



**Analysis and Collation of Evaluation and Impact
Data of the New Flying Start NHS® Programme
Report
for
NHS Education Scotland**

April 2019



Report completed/submitted by:	Jennifer Thomas and Jeremy Hanks
Date:	10 th April 2019
Report reviewed by:	Pamela Reid
Date:	10 th April 2019

Contents

1	Introduction	4
	Study Methodology	5
2	The Evaluation Process	7
3	Views of Flying Start NHS® Programme Participants	9
	Programme Starts and Completion	9
	Pre-registration surveys	9
	Flying Start NHS® Essentials	14
	Post-completion Evaluation Survey	14
4	Views of Flying Start NHS® Programme Facilitators and Managers	20
	Information sessions	20
	Facilitators and managers' survey	21
5	Conclusions	25

1 Introduction

1.1 An important point in career development in any discipline and sector is the transition between pre-qualification and entering the workforce as a newly qualified practitioner (NQP). It not only requires newly qualified staff to learn how to apply and embed their skills and learning in practice, it also sets them on a course for their future career development in terms of continuing to engage in learning and CPD. It is the time when they are likely to develop their soft skills, approach and attitude in the workplace and attitudes developed at this stage can impact on the quality of their work and their future career for life. Attitudes and ways of working are often easier to form and influence at the early stage of an individual's career, so it is vital that NQPs are supported at this critical time in their career.

1.2 Recognising this, the Flying Start NHS® programme for newly qualified nurses, midwives and allied health professionals NMAHPs was introduced in 2006. It is the national development programme in all sectors and settings in Scotland and is designed to support the transition from pre-registered student to a qualified, confident and capable health professional. The programme aims to develop values, professional codes, knowledge, competence and skill which can deliver person-centred care and deliver core NHS Scotland values in practice.

1.3 An evaluation of the programme carried out in March 2016 concluded that over its eleven-year lifetime, the programme had been very effective in supporting newly qualified NMAHPs. The report highlighted a number of areas to be addressed in order to bring the programme up to date and in line with the support and professional development needs of NMAHPS now and in the future.

1.4 NHS Education for Scotland (NES) in collaboration with a wide range of stakeholders completely revised the programme to take account of the evaluation findings, the changing health and social care landscape, and the different work environments in which newly qualified NMAHPs begin their careers.

1.5 The new programme was launched in September 2017 and was hosted on Turas. This is NES's digital learning platform, which supports the lifelong learning and training needs for healthcare professionals in Scotland and enables online materials and resources to be accessed from any mobile device or PC with an internet connection. The key features of the new programme are summarised in Table 1.1.

Table 1.1: Flying Start NHS® – Key Features

Feature	Details
Simplified content	Instead of ten distinct learning units, there are now four, organised around the Pillars of Practice. This is designed to make the programme more manageable and easier to navigate.
More practical and learner directed	With a focus on what is most beneficial to learn in the workplace.
Example learning activities included	With the option for NQPs to devise their own activities to suit the local context and that reflect real situations and issues.
New and simplified guidance	For NAPs, managers, Flying Start NHS® facilitators and anyone who wants to find out more about the programme.
'Flying Start NHS® Mentor' renamed	To better reflect the role of guide and supporter, the role has been renamed 'Flying Start NHS® Facilitator'
Up to three months to register	To allow the practitioner time to settle into their new role.
Hosted on Turas Learn, the new NES digital learning management system	To enable the on-line materials and resources to be accessed anytime, anywhere - from any phone, mobile device or PC.

Source: NES

1.6 A communication toolkit¹ was developed by NES which contains resources to help communicate key messages about the Flying Start NHS® programme, illustrated in Figure 1.1. This was aimed at everyone involved in supporting education, learning and development of the current and future health and social care workforce, and who are involved in the local implementation of Flying Start NHS® at an organisational level. The resources were designed to be used flexibly depending on the local context and communications approach, and to help communicate consistent messages related to the programme.

Figure 1.1: Flying Start NHS® toolkit resources



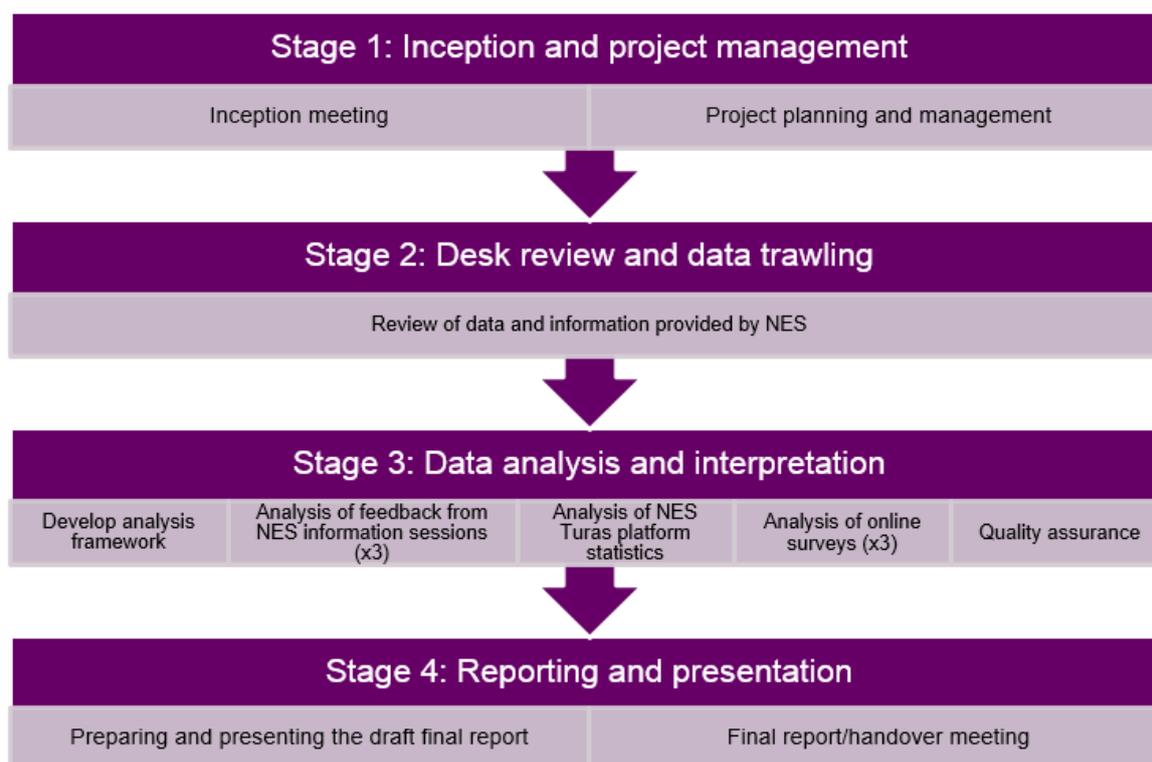
Study Methodology

1.7 Since its launch, Flying Start NHS® has undergone regular review and refinement. As a result of the regular reviews, Flying Start NHS® has continued to evolve in response to the changing health and social care context. The evaluation we undertook in 2015-16 helped to develop the new programme which was launched in October 2017. Having been in place for just over a year, it is now timely to review the new programme and assess its efficacy.

1.8 The evaluation of the new Flying Start NHS® programme by NES began in the summer of 2017 and a range of quantitative and qualitative data was collected through a variety of methods (detailed in Chapter 2). In January 2019, ekosgen were commissioned to analyse, collate and interpret the data, in order to support NES inform future national, regional and local health board activity relating to the development and implementation of the Flying Start NHS® programme. It was also expected that the findings would help Flying Start NHS® leads and NHS health boards to be able to promote the programme to potential participants.

1.9 The study was organised into four main stages as shown in Figure 1.2.

¹ <https://learn.nes.nhs.scot/2093/flying-start-nhs-communication-toolkit/flying-start-nhs-communications-toolkit>

Figure 1.2: Methodology

1.10 Stage 2 involved a comprehensive review of evaluation and impact data of the new Flying Start NHS® programme gathered by NES, and was crucial in forming the basis for our analysis work. Stage 3 was the key part of the work and required a planned, staged and robust approach. The data was categorised using a thematic framework and a ‘constant comparative method’ which involved the team members meeting regularly to discuss early findings, data quality issues etc.

1.11 The study did not include qualitative fieldwork with Flying Start NHS® participant for example consultations, focus groups and listening events. This means that there was no opportunity for ekosgen to add value to the research undertaken, capture more detail and probe for the reasons behind some of the findings. It is likely that this type of primary research will be included at a later date as part of a more in-depth review and evaluation.

