

# NE FOCUS

The work of NHS Education for Scotland

**NHS**  
Education  
for  
Scotland



FOCUS on...

## Introduction

# AWORD

from the Chair & Chief Executive

**Welcome to this our winter issue of FOCUS and the first of 2013. We hope that all our readers have returned after the holiday season feeling refreshed and reinvigorated to meet the challenges of the year ahead.**

This issue looks at how some of the ways we all do business is changing. RRHEAL - our Remote and Rural Healthcare Educational Alliance - is supporting staff across Scotland's remote and rural communities to access and benefit from the educational opportunities available. Secondly, Agile Working, a term which is becoming more and more familiar, referring both to the ways in which we, as individuals, carry out our role and also how we can use the same new technologies and approaches to support more agile learning, in some cases, across the world.

We also take a look at last year's successful TRiaDS conference, held in partnership with Aberdeen University and an update from Flying Start on Mentors Matter. We also reflect on two very successful events - *Releasing Time to Care* which took place in the autumn and the more recent *Celebration of Early Clinical Career Fellowships* for Nurses and Midwives in NHSScotland. Just a snapshot into the work NES has underway at the moment!

We are looking forward to the opportunities and challenges that lie ahead in 2013 and to communicating clearly and effectively about them. As usual we are keen to hear what you think. So please get in touch.

Join the  
**Conversation**

As always, you can join our conversation by liking us on Facebook and following us on Twitter.



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# Learning Needs Analysis

New research on infection control education in community settings

**A report commissioned by NES suggests that community-based NHS staff recognise their roles and responsibilities in reducing the risk and spread of infection and that most are aware of the standard infection control precautions (SICPs). Many, however, are not up to date with SICP-associated guidelines and lack confidence and knowledge in implementing them in community settings, particularly in patients' homes.**

The report, *Review of Infection and Prevention Control Education and Training Requirements of Healthcare Workers in the Community (1)* was commissioned to support the *Healthcare Quality Strategy for NHSScotland* vision of services that are safe, person-centred and effective (2) and to reflect the "Shifting the Balance of Care" agenda (3). The latter makes it essential that healthcare workers in community settings receive tailored education and training that supports safe and effective practice in infection prevention and control (IPC).

Researchers mapped existing education and training initiatives in health boards, surveyed 90 frontline community healthcare workers (nurses, allied health professionals (AHPs) and others working in a range of community settings) and held in-depth interviews with IPC managers in three NHS boards. They also interviewed stakeholders with a national remit for IPC.

## Strengths

The report highlights strengths in the current provision of ICP training, including use of DVD resources and video conferencing, staff consultation on training needs and the use of online delivery. Most survey respondents recognised the need to take precautions, such as performing hand hygiene and cleaning surfaces regularly, to ensure that the environment within which they deliver care is clean and safe. As one nurse put it: "[Our role is] to prevent infections in a patient's home, either caused by us or anything in the environment."



## FOCUS ON... Learning Needs Analysis

### SICPs

The research found a basic awareness of the SICPs among respondents, with 79% rating their understanding as 'good' or 'very good'. But while 84% identified hand hygiene as being significant to their role, the other SICPs scored much lower in staff perceptions of relevance. This caused one respondent to ask: *"We've got the message out about hand hygiene and Cleanliness Champions, but have we focused on this to the extent that other infection control issues have been missed?"*

In-depth interviews with stakeholders revealed that despite high levels of self-reported awareness about the SICPs, many staff lack confidence in practice and are not fully up to speed with current IPC guidelines. Researchers found that even when staff levels of knowledge, confidence and understanding of SICPs are high, their ability to follow IPC guidelines is often impeded by the environments in which care is delivered.

### Patients' homes

Staff in community settings face a "unique range of challenges inherent in the delivery of care", the report states, of which lack of control over the cleanliness of patients' homes is the greatest issue. An AHP respondent commented: *"We go into homes where you run [a] greater risk of infection through using the sink and facilities to wash your hands than you do without [your] washing hands";* and a nurse said: *"I work with disenfranchised individuals with mental health and substance misuse issues. More often than not the environments they live in are both untidy and dirty".* One nurse even suggested it was 'impossible' to ensure a safe environment when in a patient's home.

Staff stated that they do not expect to find patients' homes equipped with facilities normally found in clinical settings, such as elbow-controlled taps and clinical cleaning products, but they reported that some homes lack even basic domestic cleaning products and suitable handwashing facilities. One respondent said healthcare workers had to use *"what's available rather than what's appropriate".*

Some staff claimed to be reluctant to follow IPC guidelines in a patient's home for fear of offending the individual by implying their home was unclean. They felt they would be better able to implement guidelines if the public had greater awareness of IPC issues: an AHP noted: *"it would help if patients were more aware of the hygiene needs that health workers have – more access to clean sinks, somewhere to dispose of gloves etc".*

The report suggests that current training does not adequately support staff to respond to these challenges. Staff commented that some of the training they received was not tailored to community settings and *"often presented ideas that were impractical".* This left them lacking confidence in how to adhere to SICP guidelines, but the situation may be improving, with reported perceptions of greater provision of IPC training being delivered separately for staff in community settings. One nurse commented: *"[training is] still very hospital-based, but better than it used to be!"*

### Hospital–community interface

The research found IPC was sometimes hampered by poor communication between hospital and community staff. Stakeholders highlighted inconsistencies in approaches to IPC between agencies as being potentially detrimental to good practice. One noted: *"if you've got six people delivering care in one home over the course of a day, and they haven't received the same training and their approaches are different, then one person's very good infection control can very easily be undone by the poor practice of others. We desperately need consistency of approach if we are to really control the spread of infections in the community".*

Respondents highlighted the central need for training to be designed for whole teams, to be engaging, to be relevant to participants and tailored to their roles and settings, to promote interdisciplinary learning, and to deploy mixed approaches to learning.

