



Patients First: Supporting Nurse – led Innovation in Practice

**A partnership between Foundation of Nursing Studies (FoNS) and
The Burdett Trust for Nursing**

**An Evaluation of Year 1 of the Programme
Final Report**

2009-2011

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1. Introduction

1.1 The Foundation of Nursing Studies (FoNS)

FoNS is a small independent charity that works with nurses and healthcare teams to develop and share innovative ways of improving practice; thereby enabling them to provide care that is high quality; evidence based and meets the needs of patients.

1.2 The Burdett Trust for Nursing

The Burdett Trust for Nursing is an independent charitable Trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN. Nurses, midwives, health visitors and the allied health professions make up the majority of the healthcare workforce and play a pivotal role in direct care to patients. The Trust targets its grants at projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment. For further information visit: <http://www.burdettnursingtrust.org.uk/>.

1.3 The Patients First Programme

Both FoNS and The Burdett Trust for Nursing share a commitment for advancing nursing practice and improving patient care; FoNS through its support and involvement in a number of practice development initiatives and The Burdett Trust for Nursing through its grants to support a wide range of innovative projects. These shared purposes enabled FoNS to become one of The Burdett Trust for Nursing's Funding Partners in 2009 and consequently launch the Patients First Programme, which offers support and facilitation to clinically based nurse-led teams over a 12 month period to help them to develop, implement and evaluate locally focused innovations that improve patient care in any healthcare setting across the UK.

The programme helps nurse-led teams to keep a central focus on the patient and the issues that matter to them the most. It offers advice on developing effective project plans/proposals and access to practice development tools and resources. The programme includes workshops that bring together the nurse-led teams to explore and enable effective strategies for developing and changing practice and provides opportunities for networking and sharing. Facilitation in the workplace enables the development of knowledge and skills in leading and facilitating change. A grant of up to £3,000 is offered to support participation in the programme and implementation of the project.

2. Overview of Year 1 of the Programme

Year 1 of the Patients First programme ran from date May 2009 – June 2011. 15 nurse-led project teams were supported during Year 1. Table 1 outlines the key activities that were involved in the months leading up to and following the 12 month period of the projects.

Table 1. An outline of the key activities included in Year 1 of the programme

Date of activity	Outline of activity
May – September 2009	Recruitment of projects for cohort 1: <ul style="list-style-type: none"> • Call for applications • Selection
November 2009	Cohort 1 projects begin
December 2009	Cohort 1 Workshops 1 and 2
October 2009-Jan 2010	Recruitment of projects for cohort 2: <ul style="list-style-type: none"> • Call for applications • Selection
March 2010	Cohort 2 projects begin
March 2010	Cohort 1 Workshop 3
March 2010	Cohort 2 Workshop 1 and 2
July 2010	Cohort 2 Workshop 3
July 2010	Cohort 1 Workshop 4
November 2010	Cohort 2 Workshop 4
November 2010 – April 2011	Support with report writing for cohort 1
February 2011 – June 2011	Support with report writing for cohort 2
December 2009 – April 2010	Site visits by FoNS practice development facilitator/s

2.1 Recruitment process

The project teams for Year 1 of the programme were recruited in two cohorts. This approach was adopted as Diana Calcraft, the FoNS practice development facilitator who led this year of the programme was new to the organisation, and this approach provided Diana with some time to familiarise herself with the programme and FoNS before supporting all 15 projects.

The first seven projects were recruited in autumn 2009 and a further eight projects were recruited in early 2010. The recruitment process involved two calls for applications. These were publicised using the FoNS website, the FoNS e-news (circulated to 5,000 recipients), nursing press, CNO bulletin and other funding information resources e.g. RDinfo. A sample application pack can be seen in Appendix 1. Prospective applicants were encouraged to contact FoNS to discuss their proposal. This ensured that their intended project met the programme criteria and also provided an opportunity to explore ideas for strengthening their proposal and seeking local support; outline the programme and the commitment of being a participant. Whilst this process ultimately reduces the numbers of applications, it ensures that most are suitable for the programme.

