. Introducing some form of recognition for the contribution of mentors to the successful completion of Flying Start should be considered by NHS Boards, including allocating time to the mentoring role to assist NQPs.

2. Boards should consider adopting a specific policy about completing Flying Start, or explicitly including Flying Start with existing training and development policies. The policy should outline the support to be offered to NQPs, and this agreed at Board level, to ensure the necessary support is offered consistently across the professional groups.

3. The Board should make information available for NQPs and managers, outlining what the expectations are at Board level on completion of Flying Start, whether it is mandatory, the time scale within which it needs to be completed, and the consequences for not meeting these requirements.

4. Having a mentor who understands the demands of Flying Start is central to keeping NQPs engaged in the programme. Encourage those who have successfully completed Flying Start to train as mentors, to offer support to NQPs currently enrolled on the programme.
5. NQPs felt that reaching the end of Flying Start was a significant milestone in their development, and wanted this to be recognised. It is recommended that completion of Flying Start should be acknowledged at Board level in a timely manner.

**Newly Qualified Practitioners**

1. Information is available on the Flying Start website to guide NQPs through the programme. NQPs need to make sure they have access to and understand all the supporting information, and use it where appropriate.

2. Successful completers should consider training to be a Flying Start mentor to guide other NQPs through the programme.

**Further research**

This research has been useful in highlighting the key characteristics for completion of Flying Start. It has also highlighted a need to develop and implement a process to monitor completion rates of the programme in all NHS Boards, to give a national picture of engagement with the programme. It would also be useful to conduct a more in-depth longitudinal study looking at the impact of Flying Start on the NQPs confidence and skill levels, following a cohort of NQPs from initial employment through their first year as qualified nurses, midwives and allied health professionals and to understand the impact of Flying Start on this.
6. References

Aragon S.R. and Johnson, E.S. (2008) Factors Influencing Completion and Noncompletion of Community College Online Courses American Journal of Distance Education, 22:3, 146-158


Appendix 1:

Strategic Statement of Support

and supporting letter from the

Chief Nursing Officer and Chief Health Professions Officer
A1: Strategic Statement of Support

Strategic Statement of Support for Flying Start NHS (2010)

CURAM (2009) states the role which the Flying Start NHS development programme plays in the first year of practice for newly registered nurses, midwives and allied health professionals. “Flying Start recognises that newly qualified staff need time and support to grow into their new role as a qualified practitioner.”

Flying Start NHS requires both high level strategic support and a positive approach to work-based learning to be successful. One of Flying Start’s many strengths is that it uses the workplace as the learning environment, therefore keeping learning relevant and appropriate to each individual learner.

As all newly qualified staff in NHSScotland will be supported by their employer to complete Flying Start NHS in their first year of employment, teams need to work together to maximise the potential of work based learning for their new colleague. This includes:

- A supportive team environment, where Flying Start NHS is understood to be an integral part of each new practitioner’s personal and professional development.
- A commitment to lifelong learning.
- A named mentor who is committed to supporting their new colleague.
- Maximising opportunities to make time for learning in the workplace.
- Regular and constructive review of the learner’s progress.
- Constructive feedback on the learner’s strengths and needs.
- Access to opportunities to work-shadow, work alongside and learn from more experienced practitioners.
- A process to resolve difficulties, for example, lack of learning opportunities, difficulty in accessing computer facilities or time to work alongside experienced colleagues.
- Organisational support for completion of the programme aligned with the NHS KSF Foundation Gateway.

Flying Start NHS was introduced to support early career development and retention of our newest practitioners. When newly qualified practitioners are effectively supported to complete Flying Start they can work within a safe scope of practice, work confidently with patients and carers, and be effective members of multi-professional and multi-agency teams they work within. Supporting newly qualified practitioners is not new practice; Flying Start NHS builds on existing activity. By mirroring the NHS KSF development review process, it offers a structured and integrated approach to development for both the new practitioner and their workplace mentor.
May 2010

Dear Colleague

Re: Flying Start NHS™

Scottish Government have a clear expectation that all NHS Boards are fully committed to supporting newly qualified nurses, midwives and allied health professionals in their first year in NHSScotland through the Flying Start NHS™ Development programme.

