The new Nursing and Midwifery Council Standards for Pre-registration Nursing Education

Advice on implementation for Scotland’s universities: policy issues

June 2011
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Key messages

The new Nursing and Midwifery Council (NMC) Standards for Pre-registration Nursing Education, published in September 2010, reflect the perspectives of a wide range of stakeholders on how nursing should be developed for the future. They also reflect the changing face of health care in the UK by aiming to prepare nurses who can respond flexibly to current and future challenges.

It is important that universities in Scotland which are responsible for pre-registration nursing programmes have a solid understanding not only of the implications of the new standards for programme development and delivery, but also of how the new standards reflect and support the health and social care policy agenda in Scotland.

The new standards are highly complementary to many national service drivers and will support the achievement of Scotland’s three NHS quality ambitions. Consultations the NMC held with the public during the process of developing the new standards revealed that high on the public’s list of priorities for nurses was for them to be: “responsible and accountable for safe, person-centred, evidence-based nursing practice”. The public’s wish is being strongly supported by the health and social care policy agenda in Scotland, particularly through The Healthcare Quality Strategy for NHSScotland.

This briefing paper explores how the new standards link with the health and social care policy agenda in Scotland and points universities to national initiatives and resources that will support their work in aligning necessary programme changes with key health and social care policy drivers.

There are many quality-assured educational resources in Scotland on which universities can draw to support students undertaking programmes based on the new standards, and some of these are briefly described in the paper. Universities are encouraged to investigate this rich bank of resources to identify their potential in supporting student learning.

The development of the new programmes provides an opportunity for university and service staff to work together to ensure that programme design, structure and practice learning opportunities reflect the health and social care policy agenda and contemporary service priorities in Scotland and that service users gain maximum benefit from the skills and qualities of nurses graduating from the programmes.
Introduction

Following wide consultation throughout the UK, the Nursing and Midwifery Council (NMC) has developed new standards for pre-registration nursing education.¹ The standards will govern how pre-registration programmes across all four nursing “fields”² – adult, children, mental health and learning disability – will be developed from September 2011 onwards.³ It is important that universities in Scotland which are responsible for pre-registration nursing programmes⁴ have a solid understanding not only of the implications of the new standards for programme development and delivery, but also of how the new standards reflect and support the health and social care policy agenda in Scotland.

The first briefing paper in this series, published in February 2011,⁵ explains the nature of the new standards as they will apply in Scotland and provides advice on how service organisations, working in close partnership with universities and other stakeholders, can prepare to engage with the standards and maximise the opportunities they present. This second briefing paper explores how the new standards link with the health and social care policy agenda in Scotland and points universities to national initiatives and resources that will support their work in aligning necessary programme changes with key health and social care policy drivers.

¹ Access at: http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf
² The term “fields” now replaces “branches”.
³ The new standards will be introduced to coincide with the NMC five-yearly programme approval schedule. This means that in Scotland, they will be introduced to new programmes approved to commence in September 2011 and to all remaining programmes by September 2013. Universities which offer pre-registration nursing programmes in Scotland will consequently be adopting the new standards at different times.
⁴ The 11 universities providing pre-registration nursing programmes in Scotland are: Edinburgh Napier University; Glasgow Caledonian University; The Open University; Queen Margaret University; Robert Gordon University; University of Abertay; University of Dundee; University of Edinburgh; University of Glasgow; University of Stirling; University of the West of Scotland.
⁵ Access at: www.nes.scot.nhs.uk/media/1092916/pre-reg-briefing-paper-1-d5-final-12-01-11-design-4.pdf
The new standards

The new standards are fundamentally about preparing a nursing workforce that can effectively meet the complex needs of service users, families and carers and the associated challenges nurses will face in service settings now and in the future. Pre-registration programmes from 2011 on will therefore have a greater focus on preparing nurses to work flexibly within a range of caring environments and with a wide spectrum of service users, carers, communities, professionals and agencies.

The new pre-registration nursing programmes will have a different structure from those that exist currently. There will no longer be a common foundation and branch structure: instead, the core underpinning of the new programmes will be a set of generic competencies that will apply to nurses in all four fields of practice and which will be augmented by field-specific competencies acquired by students as their programmes progress. The new programmes will focus on students’ acquisition of the generic and field-specific competencies from the outset, with more specialist knowledge being developed over time.