1.12 This report is structured as follows:

- **Chapter 2** sets out the evaluation process and the analysis;
- **Chapter 3** outlines the views of Flying Start NHS® programme participants;
- **Chapter 4** provides the feedback from the Flying Start NHS® programme facilitators and managers; and
- **Chapter 5** summarises the key findings of the analysis.

2 The Evaluation Process

2.1 The relaunch of Flying Start NHS® in October 2017 provided the opportunity to assess the value of the new learning resource from its inception. This built on previous evaluation activity in 2016, the findings of which had informed the shape of the revised programme.

2.2 NES recognised the importance of incorporating evaluation activity from the beginning and so this process began in the summer of 2017. The first event was a workshop which aimed to bring a variety of internal and external stakeholders together to develop an impact evaluation plan. The plan was based on an adapted Kirkpatrick model² and workshop participants developed an evaluation framework which sought to measure the impact on the programme at the following three levels:

- Engagement impact (how participants found the programme, their satisfaction with it);
- Educational impact (what knowledge, skills, confidence and attitudes participants had acquired); and
- Performance impact (what impact the acquisition of learning had on their practice and performance in the workplace by doing things differently and potentially in a better way).

2.3 Kirkpatrick has a fourth level which assesses service impact (i.e. improvements to organisational performance as a result of better staff performance such as increased service user satisfaction, improved quality and output). However, it was agreed that measuring these impacts is extremely challenging and consequently they were deemed out with the scope of the evaluation.

2.4 In relation to the evaluation population, two distinct groups were identified. These were the newly qualified NMAHPs undertaking the Flying Start NHS® programme, and facilitators and managers who support the participants. The evaluation adopted a pre- and post-measurement approach for NMAHPs with managers and facilitators being asked to respond once to a cross sectional survey 12 months into the running of the new programme.

2.5 Having finalised the plan, the evaluation was implemented and a combination of quantitative and qualitative data was collected through a variety of methods:

- Regional and local information sessions at the launch of Flying Start NHS® - attendance data and both quantitative and qualitative feedback on the sessions;
- Statistics drawn from the NES Turas platform (which houses the programme online) on NQP registration, completion of Flying Start NHS® Essentials resource, progress and completion of the programme; and
- Three online surveys using Questback software:
 - a survey completed by NQPs when they started the programme
 - a survey completed by NQPs on completion of the programme
 - a survey completed by managers and Flying Start NHS® facilitators who support NQPs on the programme

2.6 Table 2.1 summarises the range of evaluation and impact data that has been collated for the new Flying Start NHS® programme and which was analysed. There were a large number of responses

² <https://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model>

covering both qualitative and quantitative data, and these were reviewed initially to ensure the data was unambiguous and complete. In addition to feedback from a series of information sessions and data from the Turas platform, there was survey information collected from programme participants at the outset of the programme (NQP – Initial) and also on completion (NQP – Completion), in addition to survey information from the programme managers and facilitators.

Table 2.1: Evaluation and impact datasets

Data source		No. of questions	No. of responses
Information sessions		3	108
Turas data		3	2,770
Online surveys	NQP - Initial	10	757
	NQP - Completion	20	11
	Managers/Facilitators	14	45
Total		50	3,232

3 Views of Flying Start NHS® Programme Participants

3.1 This chapter presents the findings from the analysis of each of the datasets outlined in Table 2.1. This includes an analysis of the Turas registration data, pre- and post-completion NQP survey results, a survey of Flying Start NHS® facilitators and managers, and feedback from a series of information sessions from facilitators and managers.

Programme Starts and Completion

3.2 Data from Turas shows that from November 2017 to January 2019 3,201 NQPs started the Flying Start NHS® programme by completing the Flying Start NHS® Essentials guide. Of these 2,770 had been assigned a facilitator and so were ready to start the programme. In total 823 NQPs had completed the programme. Data on completion time was not always available however, as for some participants the same date was entered for start and completion. Discounting these participants, the average completion time was 199 days.

3.3 However there were significant differences in the length of completion time between participants – 10% completed the programme in 50 days or less whilst 18% took over 300 days. In relation to the completion data, a Flying Start NHS® lead commented in the proforma that this has improved and that recording of completion has been helped by ‘the completion certificate generated by Turas’.

3.4 Other challenges with programme starts included ‘ensuring that NQPs complete the initiation proforma to enable the database to be accurate’. As well as improved monitoring, Flying Start NHS® leads also said that there has been better recruitment to the programme and improvement in the numbers of NMAHPs registering for Flying Start NHS®. This means that more NMAHPs are now taking part in the programme which is likely to be as a result of targeted marketing of the programme to raise awareness amongst AHPs and the care sector. This has longer term implications for staff retention in the workforce as the majority of NQPs find their first year challenging and undertaking the Flying Start NHS® programme has the potential to contribute to improving their performance, confidence and satisfaction.

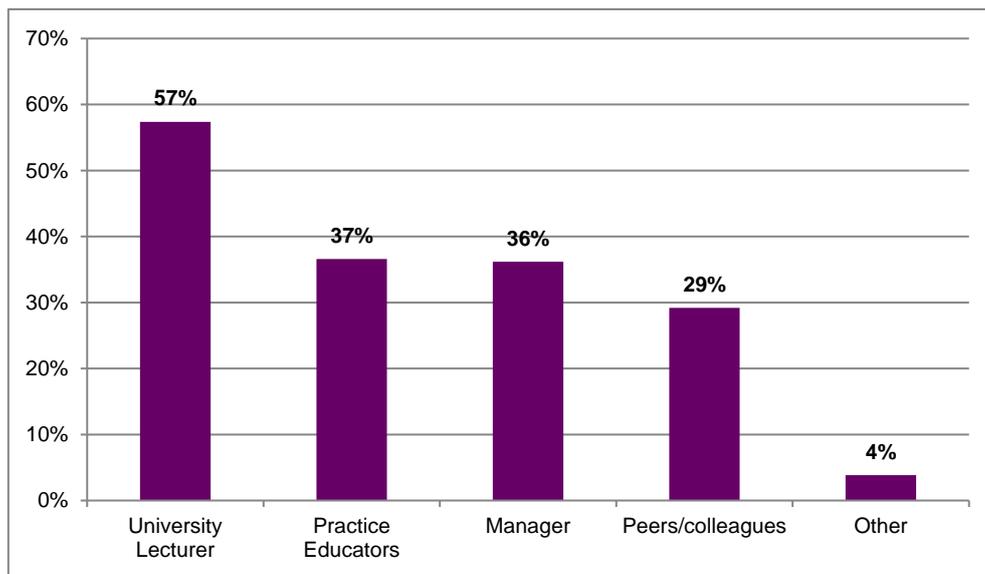
Pre-registration surveys

3.5 After removing responses from respondents who indicated they had already started or completed the Flying Start NHS® programme, 757 respondents had participated in the pre-registration survey at the time of analysis. Profile information was only available for the 650 respondents who had taken part in the newer pre-registration survey. This indicated that the vast majority (98%) of respondents were employed by the NHS, with very small numbers working in social care (1%), the independent sector (1%), the third sector (<1%) and other sectors (<1%). Three quarters (75%) of respondents were nurses, 18% were allied health professionals (AHPs) and 8% were midwives.

3.6 Respondents were asked how they had found out about the Flying Start NHS® programme. As shown at Figure 3.2, the most common source of information about the Flying Start NHS® programme was university lecturers (57%), followed by practice educators (37%) and manager (36%).

3.7 The high proportion of NQPs finding out about the Flying Start NHS® programme whilst at university reflects evidence from Flying Start NHS® leads that students are now more consistently being made aware of it during their undergraduate programme. This is very positive as it demonstrates that knowledge of the programme is integrated in to the wider education and training of NMAHPs and that they are aware of it at an early stage.