We are hugely proud of our programme, having made considerable investment to improve it so that newly qualified staff feel supported and valued. With Flying Start NHS™ we are providing a means to support those newly qualified staff making the challenging transition into their new role as a registered member of staff.

Now four years on, we know much more about how to make it work in practice and the attached Strategic Statement of Support from the Flying Start Lead Contacts network summarises much of this learning.

Scottish Government fully endorse this approach and ask that NHS Boards ensure they can demonstrate that they are supporting their newly qualified staff to this level and beyond to maximise the potential of all newly qualified NMAHPs in NHSScotland. We will continue to review progress through the Flying Start NHS™ Steering Group.

By investing in Flying Start NHS™, NHS Boards will reap benefits beyond those gained by individual practitioners, mentors and managers. The programme's mapping to the NHS KSF development review cycle will help Boards to meet their HEAT target and the close alignment with governance and current health policy is supported by implementation at a local level.

We commend the Strategic Statement of Support to you.

Yours sincerely

[Signature]

ROS MOORE
Chief Nursing Officer

JACQUI LUNDAY
Chief Health Professions Officer

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk
Appendix 2:

Examples of Flying Start Exit Proformas
A2: Examples of Flying Start Exit Proformas

Flying Start NHS - Exit Proforma

Newly Qualified Practitioner’s Name: .................................................................

Mentor’s Name & Designation: .................................................................

Work Address: .........................................................................................

<table>
<thead>
<tr>
<th>Learning Activity</th>
<th>Evidence Provided</th>
<th>Concluding Activity</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>Communication</td>
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<td>Career Pathways</td>
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</tbody>
</table>

The above named newly qualified practitioner has provided appropriate evidence to demonstrate that they have met the concluding activities in the Flying Start Programme and I am happy for them to formally exit the Flying Start NHS development

Mentor Signature..............................

Date of Completion...........................

Please send a copy of this completed form to:
For Nursing and Midwifery: Flying Start database administrator
For all AHP’s: Flying Start database administrator
Nursing Directorate AHP directorate
# FLYING START NHS®
## EXIT PROFORMA

<table>
<thead>
<tr>
<th>NAME OF NEWLY QUALIFIED PRACTITIONER (NOP)</th>
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<tbody>
<tr>
<td>PROFESSION</td>
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<tr>
<td>NAME OF MENTOR</td>
</tr>
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<td>EMAIL ADDRESS</td>
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<tr>
<td>MOBILE TELEPHONE NUMBER (OPTIONAL)</td>
</tr>
<tr>
<td>PREFERRED METHOD OF CONTACT (email/letter/text)</td>
</tr>
</tbody>
</table>

The above named NOP has provided appropriate evidence to demonstrate that they have met the concluding activities in the Flying Start NHS® Programme and I am happy for them to formally exit the Flying Start NHS® development.

| Senior Charge Nurse / Team Leader Signature |
| NOP Signature                              |
| Mentor Signature                           |
| Date                                       |

Please send a copy of this completed form to:
Flying Start NHS® Lead
Appendix 3:

Interview Schedule

Strategic Level Participants
A3: Interview schedule – Board members

Introduction

Thank you for agreeing to take part in this research. My name is (...) and I am from the University of Worcester. We are undertaking a research project on behalf of NHS Education for Scotland to get a better understanding of what the key characteristics are for successful completion of the Flying Start training programme for newly qualified nurses, midwives and Allied Health Professionals.

There are a number of topics I’d like to cover, looking at your understanding of Flying Start, how this fits in with other training commitments within your board, and what is being done to encourage successful completion of the programme. I’d anticipate the interview will last around 15-20 minutes.