The NMC has decided that by September 2013 all pre-registration nursing programmes will be at degree level. This means that in future, all new registered nurses emerging from the programmes will have a degree as a minimum education qualification.

There are many quality-assured educational resources in Scotland on which universities can draw to support students undertaking programmes based on the new standards, and some of these are briefly described in the sections below. Universities are encouraged to investigate this rich bank of resources to identify their potential in supporting student learning.

Engaging the new programmes with key policy drivers

From a Scottish perspective, the new standards are highly complementary to many national service drivers, particularly in relation to promoting quality, improving patient experience and increasing patient safety. In driving excellence in degree-level pre-registration programmes, the new standards will support the achievement of Scotland’s three NHS quality ambitions, as described in The Healthcare Quality Strategy for NHSScotland. Công"}

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• **person centredness** – mutually beneficial partnerships between service users, their families and those delivering health care services: the new standards strongly promote the active inclusion of service users and carers in all aspects of care and advocate multidisciplinary, multi-agency working

• **safety** – no avoidable injury or harm to people from the health care they receive: protection of the public and promotion of patient safety are central tenets of the new standards

• **effectiveness** – the most appropriate treatments, interventions, support and services being provided at the right time and wasteful or harmful variation being eradicated: the standards drive evidence-based, protocol-driven interventions from nurses and their colleagues in health care teams.

The next sections of the briefing paper explore each of these three ambitions in relation to:

• key issues around the ambition
• national programmes, initiatives and legislation that support the achievement of the ambition
• useful educational resources that universities can access to support students to understand the issues around the ambition.\(^7\)

There are also two annexes which signpost additional relevant resources for practitioners following registration and in relation to the three quality ambitions.

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\(^7\) It will become clear to readers that while each of the key issues, national programmes and useful educational resources have been described under only one of the quality ambition headings, many of them in fact have provenance within two or all of the quality ambitions. This reflects the synergy between person-centredness, safety and effectiveness.
1. Person centredness

Key issues

Empowering patients and the public to understand their rights in relation to the NHS, to see themselves as partners in care and to recognise their responsibilities as citizens and patients is fundamental to the realisation of an NHS characterised by mutuality and in which person-centred, safe and effective care is delivered.

The Healthcare Quality Strategy for NHSScotland and the Patients’ Rights (Scotland) Act 2011 are key drivers for person-centred care in NHSScotland. While the Quality Strategy puts in place the mechanisms for a culture change within the service towards a person-centred focus, the Patients’ Rights (Scotland) Act introduces a new Charter of Patient Rights and Responsibilities for individuals accessing NHSScotland services.

Health inequalities and the social determinants of health are also key issues in relation to person-centred care. This is recognised within the new standards, which state that:

- all nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities (Generic Competence 5)
- where necessary, [nurses] must challenge inequality, discrimination and exclusion from access to care (Generic Competence 2).

National programmes

Patients’ Rights (Scotland) Act 2011


The Patient Rights (Scotland) Act was passed by the Scottish Parliament on 24 March 2011. It aims to improve patients’ experiences of using health services and to support people to become more involved in their health and health care. The Act puts in place a range of initiatives aimed at bolstering patients’ rights, including a Charter of Patient Rights and Responsibilities, a 12-week treatment time guarantee, and the Patient Advice and Support Service.

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The Equality Act 2010  

The Equality Act 2010 is important in taking forward the patients’ rights and person-centred care agendas in Scotland. It establishes a general duty for services in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation. Under the Act, if a user of NHS services believes he or she has suffered discrimination (that is, has been treated less favourably than a person who does not share a particular characteristic like race or gender, or does not have an impairment defined legally as “disability”), he or she may be able to pursue this in law. The Equality Act 2010 offers NHSScotland new opportunities to eliminate discrimination in service provision and reduce inequalities in health care.

Better Together programme  
[www.bettertogetherscotland.com](www.bettertogetherscotland.com)

Better Together is Scotland's patient experience programme. It supports NHS Boards, frontline staff and patients in driving forward service improvement and enables best practice to be shared between different services. The programme has developed a wide range of resources that can be used to support education initiatives, including a Communications Toolkit that offers practical, ready-to-use tools and ideas for communicating with patients and staff.