The applications were reviewed by the FoNS practice development facilitators and were considered against the following criteria:

- The extent to which:
 - the project purpose was innovative, focused on local needs, was informed by evidence and sought to improve the patients' experience of care
 - it was planned to involve patients/carers in the project design, development, implementation and evaluation
- The nature of the context in which the project was to take place and evidence of characteristics that would enable practice change e.g. appropriate staffing levels, learning opportunities, effective leadership, experience of evaluating practice/care

- Evidence of support from the local manager and Director of Nursing, or equivalent
- How the funding would be used to enable project development, implementation and evaluation

Teams were informed by email and letter of the outcome of the selection process. Successful applicants were provided with a Terms and Conditions document that was required to be signed by both the project leader and the relevant Director of Nursing (see Appendix 2). Prior to the initial workshop, teams were provided with an overview of the programme, including aims and learning outcomes of the workshop and support programme (see Appendix 3). The funding was released following attendance at the initial workshop.

2.2 Project teams

Table 2 provides a summary of the project titles and the location of the project teams. Most teams were composed of two project leaders who were working with clinical teams to develop and improve practice. They were often supported by steering groups and/or working groups.

Table 2. Summary of project titles and locations

Cohort 1	Cohort 2
Meeting the needs of service users with bladder problems after a stroke Liberton Hospital, Edinburgh, Scotland	Fistula first in Belfast: improving the experience of renal dialysis Nephrology Unit, Belfast City Hospital, Northern Ireland
Enabling participation of young people in planning and evaluating self-harm services Cheshire and Wirral NHS Foundation Trust, England	Caring for the carers: the establishment of a support group for carers of stroke survivors Causeway Hospital, Northern Ireland.
Developing an inclusive approach for people with learning disabilities Oxfordshire Learning Disability NHS Trust, England	Knowing you – knowing me: improving care through working in partnership with patients and families on a dementia assessment unit Downe Hospital, Northern Ireland
Call 4 Concern: patient and relative initiated critical care outreach Royal Berkshire NHS Foundation Trust, England	Developing local services to work effectively with people with learning disabilities and offending behaviour Forensic Support Service, Macclesfield, England
Enhancing service delivery and improving the experience of children and young people undergoing MRI scans Cambridge University Hospitals NHS Foundation Trust, England	Working with patients to enhance nurses' recognition, assessment and escalation skills for the acutely ill and deteriorating patient Southampton University Hospitals NHS Trust, England
Pro-active patient rounding: meeting patient care needs on an orthopaedic ward Whipps Cross University Hospitals NHS Trust, England	Living well: what patients and their carers would find most useful in a hospice St Nicholas Hospice, Suffolk, England

Evaluating a supportive care clinic for women with gynaecological cancer Gateshead Health NHS Foundation Trust, England	Tell it like it is: delivering information to young bone marrow transplant patients University College London NHS Foundation Trust, London, England
	Chest clinic: exploring and improving care using experienced based design Whipps Cross University Hospitals NHS Trust, England

2.3 Facilitation

The FoNS practice development facilitator provided external facilitation to project teams during the workshops, face-to-face in the workplace and also by email and telephone. The purpose of the facilitation was to:

- Maintain a focus on the aims the Patients First Programme
- To help project teams to achieve their project aims by developing a strategy for developing, implementing and evaluating locally focussed innovations
- Enable the development of project leaders/facilitators and other practitioners involved by providing:
- A knowledge and skills resource in terms of practice development and leading and implementing change
- Critique, challenge and support
- Help the project teams maintain momentum

On average, the FoNS practice development facilitator provided one day a month contact time with project teams. The support provided varied between project teams and was dependent upon the individual needs, skills, experiences and challenges of the project leaders/teams. The support could vary from providing an email response to an ad hoc question to co-facilitating workshops with project leaders. Contact could be requested by either the project team or the FoNS practice development facilitator. The FoNS practice development facilitator also met with Directors of Nursing at least once during the programme to help to make links between the project aims and the Trust's strategic priorities; and to foster the support of the Director of Nursing for the work being undertaken by project teams.