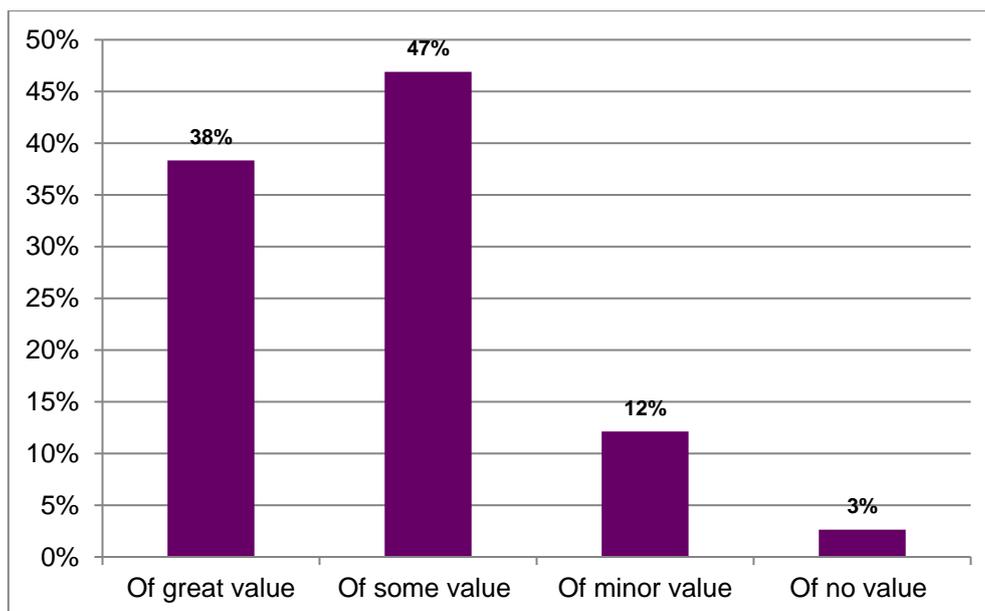
Figure 3.2: Routes for finding out about Flying Start NHS®



Source: NES (2019) NQP pre-registration survey, n=757

3.8 The previous Flying Start NHS® evaluation found that negative perceptions about the value of the programme were common and difficult to change, and there was awareness that some NMAHPs viewed the programme as a ‘chore’ and a ‘tick box’ exercise. Figure 3.3 clearly indicates that overwhelmingly, respondents regard the programme as being of value to their personal development, with 38% stating that they thought the programme would be of great value. However, there is still work to do to raise this and it would be useful to understand what influences their perceptions of its potential value. In the 2016 evaluation, it was reported that whilst strategically the Flying Start NHS® programme was widely understood and valued, this view was not shared consistently at an operational level because of workload pressures experienced by NQPs and their mentors, and poor understanding of the programme’s purpose.

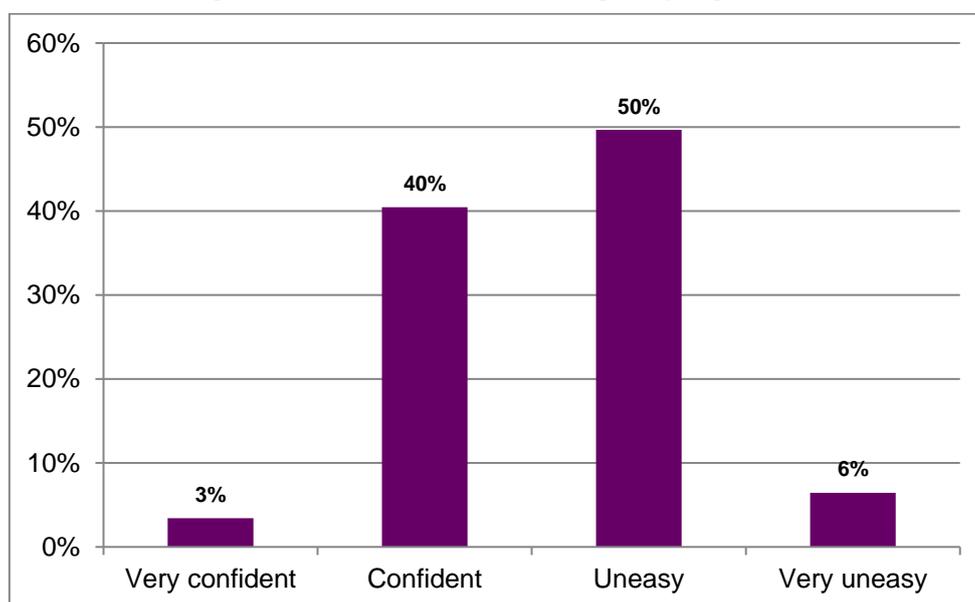
Figure 3.3: Value of the programme to personal development



Source: NES (2019) NQP pre-registration survey, n=757

3.9 Most respondents expressed some degree of unease in relation to their confidence in starting the Flying Start NHS® programme. As shown at Figure 3.4, just 43% said they were confident or very confident, with the majority (56%) reporting that they were unsure or very unsure. There were notable differences between respondents working in different professional groups. AHPs had a particularly low rate of confidence (35%) whilst midwives were more likely to say they felt confident or very confident (51%). There is considerable evidence that NQPs find their first year especially challenging. It often sets the pattern for the rest of their career as this is the point at which they develop their approach to work and working practices; and this can impact on their performance, confidence, satisfaction and their subsequent retention in the workforce. The objective of the Flying Start NHS® programme is to help NQPs become better prepared practitioners and supports them to make a successful transition in their first year of practice by encouraging reflective practice; building confidence; and skills/knowledge development.

Figure 3.4: Confidence in starting the programme



Source: NES (2019) NQP pre-registration survey, n=757

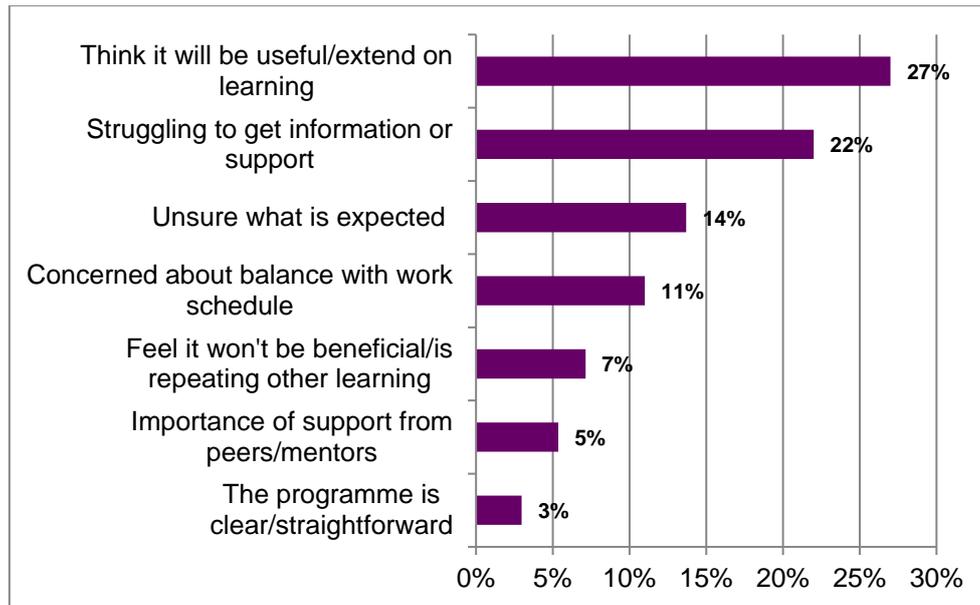
3.10 The pre-registration survey included one qualitative question, which asked respondents if they had any further comments on their expectations of Flying Start NHS®. There were 166 responses to this question, of which 134 could be coded and analysed.³ As shown at Figure 3.5, the responses were categorised into seven themes. Positively, the most commonly mentioned theme was that the programme would be useful/would extend their learning from university. A number of respondents reported that having the programme to support them was reassuring during the transition period from education in to work. The following comments illustrate this point:

'I look forward to working through the Flying Start program. As an NQP I am apprehensive about where to begin with regards to professional development and having a resource to guide and target my learning in the first year of work will be extremely useful. (Nursing NQP)

'The opportunity that the program offers in terms of mentorship is comforting, as I know that I will always have a specific individual who I can approach with any queries.' (AHP NQP)

³ The other 32 responses were either negative responses (i.e. respondents answered no) or were very specific and could not be put into a general category.

Figure 3.5: Feedback from Flying Start NHS® participants before starting the programme



Source: NES (2019) NQP pre-registration survey, n=166

3.11 There was a sense amongst some respondents (21%) that it can be difficult to find support and information to work through the programme. They reported that they had to actively find the information themselves as it was not available in their workplace. Whilst the website has been completely remodelled since the previous evaluation, a small number of respondents commented that the website is difficult to navigate, although in evaluations of this sort, feedback about IT is not unusual as some people are more comfortable and digitally literate than others. One comment provided is that:

'So far the website does not seem very intuitive - it is not very clear what I need to do to get started, what order to do things in'. (AHP NQP)

3.12 Other difficulties mentioned included a lack of clarity around what demands the programme would make of them (mentioned by 14% of responses), as illustrated in the following comment:

'Even after reading the definitive guide and the introduction, I still do not feel completely sure of what is expected of me in the programme or how exactly I meet the learning outcomes.' (Nursing NQP)

3.13 Across the health and social care sector there are considerable pressures on managers and staff. There are constraints on resources whilst demand for services is increasing, and this trend is set to continue. Despite commitment and efforts to provide protected time for NQPS to work on Flying Start NHS®, and the fact that it is specifically designed to be integrated as part of their work, the reality seems to be that the majority have to do some or all of it in their own time. Compounding this, there is a general lack of understanding about the potential benefits of the new Flying Start NHS® amongst experienced staff who have not undertaken it themselves, although this is by no means universal. This may change as more staff come through the new programme and progress in their career. The result is that it can be undervalued in the workplace which can demotivate NQPs when they are working on the programme and place tangible and intangible obstacles in the way of completing it.