NHSScotland Participation Standard  
[www.scottishhealthcouncil.org](www.scottishhealthcouncil.org)

The NHS Reform (Scotland) Act 2004 placed duties of public involvement and equal opportunities on NHS Boards, with the Scottish Health Council being established in 2005 to ensure that NHS Boards delivered their participation responsibilities. The Standard has three main elements:

- **patient focus**: care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, gender, race, religion or belief, sexual orientation and transgender status

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• **public involvement**: there is supported and effective involvement of people in service planning and improvement

• **governance**: robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles.

**Equally Well**

www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce

*Equally Well*, the report of the Ministerial Task Force on Health Inequalities, was launched in June 2008. A detailed implementation plan was then published in December 2008, setting out actions that require strong joint working among NHS, local government and third sector agencies and others. It is closely aligned to a range of government initiatives aimed at reducing health inequalities, such as *The Early Years Framework* and *Achieving Our Potential: a framework to tackle poverty and income inequality in Scotland*.

**Useful educational resources**

**Little Things Make a Big Difference website**

www.knowledge.scot.nhs.uk/making-a-difference.aspx

This NHS Education for Scotland (NES) supported website has been designed to act as a gateway for NHSScotland staff to promote the enhancement of patient experience. The site enables rapid access to key sources and deeper exploration of reports and current literature. It provides quick access to resources, supports continuing professional development for healthcare staff and can be used as an information and learning resource by patients and carers.

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10 Access at: [www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce)

11 Access at: [www.scotland.gov.uk/Publications/2008/12/10094101/0](http://www.scotland.gov.uk/Publications/2008/12/10094101/0)


Spiritual Care Matters learning resource  
www.nes.scot.nhs.uk/media/3746/030309spiritualcarematters.pdf

This NES developed resource is intended for students, nurses and others who want to explore the spiritual aspects of care and for those with a commitment to teach and explain its nature. It aims to help individuals to integrate some of the various ways in which spiritual care is being discussed, taught, practised and experienced within the NHS.

Bridging the Gap: a health inequalities online learning resource  
www.bridgingthegap.scot.nhs.uk/home.aspx

Developed by NES, Bridging the Gap provides students and educators involved in tackling health inequalities in Scotland with a flexible resource that introduces key evidence, issues and themes in health and social inequalities. It also provides access to a range of resources and links to further information.

The Ten Essential Shared Capabilities Learning Resource for Mental Health Practice (Scotland) 2011  
www.nes.scot.nhs.uk/initiatives/mental-health

The main emphasis of this NES developed learning resource is on supporting cultural change in services by promoting rights-based, recovery-focused practice. While the resource is designed primarily for nurses and others in mental health services, much of the content has real resonance for nurses in all areas of practice as it focuses on generic issues such as rights, values, evidence-based practice, person-centred care and working in partnerships.
Realising Recovery learning materials
www.nes.scot.nhs.uk/media/5825/13875-nes-mentalhealth-coverintro.pdf

These learning materials have been developed by NES and the Scottish Recovery Network (SRN). They build on The 10 Essential Shared Capabilities learning materials to provide a firm foundation for the values base for mental health workers in Scotland, with a particular focus on promoting recovery. They offer opportunities to develop knowledge, skills and values in ways that maximise the involvement of service users, embrace the belief that recovery is possible and facilitate new relationships between people who use services and the communities in which they live.
2. Safety

Key issues

The NMC states that preparing the next and future generations of nurses to care for people safely is “a vital part of its mandate”,\(^{14}\) so it is little surprise that Standard 1 of the new standards for education focuses on “safeguarding the public”. This very clearly complements the Scottish Government’s intention, stated in the Quality Strategy, to have “the whole of the NHS committed to patient safety and, in particular, to avoiding infection and harm.”

National programmes

Scottish Patient Safety Programme

www.patientsafetyalliance.scot.nhs.uk/programme

The objective of the Scottish Patient Safety Programme, which is co-ordinated by Healthcare Improvement Scotland, is to steadily improve the safety of health care across the country by using evidence-based tools and techniques to improve the reliability and safety of everyday health care systems and processes. In addition to gathering real-time data, the programme also develops resources and tools for professionals and campaigns on safety issues. It has established the Scottish Patient Safety Fellowship Programme, led by Healthcare Improvement Scotland in partnership with NES and territorial NHS Boards, to develop and strengthen clinical leadership and improvement capability in NHSScotland to support the implementation of the programme.