The interview will be recorded, and transcribed for analysis, although any direct quotes used in the final report will be anonymised. Are you happy with that?

Have you got any questions before we start?

Background information

• What is your role within the Board?
• Can you describe your key role and responsibilities in terms of supporting newly qualified staff?

Awareness of Flying Start

• What do you understand about the Flying Start programme and what it’s setting out to achieve?
• How do you see Flying Start benefiting your staff?
  o those directly involved in undertaking the programme
  o mentors
  o the wider teams within which they work?
• How does this fit in with the overall training and development framework for staff?

Strategic Support

• Can you explain how Flying Start fits in with the strategic aims of the Board?
• How do you promote the Flying Start programme at a strategic level?
• Is there sufficient awareness about Flying Start at Board level to support the delivery and engagement of the programme amongst NQPs?
• Are you aware of the strategic statement of support that was issued in May 2010 by the Chief Nursing Officer and the Chief Health Professions Officer?
  o Have any changes been made within your Board around promoting and developing Flying Start as a result of this? Why/why not?
What are these changes?
How have they been implemented?

How can you demonstrate strategic level support for newly qualified staff undertaking the Flying Start programme?

Delivery of Flying Start

What is being done to ensure that Flying Start is being delivered and managed effectively within your Board?
- What is happening at board level?
- What is happening at the level of delivery?

What support is given to staff managing those on the Flying Start programme?
- Support for managers
- Support for mentors

Completion of Flying Start

This research project is concerned with understanding factors that lead to successful completion of Flying Start. What do you understand the term ‘completion’ to mean for this?

To what extent is completing Flying Start seen to be a priority?
- At Board level?
- At management level?
- For newly qualified staff?

Do you think staff need to complete Flying Start to be able to progress within their field of work?
- Should it be linked to career progression?
- Why/why not? How would this work?

How is the completion of Flying Start acknowledged within the Board?

Are you aware of what the completion rate is for Flying Start in your Board?
- How is this defined?
- Are you satisfied with the rate of completion of Flying Start?

Are there any existing factors within your Board that encourage and support staff to complete the programme within the expected timescales?

Are there any factors that you think prevent or inhibit successful completion?

What do you think could be done at a Board/strategic level to encourage more staff to complete the programme?
- How could this be rolled out to other areas?

We have covered all the points I wanted to raise with you. Have you got any additional comments/thoughts about Flying Start you would like to add?

Thanks and close interview
Appendix 4:

Interview Schedule

Managers and Mentors
A4: Interview schedule – Managers and Mentors

Introduction

Thank you for agreeing to take part in this research. My name is (...) and I am from the University of Worcester. We are undertaking a research project on behalf of NHS Education for Scotland to try and understand what the key characteristics are for successful completion of the Flying Start training programme for newly qualified nurses, midwives and Allied Health Professionals.

There are a number of topics I’d like to cover, looking at your involvement in Flying Start, the support available for staff undertaking Flying Start, and what is being done to encourage successful completion of the programme. I’d anticipate the interview will last between 20 and 30 minutes.

The interview will be recorded, and transcribed for analysis, although any direct quotes used in the final report will be anonymised. Is that ok?

Have you got any questions before we start?

Background information

- What is your current role?
- How long have you been in this role?
- Can you describe your key role and responsibilities in terms of supporting newly qualified staff?

Awareness of Flying Start

- What is your experience of Flying Start?
- What do you understand about the aims of the Flying Start programme?
- How many staff do you manage that are currently undertaking the Flying Start programme?
- Do you mentor any staff that are currently undertaking the Flying Start programme?
  - How many staff are you mentoring at the moment
  - How many have you mentored since the programme started?
- How does the mentoring role work in practice?
  - How often do you meet, what support is provided?
- Is the Flying Start programme beneficial for your staff?
  - those directly involved in undertaking the programme or mentors, and the wider teams within which they work?
- How does this fit in with the overall training and development framework for staff?
- Do you consider that web-based systems are an appropriate way for newly qualified staff to access learning material? Why? What are the benefits and problems of this approach?