3.14 A number of respondents (12% of responses) voiced concerns around time pressure. In particular issues around accessing protected learning time and facilitator time in an under-staffed and busy ward environment were mentioned. This is an issue that is common across many workforce development programmes and is not confined to Flying Start NHS®. It is important though to better

understand if issues about access to protected time are being addressed in NHS Boards and in the range of clinical settings.

3.15 As one participant commented:

'I worry about finding the time to complete the materials for Flying Start as I also have a NQ Passport to complete on my ward and the ward is incredibly busy' (Nursing NQP)

And another said that:

'I have little time to complete any reflective accounts in work time. I therefore will need to use the little time I have at home to complete this work which is frustrating and makes me dread the programme.'
(Nursing NQP)

3.16 However, these opinions must be viewed in context. These NQPs had not yet embarked on the programme and were perhaps basing these concerns on what they had heard from NMAHPs who had completed the previous Flying Start NHS® programme and so were not basing their concerns on the structure, content and design of the revised programme. The new Flying Start NHS® programme is designed to be interactive and for participants to complete their portfolio of work while they are in the workplace to demonstrate learning and its application in working practice. It is not designed or intended to be completed at home. It is likely that if these participants were surveyed after completion of the programme they would provide different responses.

3.17 It is important to point out that whilst some of these views may be of concern, the proportions of negative perceptions are quite low. Despite these issues, which are arguably inevitable, it is encouraging that Flying Start NHS® leads have indicated that there is better engagement with the new Flying Start NHS® programme from the clinical areas in which NQPS work. They also strongly believe that their NHS Boards are committed to ensuring that NQPS have study time to complete the programme. We know however that despite this type of commitment, it can be hard to achieve consistently across all roles, clinical areas and settings due to the pressures on services and teams.

3.18 AHP respondent were more likely to be negative about the programme. Ten percent of responses from this group mentioned that they did not think the programme would be beneficial, in comparison, 7% of nurses did not think the programme would be beneficial whilst all midwives agreed that the programme would be beneficial to come extent. However, this is still a relatively small proportion of overall responses. The previous evaluation highlighted that some NMAHPs found the programme content too “nursing focused” and less relevant for AHPs, which subsequently made the application of learning difficult. One Flying Start NHS® lead noted that:

“Different AHP professions have specific competencies to be completed in first year of practice – e.g. RCSALT standards – need to assure professions that these can dovetail with Flying Start to ensure no duplication.”

3.19 Over one third (35%) of AHPs said they were struggling to get information or support, compared with 22% across the entire sample of NMAHPs. This may be in part due to the specialised tasks of AHPs and their perception that there are elements of Flying Start NHS® that are not directly relevant to their practice. This may also due to the fact that awareness and understanding of the programme (and therefore accessibility) varies across different care settings and may be influenced by NMAHPs who had undertaken the previous Flying Start NHS® Programme rather than the new one. The following comments from AHPs expand on the point about relevance:

'I can understand the value of Flying Start to professionals who do not have their own first year competencies, however for Speech and Language Therapy, we are required to complete in depth, evidenced competencies to track our learning and development in our first year to reach a standard. These totally remove the need for Flying Start.'

'Flying Start felt like a box-ticking exercise which was not relevant to my job whatsoever. Some of the tasks, e.g. the walkthrough of the environment, felt not relevant to the environments in which I work.'

Flying Start NHS® Essentials

3.20 Flying Start NHS® Essentials is a mini guide that NQPs complete prior to starting the programme. After completing the guide NQPs are asked to rate the resource from one to five (where one is very poor and five is very good). From September 2017 to January 2019 1,219 people completed the guide and 1,076 provided a rating. Participants rated the guide very highly, with an average score of 4.2 overall.

3.21 In their qualitative comments participants highlighted that the guide was easy to follow and understand and that it had provided good information and insight into what would be involved in the programme. This feedback indicates that the Flying Start NHS® Essentials guide is a good introduction to the Flying Start NHS® programme, and the useful information and guidance helps prepare them to undertake Flying Start NHS®.

Post-completion Evaluation Survey

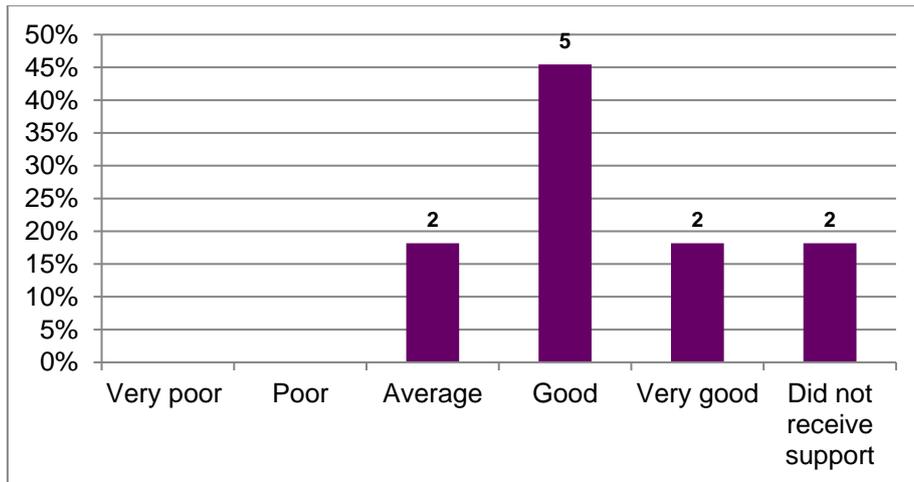
3.22 The evaluation survey for NMAHPS who have completed Flying Start NHS® has been live since December 2018. Given the short period that the survey has been live and that data was provided to January 2019, only a small number of responses (11) were available for analysis. In terms of respondent profile, all eleven worked in the NHS, with seven working as nurses and four as AHPs.

3.23 The survey mainly consists of closed questions, with the option to add qualitative comments at certain points. The first question asked respondents about the support they received from their facilitator. As shown at Figure 3.6, this support tended to be rated fairly highly, with 7 people giving a rating of good or very good. However, less positively, 2 individuals rated their support as average and another 2 said that they did not receive support. This may in part reflect comments from Flying Start NHS® leads that there have been difficulties engaging facilitators across all settings. For example, one lead commented in the proforma that:

'some nurse/midwife areas still not engaging with newly qualified programme'

3.24 Whilst no post-completion response came from an NMAHP in care home, Flying Start NHS® leads highlighted care homes as a difficult setting to ensure strong support from facilitators. They also highlighted difficulties in delivering the programme and supporting NQPs due to staff movement and transfer between settings.

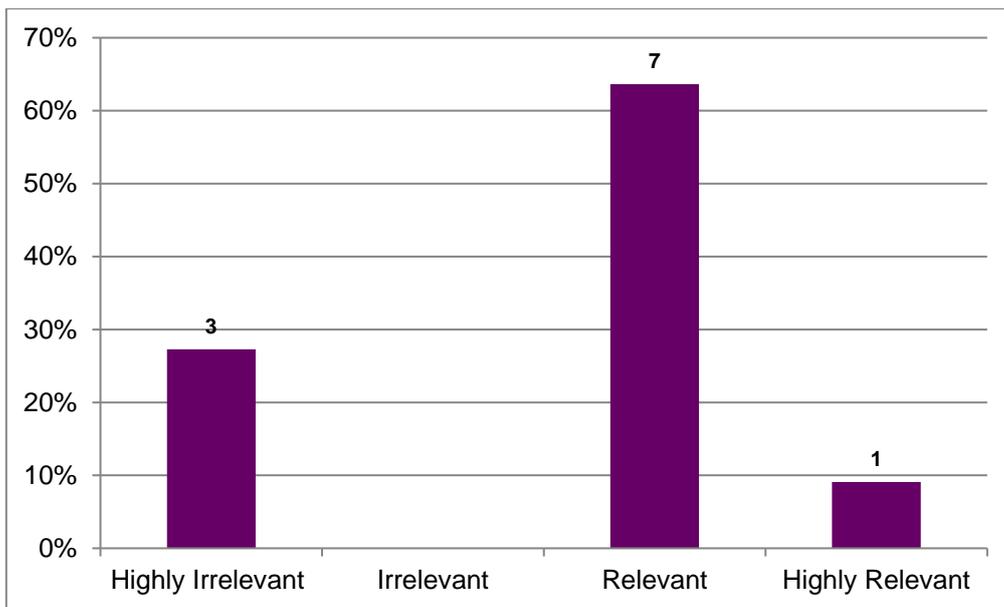
Figure 3.6: Usefulness of facilitator support



Source: NES (2019) NQP post-completion survey, n=11

3.25 Respondents were asked to rate the relevance of the programme and as shown at Figure 3.7, 8 people stated that Flying Start NHS® was either relevant or highly relevant to their professional development. Whilst this is very positive, it is arguably a concern that 3 individuals said that it was highly irrelevant and NES may want to monitor this over time as the sample size grows.