Training for social care staff is currently limited to a NES DVD for care home staff, they stated, and training delivery does not always promote awareness and application of SICPs.

## FOCUS ON... Learning Needs Analysis

A particular area of concern was the over-reliance of social care staff on alcohol gels. One stakeholder commented: *“they [social care staff] see nurses using hand gel and copy this practice, but they haven’t had the training to understand when hand gel is ineffective and that use of hand gel must also be accompanied by handwashing”*.

In addition, there was a perceived lack of clarity among some health staff on social care roles. The report suggests that a joint training programme and shared IPC policies and procedures for community-based health and social care workers could improve the situation.

### Mandatory training and updates

Mapping of health boards in Scotland showed that all offer some form of mandatory training on IPC for new staff, but that content and availability vary. The report suggests that barriers affecting uptake of training at board level include time pressures and staff shortages, lack of active buy-in from managers and senior staff, insufficient recognition of specific IPC issues in community settings and lack of computer access. Substantial gaps in training reach and content were also identified in the research.

Almost half (47%) of staff surveyed said they received annual IPC updates, but many commented on individuals’ responsibilities in keeping themselves updated on new IPC policy and practice: as one AHP said, *“it is an important role for me and the rest of my department to make sure we are up to scratch with [IPC] guidelines, practice and legislation”*.

### Conclusion

The report makes eight recommendations covering areas such as supporting the application of SICP guidelines in the community, adopting mixed approaches to IPC training and updates, reviewing local education strategies to meet community staff needs, promoting greater use of NES education resources and encouraging greater cohesion in IPC approaches between health and social care.

It concludes that while there has been progress in recent years, current IPC training and guidelines still seem to focus largely on acute settings. Tailored training, guidance and support is required to enable community healthcare workers to address the unique barriers they encounter, particularly within patients’ homes, the report states.

Inconsistencies in approaches to IPC across health and social care is a significant concern highlighted by the research, and the report calls for training programmes to reflect the diversity of organisations commissioning and supplying healthcare in community settings.

NES has commissioned related research into the learning needs of staff working in community hospitals and has completed an evaluation of the impact of a NES training programme to support care home staff in implementing IPC procedures. These studies, combined with the research report, will provide NES with a picture of IPC training requirements across community settings to inform future developments.

### References

1. Blake Stevenson (2012) Review of Infection and Prevention Control Education and Training Requirements of Healthcare Workers in the Community (2012). Commissioned by NHS Education for Scotland and undertaken by Blake Stevenson <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/evaluation-and-impact-reports.aspx>
2. Scottish Government (2010) Healthcare Quality Strategy for NHSScotland. Edinburgh: Scottish Government <http://www.scotland.gov.uk/Publications/2010/05/10102307/0>
3. Scottish Government (2012) Shifting the balance of care. <http://www.shiftingthebalance.scot.nhs.uk>

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# Making Connections

NES's Remote and Rural Healthcare Educational Alliance (RRHEAL) supporting Gengage (the Scottish Healthcare Genetics Public Engagement Network)<sup>W</sup>.

**Gengage** was established in 2008, following recommendations arising from the review led by Sir Kenneth Calman. It is a not for profit organisation, funded by Scottish Government as a mechanism to increase '*public awareness, dialogue and debate on issues to do with healthcare genetics*'.

**Gengage** has featured in the Edinburgh Science Festival for a number of years as a vehicle for establishing public engagement and discourse. The organisation had become aware of RRHEAL activity regarding promoting 'at distance' engagement and inclusion for remote healthcare teams.

The team at **Gengage** asked for RRHEAL's support to facilitate an 'at distance' event, providing opportunities for rural participation in a pressing and important debate at the 2012 Edinburgh Science Festival: *Affairs of the Heart: Preventing sudden cardiac death in the young*.

The audience was mixed, pulling on input from healthcare teams as well as legal, social work and police representation, alongside youth patient groups, and families affected by sudden youth cardiac death.

RRHEAL provided support and advice on how best to employ existing RRHEAL tools and resources to achieve a good quality 'at distance' experience for participants. Discussion led to Video Conferencing (VC) being selected as the best option for this event, with VC links available in several locations. The RRHEAL VC guide was used to lead the **Gengage** team through VC administration and event planning. Event facilitators used the VC chairing and etiquette guide to perfect their VC style.

RRHEAL also promoted the event via the **RRHEAL education platform**<sup>W</sup> and to RRHEAL contacts.

The event supported audiences from three cities and also the Orkney Isles. Remote participation, and the use of VC, delivered an audience three times the number that would have been possible by expecting attendance at one set location. In addition, use of VC made it possible for an increased number of specialists to participate in the debate with minimal loss of service time.



## FOCUS ON... Making Connections

The speakers included:

- Dr John Dean, Consultant Geneticist, Aberdeen Royal Infirmary
- Gillian Mawdsley, Judicial Studies Committee
- Dr Robert Ainsworth, Forensic Pathologist, University of Edinburgh
- Dr Iain Findlay, Consultant Cardiologist, NHS Glasgow
- Dr Victoria Murday, Consultant Geneticist, NHS Glasgow
- Bob McConnachie, Chair of the Scottish Cardiomyopathy Assoc.