\(^{14}\) NMC (2010) *Pre-registration Nursing Education in the UK*. London: NMC.
Scottish Government Healthcare Associated Infection (HAI) Task Force
www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529

The HAI Task Force is the overarching body that coordinates and monitors the actions put in place to help reduce HAIs across NHSScotland. Its remit includes increasing public confidence through demonstrating improvements in prevention and control of HAI and cleaning, ensuring public involvement in the development and implementation of the national HAI strategy, developing policy and best practice for the prevention and control of HAI, acting as a focal point for the exchange of information, experience and best practice between national stakeholder organisations, and developing robust monitoring and audit procedures to measure compliance with HAI Task Force and related Scottish Government requirements. Research is also a crucial component of the HAI Task Force’s work.

NHSScotland will continue to face major challenges in tackling HAI in the coming years. The HAI Task Force is committed to building on its current programme in 2011 and beyond to ensure that it identifies and responds to new and emerging threats.

Useful educational resources

NES HAI education programmes
www.nes.scot.nhs.uk/initiatives/healthcare-associated-infection/educational-programmes/

NES has produced a series of education programmes as part of the work of the Scottish Government's HAI Task Force Action Plan to reduce HAI within NHSScotland. The programmes have been developed in partnership with key stakeholders and are designed to support a wide range of healthcare staff. Although primarily self-directed, students may need local support and guidance to complete some programmes. Other initiatives, such as the Cleanliness Champion programme, which is now embedded within pre-registration nursing curricula in Scotland, also require students to be registered by their organisation. The suite of HAI-related programmes developed by NES nevertheless includes a series of self-register/self-directed online short courses on issues such as pressure ulcers and caring for patients in isolation.15

15 The NES HAI education programmes can also be accessed via the Evidence into Practice website at: www.evidenceintopractice.scot.nhs.uk/healthcare-associated-infections.aspx
Healthcare Improvement Scotland Tissue Viability Toolkit
www.healthcareimprovementscotland.org/programmes/patient_safety/tissue_viability.aspx

The Scottish Government commissioned NHS Quality Improvement Scotland (NHS QIS) to work with the Care Commission\textsuperscript{16} to lead an integrated and coordinated approach to tissue viability across all NHS Boards to improve the overall quality of care and reduce the incidence of wounds and wound infections. The programme has six aims, with NES developing a capability framework and commissioning education initiatives for providers of tissue viability care. A Tissue Viability Toolkit was subsequently developed, containing a wide range of tools, practice guides and recording charts.

\textsuperscript{16} As of 1 April 2011, Healthcare Improvement Scotland adopted the functions of NHS Quality Improvement Scotland and the regulation of independent health care function undertaken by the Care Commission.
3. Effectiveness

Key issues

It is recognised that an important element in implementing the Quality Strategy is enabling and empowering frontline NHS staff to deliver more effective services through use of improvement methodologies. Central to this is the adoption of a “continuous improvement” approach to healthcare delivery.

Continuous improvement is about organisations focusing their efforts on improving their services, processes and, ultimately, their value to stakeholders. It has been described as:

- securing commitment from all to the idea of continuous improvement
- promoting patient satisfaction in every interaction with the service
- continually seeking a better way of doing things
- implementing recognised best practice to support development and equity across NHSScotland
- creating “learning organisations” that are able to share and sustain improvements.

Continuous improvement represents a range of ideas, approaches, tools and a mindset or culture that recognises there is always a better way of doing things. This is considered an essential prerequisite to the effective implementation of specific improvement methodologies, such as the lean methodology. It will be important for pre-registration programmes based on the new standards to reflect the cultural ethos of continuous improvement, which is promoted by the standards, and to encourage the development of a continuous improvement “mindset” among students.
National programmes

Nursing, midwifery and allied health professional (NMAHP) quality councils
www.knowledge.scot.nhs.uk/qualitycouncils.aspx

The development by the Chief Nursing Officer of NMAHP quality councils to support the NMAHP contribution to implementing the Quality Strategy is considered crucial to developing education and learning around effectiveness across the NHS. A central co-ordinating council oversees three discrete quality councils, one for each of the Quality Strategy’s quality ambitions: person centred, safe and effective. A number of workstreams are being set up to support issues that impact on the quality councils. Three of these – care governance approaches, care governance measurement and professionalism – will embrace new areas of work, while others will provide coherence to current activities and ensure alignment with the three quality ambitions in areas such as improvement methodology, workforce issues, leadership, research, and communication and engagement. All support workstreams will report to the central co-ordinating council.

The Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP Research Unit)
www.nris.gcal.ac.uk/

The unit is funded by the Scottish Government to carry out high-quality research into direct patient care. Its aim is to improve outcomes for patients, with patients, practitioners and the public collaborating on the selection of research topics, the design of research studies and the dissemination of findings. The unit works collaboratively with academic and clinical colleagues across Scotland and internationally to maximise its outputs and to increase the capacity and capability of NMAHP researchers at all levels, from novice researcher to the research leader, through supervision, mentoring and involvement in the unit’s programmes of work.
Useful educational resources

Evidence into Practice website
www.evidenceintopractice.scot.nhs.uk/

This NES resource helps clinicians to find, share and apply evidence to practice to deliver the best quality patient care. It aims to equip NHSScotland with the knowledge and tools to deliver a world-class health service and facilitate change in practice at the frontline by providing:

- access to the evidence base for safe, effective, person-centred care
- tools and support for creating, sharing and disseminating knowledge through communities and networks
- tools and outcome measures to support, record and monitor improvement in practice
- learning resources and guidance for quality improvement science.

NHSScotland Educational Resources: Clinical Governance (website)
www.clinicalgovernance.scot.nhs.uk/index.asp

This website supports healthcare staff to use clinical governance and risk management quality improvement methods in their work. The resource can be used flexibly as a programme of personal learning, a training resource for directed learning and as a reference source to inform clinical practice. It is split into discrete units covering the key issues of clinical governance, clinical effectiveness, managing risk, involving patients, patient safety and incident reporting, and using evidence.

Scottish Clinical Skills Managed Educational Network
www.csmen.ac.uk/aboutus/index.htm

The network was established in conjunction with the Scottish Clinical Skills Alliance and plays a key role in implementing the Clinical Skills Strategy for Scotland. It uses core principles for managed clinical networks in Scotland and seeks to provide clinical leadership, common quality standards, increased training provision, coordination of research and development priorities, and synergies with the National Patient Safety Alliance. The network operates through three regional consortia, coordinated by regional champions.

17 Access at: www.csmen.ac.uk/contactus/Scottish_Clinical_Skills_Strategy_Exec_summary.pdf
Moving towards the new programmes ...

Consultations the NMC held with the public during the process of developing the new standards revealed that high on the public’s list of priorities for nurses was for them to be: “responsible and accountable for safe, person-centred, evidence-based nursing practice”. The public’s wish is being strongly supported by the health and social care policy agenda in Scotland, particularly through the Quality Strategy.

The new NMC Standards for Pre-registration Nursing Education reflect the perspectives of a wide range of stakeholders on how nursing should be developed for the future. They also reflect the changing face of health care in the UK by aiming to prepare nurses who can respond flexibly not only to the challenges services face now, but also to those they will face in the future. These will include an ageing population, increases in the incidence of long-term conditions and a growing desire among the public to access health care services closer to home in their own communities.

The development of the new programmes provides an opportunity for university and service staff to work together to ensure that programme design, structure and practice learning opportunities reflect the health and social care policy agenda and contemporary service priorities in Scotland, and that service users gain maximum benefit from the skills and qualities of nurses graduating from the programmes.

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18 NMC (2010) Pre-registration Nursing Education in the UK. London: NMC.
Annex 1. Learning support beyond initial registration

The following resources have been designed to support newly registered and more senior practitioners in the NHSScotland workforce as they develop their career profiles.

**Flying Start NHS®**
[www.flyingstart.scot.nhs.uk/](http://www.flyingstart.scot.nhs.uk/)

Flying Start NHS®, which was launched nationally in January 2006 following a short pilot, is focused on supporting newly qualified practitioners to feel valued within their new workplace, to enhance their capabilities as accountable registered practitioners and to provide a framework from which to build a career-long approach to professional development. The programme is delivered through a dedicated NES website that promotes work-based learning activity aimed at supporting the individual’s professional progression, building their confidence and assisting them in making choices about career development. It is fully endorsed by the Scottish Government, NHSScotland professional leads and universities. The expectation is that all newly qualified practitioners will register on the programme as they assume their first NHS post, and that completing the programme should take no longer than a year.