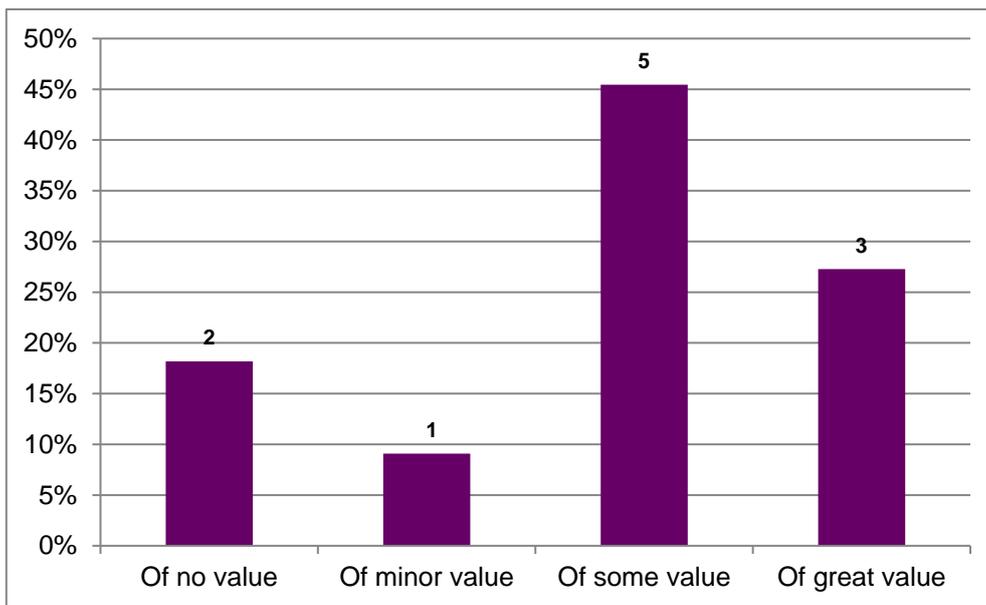
Figure 3.7: Relevance of Flying Start NHS® to professional development



Source: NES (2019) NQP post-completion survey, n=11

3.26 Building on this participants were asked to rate the value of the programme to their professional development and the findings are set out at Figure 3.8. The results, based on this small sample, mirror the findings in terms of relevance, with 8 people reporting that it is relevant or very relevant. However a greater proportion felt that Flying Start NHS® was of great value (3 people) than had reported it was highly relevant (1 person). Of the 11 respondents, 2 people reported that the programme was of no value to their professional development and 1 person said it was of minor value.

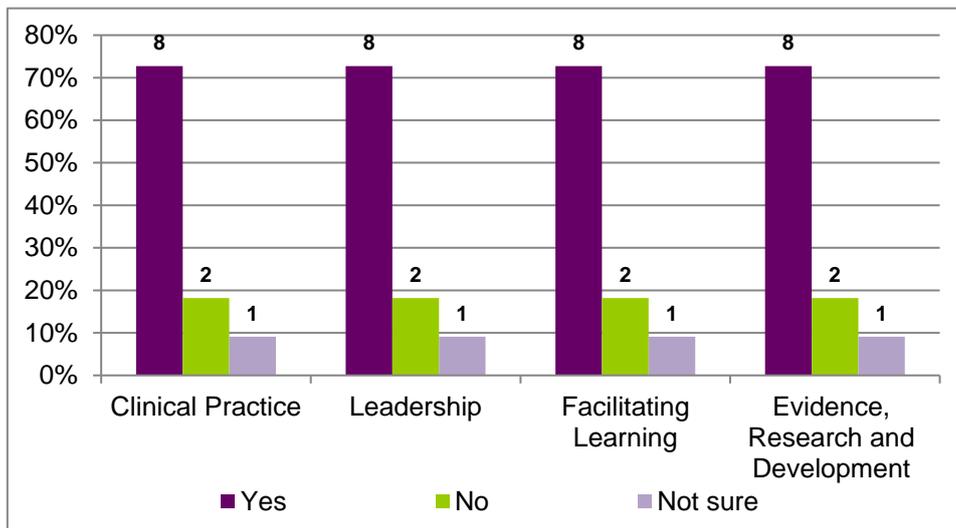
Figure 3.8: Value of Flying Start NHS® to professional development



Source: NES (2019) NQP post-completion survey, n=11

3.27 One of the aims of Flying Start NHS® is to promote reflection on learning for NQPs, as well as focus on CPD. As shown at Figure 3.9, participants were asked the extent to which Flying Start NHS® had helped them to reflect on their learning against the four themes of: clinical practice; leadership; facilitating learning and evidence; and research and development. Of this, albeit small sample, 8 people said that it had helped them to reflect on their practice and learning across all four areas. This shows that completion of Flying Start NHS® is instilling a culture of reflective practice and CPD within NQPs which will support their future career progression and personal development.

Figure 3.9: Flying Start NHS® supported reflection on learning

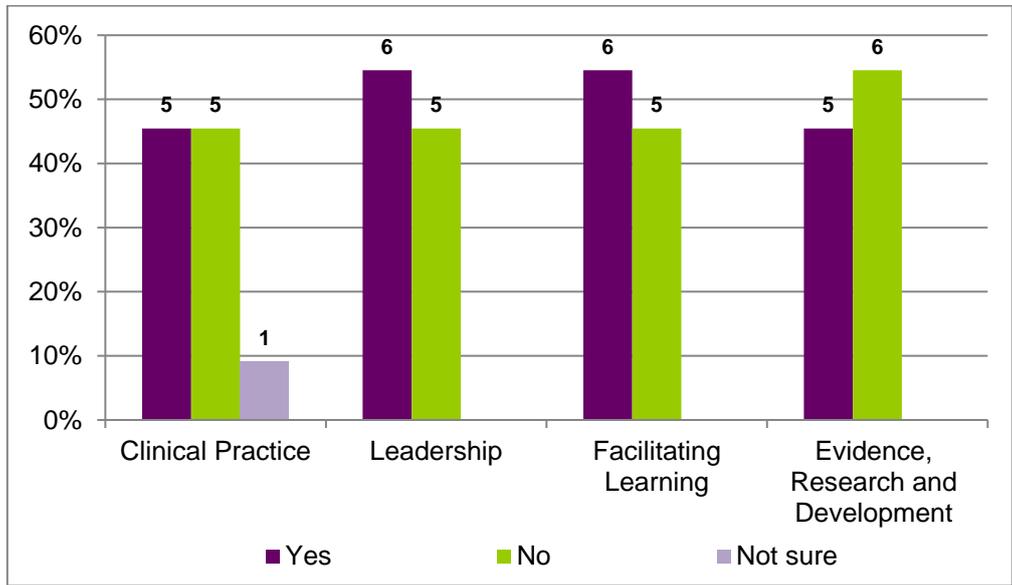


Source: NES (2019) NQP post-completion survey, n=11

3.28 There is some evidence that Flying Start NHS® can improve participant’s skills and knowledge. Figure 3.10 sets out the extent to which respondents had gained skills and knowledge across the same themes as at Figure 3.9. This is relatively low across all four areas with just over half (6 people) stating they had gained skills and knowledge in leadership and facilitating learning and just under half (5 people) reporting this for clinical practice and evidence, research and development. Of those who reported that