The event was judged to be a great success with, an audience of 70 in Edinburgh and more than 20 linking in via VC in the Orkney Isles, Aberdeen and Glasgow.

The report of the event, delivered to Scottish Government in June 2012, includes the issues and areas of concern raised by the participants, as well as graphs showing the voting results.

### Making the most of VC

In 2011, NES developed its inclusive education policy, adding consideration of rurality and remote geographical location when delivering healthcare education. 'At distance' engagement through various means supports this policy.



VC is one of many solutions that can provide for inclusive delivery and access. It can provide an economy of scale and support networked engagement and healthcare workers support.

The majority of fOCUS readers will not be engaged in the field of genetics or public health. Some may not be connected with healthcare workers' education or supporting service improvement. However, most of us need to consider how to engage an increased audience and deliver outputs more efficiently and economically, particularly given the current economic climate.

Considerations of geographical barriers to inclusion in education and learning events are policy for NES. This provides increased opportunities for remote, rural and island healthcare teams to access education in support of the health and care services they deliver to the community.

Advancing technology and the potential offered by improvements in the digital infrastructure support this agenda and run in parallel with frontline workforce needs for high quality, accessible, reusable and transferable education supporting NHS Scotland.


#### Useful Links

- ➔ The RRHEAL VC education guide can be accessed at the [RRHEAL Video Conferencing Guide](#) 
- ➔ The Gengage summary and full reports can be accessed at the [Gengage Event Report pages](#) 

#### Podcasts

- ➔ [National Delivery Plan webcast](#) 

Justine Westwood, Director of Planning and Performance, NHS 24 and Louise Bewick, NHS 24 together giving a very useful overview of the National Delivery Plan\* in a question & answer style presentation.

**\*A National Telehealth and Telecare Delivery Plan for Scotland to 2015** 
- ➔ [Mr Alex Neil, Cabinet Secretary for Health and Wellbeing](#) 

Address to November 2012 conference.





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# A Positive exchange

The Scottish Centre for Telehealth and Telecare annual conference took place in November 2012. Pam Nicoll and Fiona Fraser attended the event on behalf of NES.



## The theme for the conference was 'Home and Away, Supporting Knowledge Exchange and Disseminating Good Practice using examples of Telehealth and Telecare'.

Over 230 delegates attended from health, social care, housing, voluntary sector, education and supplier organisations. Delegates heard from a range of high-profile speakers from across the UK, Europe, Israel and Canada. Speakers from across Europe endorsed Scotland's ... *true results, dynamism, inspiration and leadership*... in the area of telehealth and telecare supporting the Scottish Government's vision for health and wellbeing in 2020.

The Cabinet Secretary for Health and Wellbeing, Mr Alex Neil, set the tone for the conference by telling the delegates that:

“... telehealth and telecare is absolutely central to the future, not just of the NHS, but to the future of the nation...”

One of the 'Home' highlights was an excellent session led by Professor George Crooks, NHS 24, and Margaret Whoriskey, Director, Joint Improvement Team, Scottish Government. This focused on the activities under the title of 'Healthy And Active Ageing across Scotland'.

'Away' highlights included a session on 'Deployment at Scale' with an inspirational presentation delivered by Ed Brown, CEO, Ontario Telemedicine Network (OTN). Cited as the world leader in telemedicine, OTN helps Ontarians get more out of the healthcare system by bridging the distance of time and geography to bring patients the care they need, where and when they need it.

An independent, not-for-profit organization, OTN is funded by the Government of Ontario. OTN members produce healthcare education and share it with others across the OTN network either via live videoconferences only, or through webcast events <http://otn.ca/en>

'Home and Away' speakers highlighted both the increasing role of technology within our everyday lives, with phenomenal growth levels in acceptability and usage, and the challenges to embedding such technological advancements within our health and care environment.



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**A Positive Exchange**

It was acknowledged that Scotland has already embarked on a journey to identify and overcome these challenges and to maximise benefits and impacts. One of the main tasks now is to ensure that the people of Scotland are comfortable and confident in using digital technologies that can, and do, enable individuals to become more directly involved in the design and management of their own health, care and wellbeing.

Pam Nicoll, Programme Director of RRHEAL, presented a 'Home' workshop - 'Getting People Ready'. The session focused on describing tele-education work to date in increasing confidence and competence across the healthcare workforce in using technology to deliver care and undertake learning. During her session, Pam described the NES scoping work recently completed by it's Knowledge Services Group. She also looked at some of the ongoing NES work to develop a national programme of tele-education in partnership with SCTT/ NHS 24, Scottish Ambulance Service and Highlands and Islands Enterprise Digital Healthcare Cluster.

The conference offered an excellent opportunity to share our Scottish perspective with colleagues from across the UK and elsewhere. The conference made great use of technology to enhance the experience of delegates in attendance, with live tweets, recorded sessions and access to the event materials following the event.

<http://www.knowledge.scot.nhs.uk/telehealthcare/events/annual-conferences.aspx>

FOCUS on...

# Working Smarter Together

How NES is making progress in its Agile Working Strategy

## In Edinburgh

NES moved its three Edinburgh offices into one building in Westport 102, in early December. Becoming a more agile workforce and working smarter is at the heart of this move, and underpins **Tomorrow's NES**.

### What is 'Tomorrow's NES'?

In 2011, we set ourselves a clear corporate objective 'to become a more integrated organisation'.