**Effective Practitioner resource**
[www.nes.scot.nhs.uk/initiatives/effective-practitioner](http://www.nes.scot.nhs.uk/initiatives/effective-practitioner)

NES set up this resource to support the large group of NMAHPs at levels 5 and 6 of the Career Framework for Health. It aims to fill a gap by providing staff with access to flexible resources to assist them to remain up to date, provide evidence-based care, be aware of their accountability and responsibility, and understand their role within the wider healthcare team. It is envisaged that it will simultaneously assist staff in their continuing professional development, revalidation and Knowledge and Skills Framework (KSF) personal development plans.
Leading Better Care
www.evidenceintopractice.scot.nhs.uk/leading-better-carereleasing-time-to-care.aspx

Leading Better Care (LBC)\(^{19}\) was launched in July 2008. Central to the measures LBC put in place is the Framework for the Senior Charge Nurse Role in NHSScotland. The framework is built on four key areas of responsibility:

- ensuring safe and effective clinical practice
- enhancing patients’ experiences of care
- managing and developing the performance of the team
- contributing to the delivery of the organisation’s objectives.

A series of development opportunities, spearheaded by the NES Education and Development Framework for Senior Charge Nurses,\(^{20}\) has been put in place to ensure all senior charge nurses have the knowledge and skills to fulfil their new roles.

Part of the LBC report focuses on the Clinical Quality Indicators (CQIs). CQIs are evidence-based process indicators that support practitioners to focus on continuous quality improvements. Continually monitoring aspects of care can have an impact on the quality of care provided and on service users’ and carers’ experience. Improving process compliance can therefore be mapped to improvements in outcome measures. A core set of CQIs for nursing has been developed, consisting of:

- food, fluid and nutrition
- falls
- pressure area care.

\(^{19}\) Access at: [www.scotland.gov.uk/Publications/2008/05/30104057/0](http://www.scotland.gov.uk/Publications/2008/05/30104057/0)

Releasing Time to Care
www.evidenceintopractice.scot.nhs.uk/leading-better-carereleasing-time-to-care.aspx

Releasing Time to Care (RTC) focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving effectiveness, safety and efficiency. RTC is about helping nurses to release the time they have to do what they do best – deliver patient care – more often and more effectively. It reflects research that showed nurses tended to spend less than half of their working time on direct patient care and the consequent realisation that the main tasks on a ward had to be redesigned to make them more patient-focused and less time-consuming for staff to complete. An education package has been developed to support participating staff.
Annex 2. Other useful resources

Person centredness

**NHS Inform**  
[www.nhsinform.co.uk/](http://www.nhsinform.co.uk/)

NHS inform is a new national health information service that provides a single source of quality-assured health information for the public in Scotland.

**Health Rights Information Scotland (HRIS)**  
[www.hris.org.uk/](http://www.hris.org.uk/)

HRIS provides information about what the public can expect from the NHS and their involvement in decisions about their health care. Funded by the Scottish Government, its responsibilities include producing information about patients’ health rights and about health services that are made available to the public via NHS services.

Safety

**HAI-related care bundles**  
[www.hps.scot.nhs.uk/haiic/ic/bundles.aspx](http://www.hps.scot.nhs.uk/haiic/ic/bundles.aspx)

Care bundles are a small set of practices – generally three to five – that, when performed collectively, reliably and continuously, have been proven to improve patient outcomes. Essentially, bundles contain the most important actions for patient safety for any given disease or negative outcome prevention programme. Health Protection Scotland (HPS) was commissioned by the HAI Task Force to take the lead in developing several care bundles relating to HAI, including a peripheral vascular catheter bundle and a catheter-associated urinary tract infection bundle. After testing in a range of hospitals, the bundles are being rolled out across NHS Boards to improve the process of delivering care and to positively impact on patient outcomes. The bundles have been adopted by the Scottish Patient Safety Programme where appropriate and good evidence is emerging that the use of care bundles by NHS staff is having a positive effect in reducing avoidable HAIs.
Effectiveness

Continuous Improvement Toolkit
www.improvingnhsscotland.scot.nhs.uk/programmes/improvement_toolkit/Pages/About.aspx

The Continuous Improvement Toolkit has been designed by the Improvement Support Team to aid NHSScotland in achieving a culture of continuous improvement. Created for managers, clinicians and frontline staff, the toolkit is a generic resource that can be used for any service improvement work. The toolkit focuses on three specific areas (improvement centre, improvement culture and skills for improvement) and provides practical support, guidance and training materials.