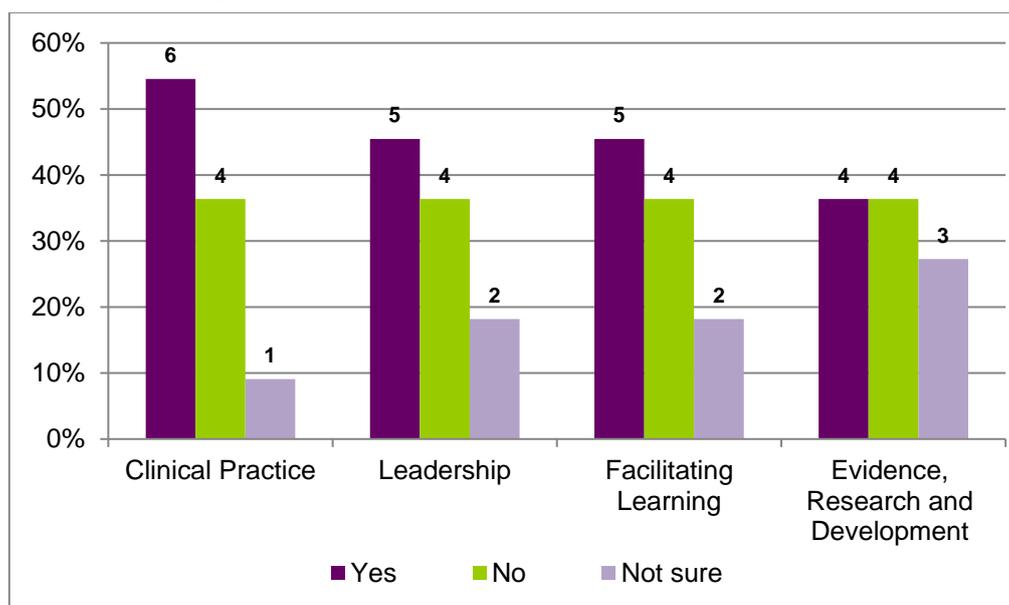
they had gained skills and knowledge, specific areas mentioned include personal development, reflective practice and improved confidence in their skills.

Figure 3.10: Flying Start NHS® consolidated my skills and knowledge



Source: NES (2019) NQP post-completion survey, n=11

3.29 The evidence shows that the Flying Start NHS® programme clearly helps improve NQP’s confidence across a number of areas although there is considerable scope to enhance this. As Figure 3.11 indicates, respondents were most likely to say that Flying Start had helped them to become more confident in clinical practice, but even for this area there is scope to increase the impact, with just over half (6 people) reporting this. Only 5 people felt that completing Flying Start NHS® had helped them become more confident in leadership meaning that 6 people believe that it had no impact in this area. Similarly, 5 people said that it had benefited them in terms of facilitating learning whilst the proportions for evidence, research and development were even less positive - only 4 people felt that it had improved their confidence in this area, meaning that 7 people felt that it had not or they didn’t know. To reiterate, this is a small sample and so we should not read too much in to it at this stage. However, it should be carefully monitored as the evidence base builds.

Figure 3.11: Flying Start NHS® improved confidence

Source: NES (2019) NQP post-completion survey, n=11

3.30 The Flying Start NHS® programme is considered to be very helpful in encouraging NQPs to reflect on career goals and long term CPD, and one of the aims of Flying Start NHS® is to help and encourage NQPs to set goals for themselves. Just under half (5 people) of respondents said that they had set new goals or objectives as a result of Flying Start NHS®. One respondent identified an objective set as:

'Areas of development in evidence based practice to support clinical practice and demonstrate up to date practice'. (AHP NQP)

3.31 The same number of respondents reported that they had changed their approach to work or the way the work as a result of the programme. Examples of changes respondents have made include changing the way they advocate for patients as a result of improved confidence and working better in the team because they have become more aware of their colleagues' work.

3.32 Word of mouth is a very powerful tool to raise awareness and encourage participation in Flying Start NHS®, as well as in other programmes. Negative attitudes towards it can also dissuade people from actively and positively engaging. Recognising this, participants were asked if they would recommend Flying Start NHS® to NQPs. Just under three quarters (73%) of respondents said that they would recommend Flying Start NHS® to NQPs. Those who would not recommend the programme felt that its content was too similar to that delivered at university, and that they felt it diverted their time from learning about new areas. This reflects the findings from the 2016 evaluation where some of the NMAHPs reported that there was repetition and overlap between Flying Start NHS® and their university degrees. There was also a sense that the information provided was too generic and therefore not very useful. One respondent mentioned that the programme was difficult to work through due to the number of different documents required.

3.33 One finding from the 2016 evaluation of Flying Start NHS® highlighted that aligning Flying Start NHS® content with the four pillars of practice would make the content more manageable. Respondents were asked if they had any further comments on the new Flying Start NHS® programme and one issue raised was that greater clarity could be provided on the requirements for each module and that more examples of how to meet the four pillar outcomes would be helpful. One respondent mentioned that:

'it would have been helpful that each of the four day sessions focused on the work involved in order to attain that particular pillar.' (Nursing NQP)

It may be important to consider the content of sessions as Flying Start NHS® leads also commented in their proformas that organised sessions have been poorly attended.

4 Views of Flying Start NHS® Programme Facilitators and Managers

Information sessions

4.1 Following the launch of the new Flying Start NHS® programme, NES delivered a series of information sessions in Edinburgh, Glasgow, Aberdeen and Inverness. The sessions were aimed at staff involved in supporting the development of the health and social care workforce and provided a briefing on the new programme and how it differed from the previous Flying Start NHS® programme.

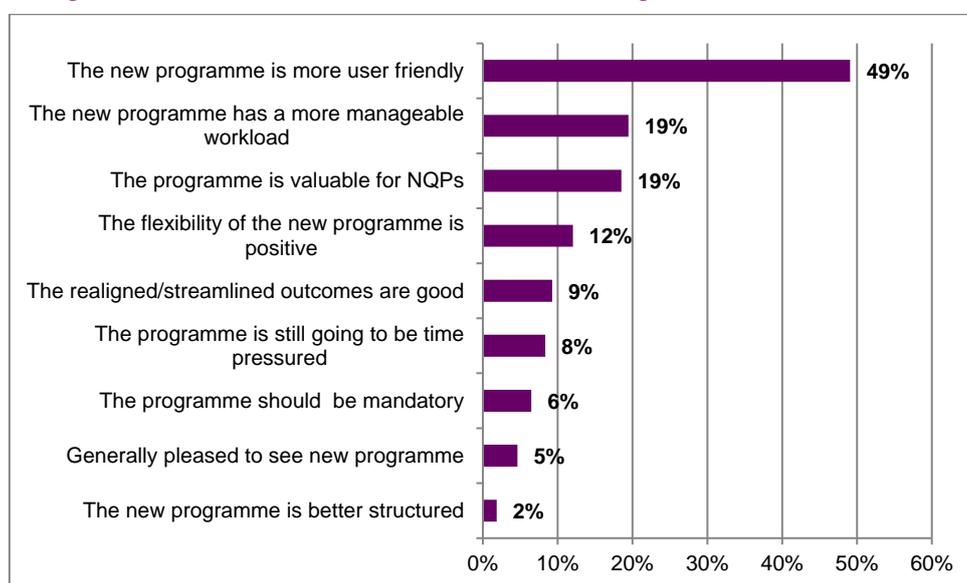
4.2 Across the five sessions 108 qualitative responses were recorded in feedback sheets, broken down as indicated in Table 4.1.

Table 4.1: Facilitator and manager information sessions

Location	No. of attendees	No. of responses
Aberdeen	16	24
Edinburgh	23	19
Glasgow	32	24
Inverness	26	37
Inverness	unknown	14

4.3 Of these, 96 responses were coded, analysed⁴ and categorised into nine themes. Figure 4.1 shows how frequently each response was mentioned by facilitators or managers. It is important to note that the respondents were not provided with options of responses to tick, rather, they were invited to record their views and it was these views that were then coded and analysed.

Figure 4.1: Feedback from facilitator and manager information sessions



Source: NES (2018) Information session feedback sheets (N=108)

4.4 The participants were overwhelmingly positive about the new programme. The evidence presented in Figure 4.1 shows that by far the most common theme was that the new programme is more

⁴ The other 12 responses were either very specific responses that could not be put into a general category or were responses relating to the session itself rather than the overall programme.

user friendly, with 49% (53 people) of the 108 responses mentioning this. This theme was reflected in comments from Flying Start NHS® leads, who stated that the new layout and design of the website is:

‘easy to use and quite intuitive’

4.5 This clearly reflects the efforts of the redesign to the Flying Start NHS® website. The previous evaluation found that the general view was that the old website could be confusing and difficult to navigate, with some of the items and links being out of date. These views created negative perceptions of the programme and the fact that for many, it was a chore to be completed rather than a personal development opportunity.