At that time, we recognised that we would need to change how we do things to ensure that we work better and smarter together, that we avoid duplication and repetition and that we ensure that our most valuable and expensive resources - our people - are able to focus on activity that adds value to the results we achieve.

**Tomorrow's NES** is about starting to communicate the change that is already underway across all of NES under a single coherent theme. **Tomorrow's NES** is about ensuring that we are all making our contribution to change, to improving the quality of what we do, and how we do it.

**Tomorrow's NES** is a more integrated, more efficient and more effective NES.



We are using the term Agile Working to refer to new ways of working made possible by the implementation of our Property & Workplace Strategies and advances in technology.


This gives us a tremendous opportunity to work more collaboratively, and become more joined-up as an organisation. It also provides more opportunities to think about delivering our services in a different way. It enables us to make efficiency savings, for example, in terms of the cost of our office space. This is very helpful in times of financial constraint across all areas of the public sector.

The move to Westport 102 provides us with the opportunity to work more collaboratively internally and we hope this will, in turn, support our relationships with stakeholders and partners, and ultimately improve the way we support the NHS in Scotland.

Agile Working

## Further Afield

NES is part of a group of organisations looking to incorporate technology and agile working to improve healthcare education and training across the world.

THET <http://www.thet.org/>  is a specialist global health organisation that educates, trains and supports health workers through global health partnerships, strengthening health systems and enabling people in low- and middle-income countries to access essential healthcare.

# Working Smarter Together



Agile Working

Results of the THET-funded multi-link project on **'Building capacity for e-learning for nurse training in Zambia and Ghana'**  were disseminated at the Appropriate Health Technologies (AHT) Conference held in London in September 2012: <http://conferences.theiet.org/aht/> . To access a related publication please contact: [jo.vallis@nes.scot.nhs.uk](mailto:jo.vallis@nes.scot.nhs.uk) .

Skype technology assisted agile collaboration in this project, across multiple global health boundaries. This includes support for project meetings and for the clinical supervision (CS) of Mental Health nurses in Scotland and Africa.

For further information, please contact: **Jo Vallis** |  [jo.vallis@nes.scot.nhs.uk](mailto:jo.vallis@nes.scot.nhs.uk)



## FOCUS ON...

## The Charter of Patient Rights and Responsibilities

**Many readers will be aware that over the past six months NES has been promoting the Patient Rights (Scotland) Act 2011. We have been raising staff awareness of the Act and ensuring that, once published, staff would also be aware of the Charter of Patient Rights and Responsibilities and what it means for them.**

We have attended a wide range of conferences and events and distributed thousands of leaflets, factsheets and promotional items to staff across the NHS in Scotland and to all dentists, GPs, pharmacists and optometrists who provide NHS services.

In October 2012, the Scottish Government published the [Charter of Patient Rights and Responsibilities](#) which outlines for patients what they can expect from the NHS in Scotland and what the NHS expects of them. NHS Inform has produced a summary leaflet on the Charter which is available at opticians, dental and GP practices. In addition, a series of [Your Health, Your Rights](#) factsheets tells patients more about what the rights and responsibilities in the Charter mean for them:



**Respect** - the right to be treated with dignity and respect



**Hospital waiting times** - how quickly patients should be able to speak to someone at their GP practice, get a hospital outpatient appointment or be admitted for treatment



**Communication and participation** - the right to be informed, and involved in decisions, about health care and services



**Confidentiality** - the right for patients' personal health information to be kept secure and confidential



**Access** - patients' rights when using NHS health services in Scotland



**Safety** - the right to safe and effective care



**Feedback & complaints** - how to have a say about care and have any concerns dealt with

- The factsheets are available to download at [www.nhsinform.co.uk](http://www.nhsinform.co.uk) or by asking a member of staff where patients receive NHS care.
- NES continues to raise staff awareness of the Act and the Charter and information is available at: [www.knowledge.scot.nhs.uk/making-a-difference.aspx](http://www.knowledge.scot.nhs.uk/making-a-difference.aspx)



Know Your  
**RIGHTS**

FOCUS on...

# A Recipe for improvement

NES hosted The Releasing Time to Care (RTC) Festival of Learning which took place in the Beardmore Hotel back in September 2012.

**Julie Main, RTC Education Lead, has supported quality improvements through the provision of an RTC Facilitator Development Programme. This programme explored themes including Leadership, Measurement for Sustainability and Workforce Resilience. The opportunity to share the learning from these three themes and to celebrate success was then offered across NHSScotland at the Festival of Learning.**

The appetite for RTC was demonstrated by the high numbers registering for the event which was oversubscribed by 100%. While 150 delegates were able to attend the Beardmore in person an invitation was made for people on the waiting list and their colleagues to attend one of the five satellite venues that were host to a live broadcast of the event.

Using this 21st century innovation and technology we were delighted to reach out to remote and rural areas and staff unable to travel. Colleagues at the satellite venues were able to interact with the entire day taking part in learning provided by The Tree of Knowledge in one Resilience session and Vicky and David (not Beckham) in the Leadership session.

Other programmes of work added to the ingredients by exhibiting material to demonstrate integration across quality improvement programmes. There were prizes for the Best Poster, awarded to NHS Dumfries and Galloway and Best Idea awarded to NHS Shetland and runner up NHS Tayside. Maggie Morgan- Cook, Head of International Relations Institute for Innovation and Improvement who attended the day and presented Best Idea winners said:

*“The enthusiasm from the speakers and each and every delegate was infectious... Thanks to the NHS Scotland team for inviting us to share this truly inspirational day.”*

Thanks is extended to the staff nurse from NHS Tayside for baking the RTC cake. The webcast along with posters and other resources from the day are now available on the RTC Community of Practice webpage accessible to NHS staff using their Athens password.