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Managerial Support

Thinking about how Flying Start is implemented across your Board

- Is completion mandatory?
- What is being done to ensure that Flying Start is delivered and managed effectively?
- What is being done to ensure a consistent approach to managing/mentoring Flying Start staff?
- What additional strategic support would help you in encouraging completion of Flying Start?

Completion of the Flying Start Programme

- This project is concerned with understanding the factors that lead to successful completion of Flying Start. What do you understand ‘completion’ to mean in this context?
- How do staff demonstrate that they have completed Flying Start overall?
  - How is this assessed/monitored?
- To what extent is completing Flying Start seen to be a priority?
  - For managers/mentors
  - For those undertaking the programme
- Do you think newly qualified staff need to complete Flying Start to be able to progress within their field of work?
  - Should it be linked to career progression?
  - Why/Why not? How would this work?
- How is the completion of Flying Start acknowledged within your Health Board?
- Are you aware of what the completion rate is for Flying Start within your board?
  - How is this defined?
  - Is anything being done to improve this?
- What proportion of the staff you manage/mentor have successfully completed the programme?
  - How many complete within the expected 12-15 months from starting?
  - Have any taken longer than this? Why?
- Are there any particular factors in the way the programme is currently organised that you think encourage staff to complete Flying Start within the expected timescales?
  - E.g Relevant/interesting content; technology; protected time; mentor support
- Are there any factors that you think make successful completion more difficult?
  - What are these? Why?

Completion of individual learning units

- Thinking about the individual learning units: Are the learning aims and expected outcomes of Flying Start clear?
- What assistance do you give your staff/mentee in guiding them through the programme?
  - About which modules to complete, in which order
  - About which learning activities to complete
- To what extent do staff complete the learning activities in each module?
- How do they select which ones to complete?
- Do they just complete the concluding activities?

- What do you do to monitor progress through the programme?
  - Do you check/assess the learning records? How regularly do you do this?

- How are the learning activities and concluding activities assessed?

- Are any of the units completed more consistently/regularly than others?
  - Why? Easier to complete/more relevant to work/more interesting?

- Are there any particular modules that are regularly not completed, or seen to be more difficult?
  - Why do you think this is? Harder to complete the activities/not relevant/not interesting?

- Do staff get protected time to enable them to work on the Flying Start programme during work time?
  - How long do they get? Is this sufficient?

- How are newly qualified staff supported in actually managing their time to ensure that progress can be made with the Flying Start programme?

Concluding questions

- As a manager/mentor how do you motivate staff and encourage completion of Flying Start?
- What do you think could be done at a Board/strategic level to encourage more staff to complete the programme?
- Overall, what do you think are the key success factors for completion of Flying Start?

We have covered all the points I wanted to raise with you. Have you got any additional comments/thoughts about completion of Flying Start you would like to add?

Thanks and close interview
Appendix 5:

Interview Schedule

Successful completers and current users

Of Flying Start
A5: Interview schedule – Successful completers/ Current Users of Flying Start

Introduction

Thank you for agreeing to take part in this research. My name is (…) and I am from the University of Worcester. We are undertaking a research project on behalf of NHS Education for Scotland to try and understand what the key characteristics are for successful completion of the Flying Start training programme for newly qualified nurses, midwives and Allied Health Professionals.

There are a number of topics I’d like to cover, looking at your thoughts on Flying Start, how this fits in with your other work and training commitments, and what is being done to encourage successful completion of the programme. I’d anticipate the interview will last up to 30 minutes.

The interview will be recorded, and transcribed for analysis, although any direct quotes used in the final report will be anonymised. Is that ok?

Have you got any questions before we start?

Background information

- What is your current role?
- How long have you been in this role?