4.6 Another positive finding was that almost a fifth (19%, 20 people) of facilitators and managers consider that the new programme has a more manageable workload than the previous programme. The previous Flying Start NHS® evaluation indicated that the workload was challenging for NQPs (more so than the difficulty of the content), with almost three quarters of survey respondents stating that the programme contained more work than they had originally expected, and two thirds finding that they were completing more in their own time than expected.

4.7 The only negative theme that ‘the programme is still going to be time pressured’ was mentioned by a small number of people (9 individuals, representing 8% of all responses). The feedback from Flying Start NHS® leads indicated that whilst NQPs are finding it easier to complete the programme, there continue to be difficulties with time pressures due to difficulties in negotiating and ensuring protected time.

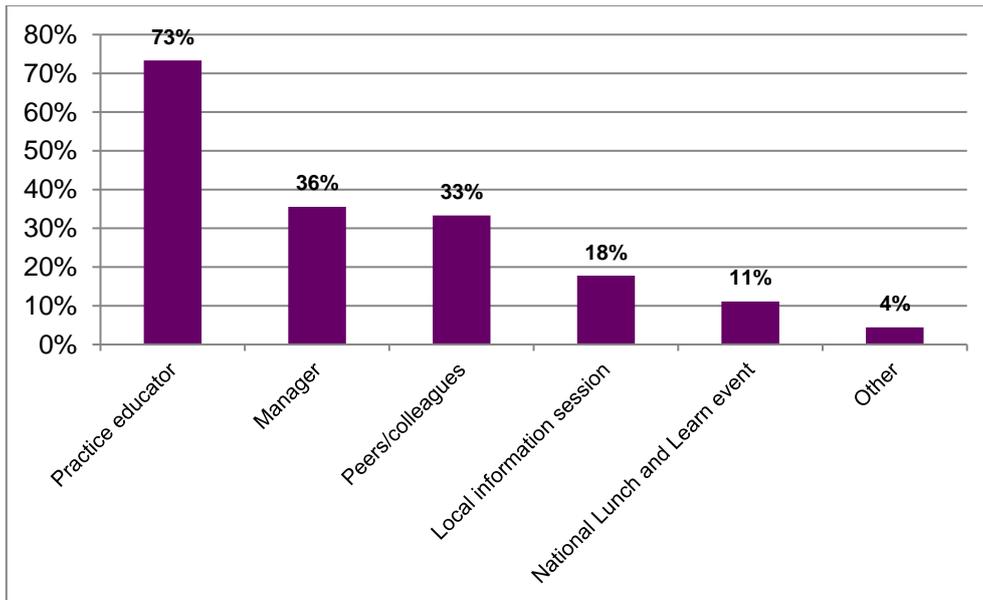
Facilitators and managers’ survey

4.8 A survey of Flying Start NHS® facilitators and managers was carried out between August and October 2018⁵. In total 45 respondents took part in the survey – 23 facilitators, 17 managers and five individuals who act as both facilitator and manager. All 45 worked in the NHS and the majority (58%, 26 people) were nurses, with the remainder split between AHPs (29%, 13 people) and midwives (13%, 6 people).

4.9 As with the pre-registration survey for NQPs, facilitators and managers were asked about how they had heard about Flying Start NHS®. Figure 3.12 shows that by far the most common source was Practice Educators (73%, 33 people), followed by manager (36%, 16 people) and peers/colleagues (33%, 15 people). This demonstrates the importance of Practice Educators as a source of information and their role in raising awareness of the Flying Start NHS® programme. It is also worth noting that word of mouth, through managers, peers and colleagues is an important route and reinforces the need for these informal sources to communicate the positive aspects of the programme and have up to date and accurate information and knowledge.

⁵ According to NES this survey was live on Questback for a 4-week period, but we have based our analysis on the dates on the spreadsheet which indicate a longer timeframe

Figure 3.12: Routes for finding out about Flying Start NHS®

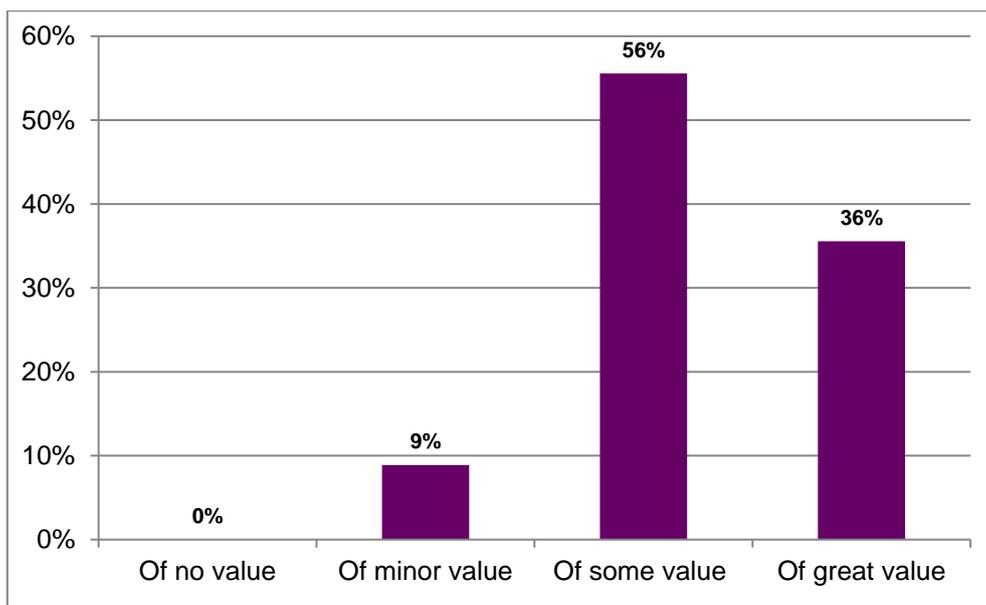


Source: NES (2019) Facilitator and manager survey, n=45

4.10 Facilitators and managers responding to the survey were very positive about the new programme. Demonstrating this, at 92% (41 people), the vast majority felt that the programme was of some, or great value to NQP development. Just 9% (4 people) reported that it was of minor value.

4.11 Of those who reported that it is of value, more said it was of some value rather than great value (at 56% and 36%, 25 and 16 people respectively). Going forward, NES may want to examine this in more detail and consider how the balance could be shifted more towards it being considered of great value. Not only will this ensure maximise benefit to NQPs, a more positive perception amongst managers and facilitators is likely to mean that they will encourage NQPs to participate and complete it by talking very positively about the benefits.

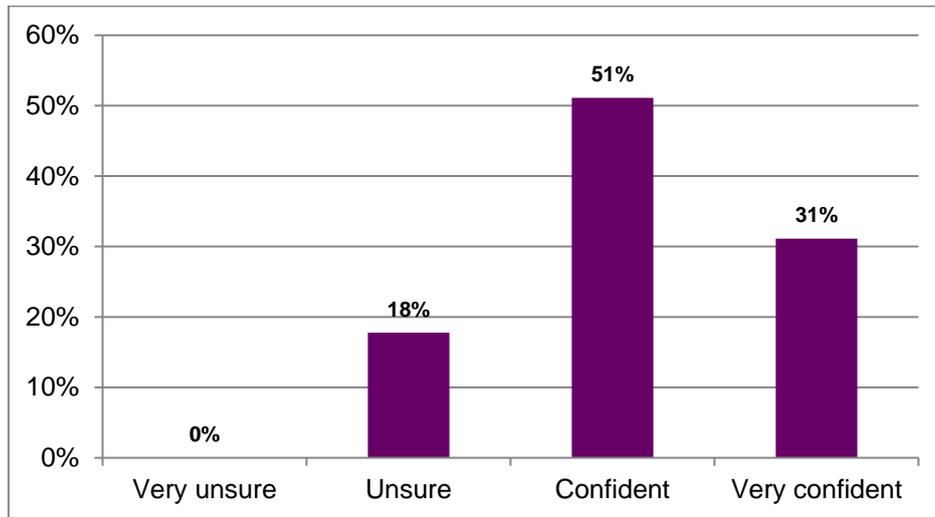
Figure 3.13: Value of Flying Start NHS® to NQP development



Source: NES (2019) Facilitator and manager survey, n=45

4.12 The previous Flying Start NHS® evaluation found that mentoring and support was a critical element of the programme. Figure 3.14 shows that the vast majority (82%, 37 people) of respondents felt confident or very confident in supporting NQPs to complete the programme, with just 18% (8 people) saying they were unsure. This also reflects comments in Flying Start NHS® lead proformas, which highlighted that following awareness raising sessions staff feel more confident in delivering the new version of Flying Start NHS®. This is a very positive finding, as the relationship between NQPs and mentors and Practice Education Facilitators are regarded as adding value to the learning experience, and more effective than NQPs working through Flying Start NHS® in isolation.