RECIPES

Releasing time  
to care



David Thomson and Vicky Thompson demonstrate Leadership



NHS Tayside satellite venue participate in exploratory learning



## FOCUS on...

# Education Education Education

The NES Nursing & Midwifery Practice Educator role - one year on

**Over 2011-12, the Nursing and Midwifery Directorate within NES recruited to 17 newly created posts for nursing and midwifery practice educators. One year on, three of the team - Keith Dow, Dr Kathy Duffy and Angela Shepherd - share some insights about the role.**

### *Why was the role developed?* ?

One of the key themes within the NES nursing and midwifery strategy for 2011-2014 (NES 2011) is strengthening education where nurses and midwives practise. Stakeholder feedback gathered during development of the strategy highlighted that clinical areas required more visible, longer-term resources to support practice education. As part of the commitment to supporting NHS Boards with the ongoing learning and development of frontline nurses and midwives, the Nursing and Midwifery Directorate within NES developed the Practice Educator role.

### *What was different about this role?* ?

As Practice Educators, we are employees of NES but are hosted within the NHS Boards. There is currently a national network of twelve whole-time equivalent Practice Educators throughout NHSScotland. Each territorial Health Board hosts one Practice Educator while the two biggest Boards, NHS Greater Glasgow & Clyde, and NHS Lothian, host two.

This unique model ensures that our posts are fully integrated into existing practice education structures, or into equivalent teams, within NES and the Boards. We report to, and receive direction, management and leadership from, the practice education team within the Nursing and Midwifery Directorate but we also have a designated professional lead within each of the NHS Boards.



## FOCUS on...

## Education, Education, Education

*What are you involved with day to day? ?*

Integration within each Board's practice education structures has enabled us to be at the centre of the development of staff educational initiatives, particularly for band 5 & 6 nursing and midwifery staff.

By linking with the education leads within the territorial boards, we are able to bring knowledge and understanding of resources developed by NES to the clinical environment in order to enhance work-based learning. Another aspect of our role has been trying to assess the impact that educational resources make to staff development and service-user care. Where new initiatives in the workplace are being considered, we can, through our network of Practice Educators, also help identify any similar projects taking place within the Boards with a view to sharing that learning and therefore avoiding duplication.

A recent example of this has been the sharing of information and resources around leadership development taking place with band 6 nursing and midwifery staff. Although our individual work profiles may vary within each Board, other common projects that we have undertaken have included raising awareness and promoting the use of the 'Effective Practitioner' web-based resource, and, supporting the roll-out of learning resources relating to the Dementia work stream.

As a practice educator team, we have strong links with the programme directors within the nursing and midwifery directorate in NES. As we are each aligned to a programme work stream, we play a crucial role in the delivery of NES objectives around national priorities, such as person-centred care and professionalism. This alignment allows for quick, up-to-date dissemination of information within the network to the Boards, as well as providing a feedback mechanism to the nursing and midwifery Programme Directors on the varying local education and learning needs of the clinical workforce.



The Nursing and Midwifery practice educators team.

*What are you enjoying most about the role? ?*

The opportunity to work closely with nurses and midwives in practice - responding directly to their educational and development needs through the signposting of suitable NES, and other, resources - has been a rewarding aspect of the role. Also, the variety of opportunities to link strategic and national priorities to clinical practice has been satisfying. Being part of a national network that shares innovative ideas for supporting nurses and midwives in direct care-giving roles has been both enjoyable and has facilitated developments related to practice education within the boards.

FOCUS ON...


# flying High

## Flying Start NHS® Mentors Matters


At a recent **Flying Start NHS® ceremony in NHS Ayrshire and Arran** there was significant strategic recognition of the benefits that completion of Flying Start NHS® brings to the newly-qualified practitioner and the important contribution mentors have in supporting our newly-qualified workforce.

The role of the mentor is vital to the experience and also to the development of our newly-qualified practitioners (NQPs). This is evidenced in the recent evaluation by the University of Worcester, looking at the characteristics that support successful completion of Flying Start NHS®. The evaluation clearly highlighted the importance of recognising the contribution mentors make as part of their every day practice.

There are now many NHS Boards who actively encourage and celebrate the successful completion of Flying Start NHS® through completion ceremonies where newly-qualified practitioners and their mentors are given recognition for completing the programme.



\*Flying Start NHS® is a web based learning programme for newly qualified nurses, midwives and allied health professionals within Scotland. The programme is designed to be undertaken within the first year in practice to provide support and guidance in their role as a newly qualified practitioner.



***“ Never forget that feeling. Always remember. Always reach out to those who are coming after you, who are new, and remember you were once that person and how you have grown into a capable and confident practitioner. ”***

Fiona McQueen,  
Executive Director of Nursing, Midwifery  
& Allied Health Professions

## FOCUS... Flying High

The University of Worcester evaluation highlighted the views from NQPs who felt that reaching the end of Flying Start NHS® was a significant milestone in their development and wanted this to be formally recognised. Celebratory events can provide the platform for strategic leaders to acknowledge the success of the Flying Start NHS® learners and the integral role of the mentor in that process.

Upton et al<sup>1</sup> (2012, P61) identified "...having a mentor who understands the demands of Flying Start NHS® is central to keeping NQPs engaged in the programme" as a characteristic that supports completion.