Awareness of Flying Start

- When and how did you find out about the Flying Start programme?
  - Were you aware of it when you started working in your current job?
- When did you enrol on the Flying Start programme?
  - How long after starting your job was this?
- Were you clear when you started what would be expected of you in undertaking the programme?
  - Is completion of Flying Start required by your health board?
- When did you/are you hoping to complete the programme?

Mentor/Managerial Support

- Did you have/Have you got a mentor for Flying Start?
  - When were you allocated your mentor?
- What sort of support did/do you get on the Flying Start programme?
  - From your manager
  - From your mentor
  - From your peers
• How did/does your mentor and/or manager encourage ongoing progression on Flying Start, and working towards completion?

Working through the programme

Thinking about how you organise/d your work on Flying Start

• How did/do you decide which units to do when?
  o Did/do you follow the guidance given in the online learner guides about the order in which to complete the units?
• How did/do you decide which learning activities to complete in each unit?
  o To what extent did/do you complete the learning records for each unit?
  o How did/do mentors/managers assist with this?
• How many units have you currently completed? (i.e. completed all the concluding activities)
• Are there any units that you have yet to start?
• Are there any units that you found were easier to complete than other?
  o Why? Easier concluding activities/more relevant to work/more interesting?
• Are there any units that you have found more difficult to complete or have been putting off doing?
  o Which ones?
  o Why do you think this is? Harder to complete the activities/not relevant/not interesting?
• How was/is your progress through the programme monitored? Does anyone check your learning records? How regularly was/is this done?
• How were/are the learning activities and concluding activities assessed?
• What protected time have you been given to enable you to work on the Flying Start programme? Was/Is this sufficient? Was/Is this the same for everyone in your Board?
• How much time did/do you actually spend on Flying Start? Do the learning activities take the amount of time suggested online?
• Have you had any support or guidance in how to manage your time to ensure that you can progress with the Flying Start programme?
• How have you found using a web-based system to access the training material?
  o Do you think this is the best way for the training to be delivered?
  o What are the benefits and problems of this approach?

Completion of Flying Start

• This project is concerned with understanding the factors that lead to successful completion of Flying Start. What do you understand ‘completion’ to mean?
• To what extent do you think completing Flying Start seen to be a priority?
  o For you, as a user of the programme
  o For your managers
• To what extent has Flying Start been useful and relevant to your role?
• Do you think you need to complete Flying Start to be able to progress within your field of work?
  o Should it be linked to career progression?
o Why/Why not? How would this work?
o Should completion be mandatory?
• How did/do you demonstrate that you have completed Flying Start?
o How was/is each concluding activity assessed?
o What evidence did/do you need to provide to demonstrate that you have successfully completed a module of the programme?
• How was/will your completion of Flying Start (be) acknowledged within the Board?
• Are there any existing factors that you think encourage/motivate you and other newly qualified staff working in your Board to complete the programme within the expected timescales?
o E.g. Content of the programme
o Relevance to your work
o Technology - web based system, having access to computers,
o Having allocated/protected time
o Managerial/Mentor/peer support
• Are there any factors that you think may prevent or make it difficult for you completing the programme within the prescribed time?
• What else do you think could be done to encourage staff to complete flying start within the first year of employment?
o E.g. Rewards, recognition, incentives
• Overall, what do you think are the key success factors for completion of Flying Start?

We have covered all the points I wanted to raise with you. Have you got any additional comments/thoughts about Flying Start you would like to add?

Thanks and close interview
Appendix 6:

Focus Group Proforma

Successful Completers and Current users of Flying Start
A6: Flying Start Focus Group Moderator Guide

Thank participants for attending – ask participants to switch to silent or turn off mobiles and hand out consent forms.

Introductions

➢ I will be asking questions and making comments/managing the discussion.

Operational

➢ How the focus group will operate:
  ▪ The focus group will be recorded and transcribed for the research team to analyse.
  ▪ All transcriptions will be anonymised.
  ▪ Please can you complete the consent forms now.
  ▪ The session will last for no more than one hour.
  ▪ You are under no obligation to continue your participation in the focus group and you may withdraw from taking part at any time, including choosing to withdraw your data.