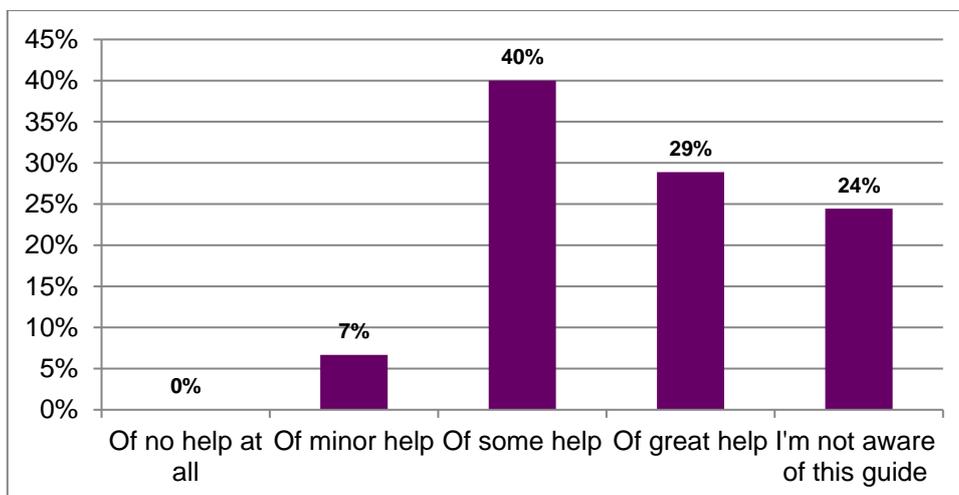
Figure 3.14: Confidence in supporting NQPs to complete Flying Start NHS®



Source: NES (2019) Facilitator and manager survey, n=45

4.13 The Definitive Guide to Flying Start NHS® was developed to help NQPs, facilitators and managers (and indeed anybody who wants to find out more about Flying Start NHS®). It sets out the benefits of the programme and how it contributes to professional development and includes a checklist of core requirements. As shown at Figure 3.15, over two thirds of respondents (69%, 31 people) said that the Definitive Guide to the programme had been of some or great help. Just 7% (3 people) said that it was over minor help. It is also notable that nearly one quarter (24%, 11 people) reported that they were not aware of the Definitive Guide.

Figure 3.15: Helpfulness of the Definitive Guide



Source: NES (2019) Facilitator and manager survey, n=45

4.14 Respondents were also asked for qualitative comments on the Definitive Guide. These were quite mixed with some commenting positively that the Guide had provided clear, concise and useful information and others saying that they felt the Guide was too vague. One person commented:

'The guide is limited as I feel that a lot of my ability to support NQPs is from my own knowledge and experience of Flying Start and local practices within our organisation. The guide is more generic and needs to be to deliver to all areas using Flying Start'.

4.15 The previous evaluation found that most mentors engaged with Flying Start NHS® because they thought it would be a valuable experience, whilst others wanted to support NQPs. Another important driver of mentor engagement was encouragement from senior staff, with around a quarter indicating that they had become mentors because their line manager had asked them to. Just one third (33%, 15 people) of respondents said that the new Flying Start NHS® programme had impacted on their professional development. The main ways in which respondents felt the programme had done so were through improving and updating their reflective and supervisory skills. One facilitator commented:

'It has given me more confidence and better opportunities to reflect on my practice than if I did not have the 'prompting' to do so. This has continued after completing Flying Start as I feel I still do this as part of facilitating others'.

5 Conclusions

5.1 This section briefly summarises the headline findings and identifies some overarching themes.

Website and supporting materials

5.2 Flying Start NHS® has evolved since it was introduced in 2006 following annual reviews and two formal evaluations. As a result of these evaluations and the changes within the health and social care policy context, the programme has been adapted and refined, particularly with regards to the website layout and content. The previous version of the Flying Start NHS® website was regarded as confusing and difficult to navigate, with some of the items and links being out of date. This added to negative perceptions of the programme.

5.3 A small number of participants completing the pre-registration surveys felt that the new website was difficult to navigate. However, progress reports from the Flying Start NHS® leads found that the layout and design of the website itself was reported to be easy to use and quite intuitive, and the participants were overwhelmingly positive about the new programme. This difference in opinion may reflect the level of ability of individual participants.

5.4 The Flying Start Essentials guide was rated very highly, with participants commenting that the guide was easy to follow and understand and that it had provided good information and insight into what would be involved in the programme. This feedback indicates that the Flying Start NHS® Essentials guide is a good introduction to the Flying Start NHS® programme, and the useful information and guidance helps prepare them to undertake Flying Start NHS®.

Engagement with/ awareness of the New Flying Start NHS® Programme

5.5 The previous evaluation found that the programme is predominantly seen as being for NHS staff, and engagement in the care sector is very limited. Within the NHS the programme is viewed by some as 'nurse-centric' which can mean that AHPs are less likely to see its relevance to their role, or those of NQPs who they manage and work with.

5.6 Awareness and understanding levels of the programme amongst those about to take part appears to be high, with most respondents stating that they thought the programme would be of some or great value to them, and many felt that the programme would be useful or would build on their learning from university.

5.7 Some Flying Start NHS® leads reported that NQPs are gaining a better understanding of the programme, and there has been increased engagement with the new Flying Start NHS® programme from clinical areas, with their boards being 'committed to give the study time to support the NQP'. However, there is a sense that despite encouragement from facilitators and senior charge nurses, engagement levels could be improved. There were also some challenges identified around awareness levels of the new programme, for example, In addition, the comment was made that some staff don't appear to realise that the new programme is available through Turas.

Satisfaction with the New Flying Start NHS® Programme

5.8 Many studies have identified positive outcomes from transition programmes including: better retention, improved clinical skills, leadership development, improved confidence and job satisfaction. Overall, there were high levels of satisfaction with the programme. Nearly three quarters of respondents reporting that the programme was of some or great value to their professional development, the same proportion reporting that it was relevant to them. Most participants would recommend the programme to

NQPs. The vast majority of managers and facilitators felt that the programme was of some or great value to NQP development. Where there was negative feedback and challenges identified, these were largely related to the broader learning environment rather than the programme itself.

Support to participate in the New Flying Start NHS® Programme

5.9 Being provided with sufficient time, support and resources from managers and colleagues is an aspect of the programme that is valued highly by participants. The previous evaluation highlighted that overwhelmingly, NMAHP's work on Flying Start NHS® exclusively or regularly in their own time rather than during protected time at work. However, there were differences in workplaces and roles, with staff in clinical settings finding it easier to take protected time and access work PCs. For example, staff working in substance misuse; staff who regularly work night shifts; and staff working in theatre where there may be gaps in activities, discussed being able to work on the programme during working hours.

5.10 Feedback from some of the NHS Flying Start NHS® leads indicated that protected learning time is still not being supported across all areas, although this is a challenge that is being addressed. It was acknowledged that some nurses and midwifery areas are still not engaging with the newly qualified programme, and therefore staff don't have as much support to complete Flying Start NHS®. However, the vast majority of facilitators and managers reported feeling confident to some extent in supporting NQPs to complete the programme.

Data Issues

5.11 In addition to the findings from the surveys, there is an acknowledgement that there have been some fundamental issues: both with the data itself, and the way in which the data is collected. These challenges can be summarised as follows:

- Data sources are not triangulated. Essentially, the online surveys were created using the Questback® survey system. However, the Questback® survey responses completed by Flying Start NHS® learners are not linked to the Turas learning platform. This means that vital data relating to occupational roles is not captured. This has clear reporting and monitoring implications, as outlined in the following feedback from a Flying Start NHS® lead:

“It would be interesting to get an update of where NES are in relation to giving us access to information of who within our own boards are currently undertaking or have completed Flying Start, which would remove the need for our own database.”

There is a recognition from NES that they want to improve this going forward.

- Some of those who completed the programme were directed via the survey link to the pre-evaluation survey instead of the post-evaluation survey, and therefore their feedback has not been captured correctly, as they haven't answered the post-evaluation questions and completed the wrong survey by mistake. This has subsequently been resolved. However, these findings can't be included with the post evaluation survey results as they haven't been asked the same questions.
- It must also be noted that whilst completion figures are low, this is not a reflection on the programme itself rather that this data has been gathered at an early stage, and this should be interpreted as a snapshot rather than providing conclusive evidence.