At their recent Flying Start NHS® event, Alice Wilson, Associate Director of Nursing in NHS Dumfries and Galloway, emphasised the importance of taking the next steps such as becoming Flying Start NHS® mentors. Those who complete the programme are in a good position to support their NQP colleagues.

In response to the recommendations from the recent evaluation into characteristics to support successful completion of Flying Start NHS®, NES will work with our practice and education colleagues to develop a national action plan that will continue to support successful completion of the programme across Scotland.

This work is already underway, with a review and update of the learning units to align the content to current policy and educational resources developed by NES. In addition, we will ensure the important role mentors have in this process is acknowledged, through robust resources that are relevant and contemporary.

### References

1. Professor Dominic Upton, Dr Penney Upton, Dr Rosie Erol (2012) Evaluation of the Key Characteristics which support the completion of Flying Start NHS in NHS Scotland. Commissioned by NHS Education for Scotland and undertaken by The University of Worcester.



FOCUS ON...

# In the Spotlight....

Our 2012 Healthcare Science national engagements

**NES Healthcare Science (HCS) has a leading role in encouraging national dialogue and cohesion across this diverse workforce. Three key engagements took place in 2012: a visit by the Academy for Healthcare Science; our first postgraduate scientist trainee conference; and our national HCS event.**



## Academy for Healthcare Science visit

In June 2012, the new Academy for Healthcare Science visited Scotland to outline its role and immediate priorities. A main event at the Royal Society of Edinburgh, organised by NES, was over-subscribed, with 145 attendees, reflecting the wider interest in this development.

Professor Steve Barnett, AHCS Chief Executive, explained that the Academy's overarching purposes are to support all career grades within healthcare science and to give a much stronger collective voice to the HCS workforce, in particular to support dialogues with NHS employers and UK government health departments.

Osama Ammar, AHCS Director of Standards, described specialty professional committees and chairs across eight themes that cover the Healthcare Science disciplines.

These committees will effectively certify completion of training for staff seeking compatibility with modernised training arrangements, and entry on to an AHCS-assured voluntary register. Since the event, the Academy has been licensed to certify training by the Health and Care Professions Council of postgraduate-level Clinical Scientists.

The Academy's role in assessing Scottish training pathways is of particular relevance where we have not adopted the modernised variants of training curricula used in England. Following this June 2012 event, colleagues clearly want more information about the Academy. NES is in the early stages of planning a further Academy visit to Scotland for colleagues in 2013.




Opening of the Academy for Healthcare Science engagement, Royal Society of Edinburgh, June 2013.

AHCS developments are at:

[www.academyforhealthcarescience.co.uk](http://www.academyforhealthcarescience.co.uk)



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in the Spotlight



## Postgraduate Scientist Trainees' conference

In October 2012, NES led the first event for postgraduate scientist trainees. 140 delegates attended at the Beardmore Conference Centre. Chaired by Professor David Harrison, Clinical Director of Pathology at NHS Lothian, the conference reviewed the progress made in cementing this training grade's identity and challenged participants (trainees and supervisors) to think about their development.

Our postgraduate cohort embraces trainees who are registered practitioners undertaking further postgraduate development (such as Biomedical Scientists and Clinical Physiologists), preregistration Clinical Scientists (who qualify at postgraduate-level) and some registered Clinical Scientists progressing to higher specialist level (such as Fellow of the Royal College of Pathologists). Weaving a shared purpose for this diverse group has been a core objective for NES. Since 2011, NES has led and promoted the development of a Common Core List of attributes for all postgraduate scientist trainees, irrespective of discipline or affiliation.

Our Common Core List comprises four domains that challenge the trainee to develop skills in: scientific specialty; business, organisation and people skills; safety and improvement; research. Direct NES support is conditional on engagement with the Common Core List.

All postgraduate scientist trainees identified by NES are offered a National Training Number and tracked on our specialty register. Metrics include discipline, planned completion date, supervisor, and training base. Trainees heard from Deirdre Evans, Director of NHS National Services Division about the need to develop business skills, and from Dr Bill Bartlett, Joint Clinical Director of Blood Science at NHS Tayside who encouraged a wider scientific perspective. Our poster exhibition invited trainees to describe how they are developing in line with the Common Core List. Winning entries are now exhibited on the NES website as a guide to future applicants.

## FOCUS on... in the Spotlight



Michael Cockerham, keynote speaker, "63 heroes who saved our son" with his portrait gallery specially set up for the event.



Dr Peter Green accepts first prize from Jacquie Lunday, Chief Health Professions Officer, on behalf the team at WESTMARC for service innovation.

## Healthcare Science National Event

In November 2012, we organised the fifth Healthcare Science annual event, held at the Royal Society of Edinburgh, in collaboration with the Scottish Government and the Scottish Forum for Healthcare Science. 125 delegates attended this busy gathering together with exhibitors from STEM, Scottish Health Innovations and the Academy for Healthcare Science.

Michael Cockerham, the keynote speaker, gave an outstanding perspective as a parent through his story "**63 heroes who saved our son**". Michael, a professional photographer, took portraits of all the healthcare team involved in his son's case to raise funds for the Evelina Children's Hospital. Our Healthcare Science event was accompanied by an arresting selection of 25 of his portraits - the first time it has been exhibited in this way. Over a third were of healthcare science staff, reflecting the ubiquity of the workforce in patient diagnostics and treatments.