 ▪ The focus group will be separated into the following principle sections:
   1. Introductions (5 Minutes)
   2. When/How did you find out about Flying Start (10 Minutes)
   3. Working through the programme (20 Minutes)
   4. Completion of Flying Start (20 Minutes)
   5. Final Comments (5 Minutes)

➢ Explain to participants that a) there are no right or wrong answers and b) the research team are interested in their experiences of the Flying Start programme. Remind participants that all data is anonymised and that the general themes for the discussion will be reported.

➢ Rules:
  ▪ The moderator will lead and direct discussion although we want YOUR views, please don’t wait to be asked for your contribution.
  ▪ Please be polite if you don’t agree.
  ▪ Try and let others speak and respect peoples opinions, the moderator will intervene if necessary.
  ▪ If there is a point where everyone wants to say something, the moderator will intervene and let people speak in turn.
  ▪ It is important that you feel you have had the opportunity to contribute, and if you wish you had something earlier in the conservation you will have the opportunity to contribute your point at the end of the focus group.
Introductions (5 Minutes)

- Research team to introduce first and briefly state their backgrounds, interest in project and what the project is seeking to achieve.
- All other members to introduce themselves to the group:
  - Background information
  - What is your current role?
  - How long have you been in this role?

Awareness of Flying Start (10 Minutes)

- When and how did you find out about the Flying Start programme?
  - Were you aware of it when you started working in your first/current job?
- When did you enrol on the Flying Start programme?
  - How long after starting your job was this?
- Were you clear when you started what would be expected of you in undertaking the programme?
  - Is completion of Flying Start required by your health board?
- When did you/are you hoping to complete the programme?

Working through the programme (20 minutes)

- How did/do you organise your work on Flying Start?
  - deciding which units to do when, whether following online learner guides
  - deciding which learning activities to complete in each unit?
  - How did/do mentors/managers assist with this?
- Were/Are there any units that you found were easier to complete than other?
  - Why? Easier concluding activities; more relevant to work; more interesting?
- Were/Are there any units that you have found more difficult to complete (or have been putting off doing)?
  - Which ones? Why do you think this is? Harder to complete the activities/not relevant/not interesting?
- How were/are the learning activities and concluding activities assessed? What evidence did you need to provide?
- How much time did/do you actually spend on Flying Start? Did/Do the learning activities take the amount of time suggested online?
- How did/does your mentor and/or manager encourage ongoing progression on Flying Start, and working towards completion?

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How have you found using a web-based system to access the training material?
   o What are the benefits and problems of this approach?

Completion of Flying Start (20 Minutes)

• This project is concerned with understanding the factors that lead to successful completion of Flying Start. What do you understand ‘completion’ to mean?
• To what extent do you think completing Flying Start seen to be a priority?
   o For you, as a user of the programme
   o For your managers
• To what extent has Flying Start been useful and relevant to your role?
• Do you think you need to complete Flying Start to be able to progress within your field?
   o Should it be linked to career progression? Why/Why not?
   o Should completion be mandatory?
• How was/will your completion of Flying Start (be) acknowledged within the Board?
• Are there any existing factors that you think encourage/motivate you and other newly qualified staff working in your Board to complete the programme within the expected timescales?
   o E.g. Content of the programme
   o Relevance to your work
   o Technology - web based system, having access to computers,
   o Having allocated/protected time
   o Managerial/Mentor/peer support
• Are there any factors that you think may prevent or make it difficult for you completing the programme within the prescribed time?
• What else do you think could be done to encourage staff to complete flying start within the first year of employment?
   o E.g. Rewards, recognition, incentives
• Overall, what do you think are the key success factors for completion of Flying Start?

Final Comments (5 Minutes)

• Is there anything else you would like to add that we have not discussed as part of this focus group?

FOCUS GROUP – END. Thank Everyone For Attending