The day also included an opportunity for exemplars of healthcare science to showcase their role to peers with whom ordinarily they have no contact. This year, staff drawn from neuro-imaging, clinical perfusion and blood sciences gave talks. Afternoon workshops focused on next-step priorities for the three strands of healthcare science and were led by Government secondees. Annual awards for service innovation were made by the Chief Health Professions Officer, with the rehabilitation engineering team at Glasgow's West of Scotland Mobility and Rehabilitation Centre (WESTMARC) taking the top prize for developments in posture control systems.


 Nov

## And in 2013...

All three events have been positively rated in feedback from delegates and a number of helpful ideas have been proffered to improve on them this year. NES Healthcare Science is planning a similar suite of national meetings in 2013, again with a specific focus to develop facets of Healthcare Science cohesion. We have been pleased to be able to contribute to these important national conferences. Particular thanks are extended to the NES central events team for their smooth administration. Further information about our 2013 offering will be posted on the NES website and cascaded to NHS Board Healthcare Science Leads.


 2013



FOCUS ON...

# Making the Breakthrough

International conference focused on improving the translation of knowledge and information into healthcare practice

**On 7 November, Edinburgh hosted *Improving Quality in Healthcare: Translating Evidence into Practice*.**

This conference brought together international experts on healthcare knowledge translation, implementation science and evidence synthesis. It was organised jointly by our TRIaDS Unit and the Health Services Research Unit, part of the University of Aberdeen.

Professor Jan Clarkson, Director of the Scottish Dental Clinical Effectiveness Programme explained:

“A consistent finding in health services research is that translating research findings into practice is unpredictable and can be a slow and haphazard process.

*The conference is a wonderful opportunity to gather together experts in the field of knowledge translation to help ensure that we help deliver the NHSScotland Healthcare Quality commitment to implementing evidence-based practice to ensure patients gain the maximum benefit from receiving the most appropriate care at the right time.*”

Over the past 15 years, interest in the scientific study of methods to promote the systematic uptake of research findings into routine clinical practice has increased.



**FOCUS ON...**  
**Information Gathering**

It has been demonstrated that knowledge translation interventions are more likely to be effective if they are informed by an assessment of likely barriers and enablers. However, there is limited understanding of the impact of, and how best to address, potential barriers and enablers.

The challenge for researchers is to move beyond single studies and develop and evaluate a theory-based generalisable framework to support the choice, development, content, delivery and evaluation of knowledge transfer interventions.



TRiADS - Translation Research in a Dental Setting - is a collaborative, multi-disciplinary research programme established in 2008. It is funded through the Scottish Government and NES to develop a programme of knowledge translation research embedded within the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance development process.

TRiADS has public, academic, policy, service and professional members, including external national and international leaders in the area of knowledge translation science. It provides a research laboratory for the provision and exchange of evidence-based information between TRiADS, dental healthcare professionals, educators and policy makers on how best to translate service and educational initiatives into routine clinical practice.

Although based in primary dental care in Scotland and centred on clinical guidance for dentistry, TRiADS has developed an innovative generalisable, evaluative knowledge translation framework that is readily transferable across national and international jurisdictions and professional disciplines.

Michael Matheson, MSP, Minister for Public Health, said in his keynote address to the conference:

“Oral health improvement is the aim of everyone involved in delivery of dental services in Scotland. This conference is an opportunity to share knowledge and ensure that we translate evidence into safe, effective and patient-centred practice.”

## FOCUS ON...

## The NES Pharmacy Conference 2012

**NES Pharmacy hosted its fourth national conference on Wednesday 21 November 2012 at the Grand Central Hotel, Glasgow. Over 100 delegates attended this afternoon conference chaired by Professor Norman Lannigan, Chair of the NES Pharmacy Professional Advisory Group.**

Keynote speakers included NES Chief Executive Malcolm Wright, Professor Bill Scott, Chief Pharmaceutical Officer, SGHD and Dr Rose Marie Parr, Director of Pharmacy at NES. The event reflected on the progress made since the inauguration of NES in 2002 and discussed what the educational road ahead might look like over the next ten years for the pharmacy workforce in NHSScotland.

Showcase sessions explored recent work carried out by NES Pharmacy and discussed the educational challenges ahead in relation to undergraduate education, pre-registration training, pharmacy technician and support staff training, as well as the use of new innovative technologies to advance pharmacy practice.

The final keynote speaker of the afternoon was Professor Alastair McGowan, former Postgraduate Dean of Medicine at NES. He highlighted lessons learned from his detailed work on educational assessment carried out over recent years, which has practical relevance for pharmacy education and training.

Comments from **twitter**

*“Excellent final presentation on insights into educational assessments from a medical perspective from Prof A McGowan”*

*“Current generation of pharmacists should be responsible for teaching/mentoring future generations”*

*“if it's not about patient outcomes why are we doing it?”*

Rose Marie Parr, on pharmacy education

*“Schools of pharmacy use competency based assessment. Does GPhC need to change from MCQ pre-reg exam?”*

*“Decision making, critical thinking and leadership are core attributes for professionalism”*

*“Those who survive change are ones who adapt to change: education an enabler; & professionalism”*



FOCUS ON...

# Smart thinking

NICE app for health and social care staff

**The National Institute for Health and Clinical Excellence (NICE), working with NHS Education for Scotland (NES), have launched two free British National Formulary (BNF) Smartphone applications for download by health and social care professionals who work for or who are contracted by the NHS in Scotland.**

NICE has worked with NES and the BNF to make these essential resources available via NES's national ATHENS authentication system and **The Knowledge Network** to health and social care professionals with prescribing responsibilities in Scotland.

The NICE BNF and NICE BNFC (British National Formulary for Children) apps provide easy access to the latest up-to-date prescribing information from the BNF and BNFC – the most widely-used medicines information resource in the NHS.

The NICE BNF and NICE BNFC apps are free to health and social care professionals via the Apple App Store and Google Play Store. Users will need to enter their NES Athens user name and password to activate the app and download the content.

Once downloaded and activated, the app does not rely on a network connection and will provide direct offline access to the latest version of the BNF and BNFC.

Eligible health and social care staff who do not yet have an Athens password can register for free online via **The Knowledge Network**

Announcing the launch of the NICE BNF and NICE BNFC apps in Scotland, Sir Andrew Dillon, NICE Chief Executive, said:

*“ We are delighted that, following the huge success of the NICE BNF and NICE BNFC apps in England, we are now able to offer this essential resource to our health and social care colleagues in Scotland. The NICE BNF and BNFC apps help meet the needs of health and social care professionals, by providing fast, reliable and convenient access to the most up-to-date prescribing information to ensure that medicines can be administered safely. ”*

Malcolm Wright, Chief Executive of NHS Education for Scotland said:

*“ NHS Education for Scotland is delighted to be working in partnership with our colleagues at NICE to enable access to the British National Formulary and British National Formulary for Children smartphone apps - a move which also demonstrates an excellent example of good practice in cross-nation partnership working. The NICE BNF apps will enable easy access in the clinical setting to these critical resources for safe and effective prescribing and help to support the delivery of our strategic vision of “Knowledge into Action” - enabling clinicians to apply knowledge to make safe, reliable decisions in day to day frontline care. ”*

Duncan Enright, Publishing Director of the BNF, said:

*“ The BNF and BNF for Children are the single preferred source of medicines information at the point of care for 9 out of 10 health professionals across the UK. In particular we work closely with colleagues in Scotland to meet their needs. This app will add another option for those wishing to find answers at the point of care. ”*



FOCUS ON...

# Career Progression

Celebrating Early Clinical Career Fellowships for Nurses and Midwives in NHSScotland



**An Early Clinical Career Fellowship (ECCF) is an opportunity for talented and motivated nurses or midwives to develop personally, professionally and academically at an early stage in their career.**

In November, NES hosted a national celebratory event to mark the conclusion of the pilot of the ECCF and the ongoing progress of the 2011 and 2012 cohorts. Past and present Fellows shared their experiences and views of how ECCF has supported development of their leadership skills to the benefit of patient care.

Alex Neill, the Cabinet Secretary for Health and Wellbeing, congratulated the Fellows stating:

*“ we ... in the National Health Service at ministerial level believe that the continuation of this type of programme is absolutely essential for the future. ”*

It was great to hear so many good news stories. The NES ECCF Team encourage you to view the photos, interviews and video footage via the [NES website](#).



ECCF Fellows at the National Celebration Event

Contact the NES ECCF Team | [eccf@nes.scot.nhs.uk](mailto:eccf@nes.scot.nhs.uk)

FOCUS on...

# Honourable Fellowship

Announcement from Malcolm Wright, Chief Executive

**Malcolm Wright was awarded an Honourable Fellowship of the Royal College of Physicians of Edinburgh on 26 October 2012.**

Malcolm said: "I was delighted to receive this honour from the Royal College of Physicians of Edinburgh. As a non-physician, this is a particular and very special honour."





## FOCUS ON...

# In the frame



infection  
prevention  
& control

## New Framework for Infection Prevention and Control Nurses

**The Healthcare Associated Infection team at NHS Education for Scotland (NES) has developed a *Career and Development Framework for Infection Prevention and Control Nurses*.**

The role of the Infection Prevention and Control Nurse is evolving in response to the patient safety agenda, quality improvement initiatives, critical incidents and new and emerging threats to healthcare. Practitioners have a pivotal role in preventing avoidable infections by providing a wide range of people with expertise, advice and support.

The **Career and Development Framework** will assist in the benchmarking of existing roles and inform nurses in their career progression and educational development. The information presented is organised around each of the four pillars of practice described in the NHSScotland Advance Nursing Practice Toolkit - leadership; facilitation of learning; evidence, research and development; and clinical practice.

Sarah Freeman, Educational Projects Manager with the NES Healthcare Associated Infection team, said: "As an Infection Prevention and Control Nurse I was frequently asked what I did. This **Career and Development Framework** has, for the first time, defined the profession".

## Access the Framework via a free Smartphone App

To support the implementation of the Framework a free smartphone App has been developed. Its aim is to support practising and aspiring infection prevention and control nurses, senior nurses, service leads and educators to quickly identify the practice and competence required to provide safe, effective and person-centred care.

The mobile App format enables practitioners to keep a copy of the Framework 'in their pocket' and will be particularly beneficial for community-based staff and those with limited access to a desktop PC.



## NES Board Meetings

NES Board business meetings are held throughout the year and are open to the public. The meetings normally begin at 10.45 am and last 2 - 3 hours.

Anyone interested in attending a Board business meeting should contact David Ferguson, Board Services Manager, on 0131 656 3424 or via:

 david.ferguson@nes.scot.nhs.uk

The Board business meeting dates from now until March 2014 are set out below. Details of the venues will be publicised in due course, although the meetings will normally take place at Westport 102, West Port, Edinburgh, which is the new Edinburgh office base for NES.

### 2013

Thursday 14 March

Thursday 25 April

Thursday 27 June

Thursday 1 August

Thursday 12 September

Thursday 24 October

Thursday 5 December

### 2014

Thursday 23 January

Thursday 13 March

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