The FoNS practice development facilitator kept field notes for each of the contacts with the project leaders/teams.

2.4 Workshops

A workshop programme was developed, consisting of four workshop days. These were structured and timed to pre-empt and inform specific aspects of project development, implementation, data collection and analysis as well as report writing. Project leaders were advised that these were an essential part of the development programme.

Project leaders were provided with an overview of the practice development workshops in the programme overview (see Appendix 3) which included themes, aims and learning outcomes of the workshops. The core aims were focused on enabling participants to:

- Network and share with other participants
- Engage in active learning
- Reflect on their own learning and the transfer of learning into and from their own workplace

- Develop knowledge, skills and understanding about practice development with and from others
- Implement and evaluate the development of practice

Table 3 provides a summary of the workshop content and the attendance by the project leaders.

Table 3. Workshop summary

Workshop	Focus	Cohort 1	Cohort 2
1 and 2 (These were held on consecutive days at the start of the programme)	The workshop provided an introduction to the principles and methods of practice development. This included: <ul style="list-style-type: none"> • identifying tools that could be used to support project development when engaging with stakeholders • examining facilitation theory and exploring individual facilitation style • considering ways of gathering and using evidence • starting to develop action plans that can be implemented back in the workplace 	16 participants All project teams represented	16 participants All project teams represented
3 (approximately four months into the programme)	The workshop built on knowledge and information provided at previous workshops, in particular relating to aspects of facilitation and evaluation	16 participants All project teams represented	17 participants All project teams represented
4 (approximately eight months into the programme)	Project teams were facilitated to critically reflect on: <ul style="list-style-type: none"> • the project journeys undertaken • the data they had gathered to date relating to practice • the processes used • patient involvement in the project design and implementation There was also an opportunity to focus on report writing and dissemination	15 participants One project team was absent due to the impending closure of the care facility	18 participants All project teams represented

2.5 FoNS Centre for Nursing Innovation

The Patients First programme has a dedicated section within the FoNS virtual Centre for Nursing Innovation (see <http://www.fons.org/programmes/patients-first.aspx>). This provides project teams with information about the programme overall, the workshops and the projects and project teams. In addition, all project leaders were registered as FoNS Associates for the duration of their projects,

enabling them to access the practice development resources in the Learning Zone and networking opportunities provided through the Common Room.

3. Evaluation of the Programme

Whilst FoNS has provided the Burdett Trust for Nursing with progress report on a four monthly basis and the Trust Administrator also accompanied the FoNS practice development facilitator on a field visit to one of the project teams, it is necessary to undertake a formal evaluation of year one of the programme to provide insight into the effectiveness of the programme for both FoNS and the Burdett Trust for Nursing that can be used to inform the development of the programme for future years.

3.1 Aims of the evaluation

The aims of the evaluation were:

1. To explore and determine the impact of the Patients First Programme on:
 - The project leaders/facilitators and the other nurses/healthcare practitioners involved
 - The practice of the project leaders/facilitators and the other nurses/healthcare practitioners involved
 - The involvement of patients in activity to develop and improve practice
 - The care and experience of patients
2. To explore and determine the effectiveness of the key elements of the programme including:
 - The external facilitation
 - The workshops
 - The learning resources including website
 - The funding

From the above aims, the following evaluation questions were formulated:

1. Did the programme enable the development of project leaders/facilitators and the other nurses/healthcare practitioners involved?
2. Did the programme enable the project leaders/facilitators to implement a strategy for developing, improving and evaluating practice?
3. Did the programme enable project leaders/facilitators and the other nurses/healthcare practitioners to work with and involve patients and other stakeholders?
4. Did the programme enable improvement in the care patient's received and their experience of care?

3.2 Participants

The following people have participated in the evaluation:

- Project leaders/facilitators
- Members of the project teams who have been involved in the programme i.e. those who had attended workshops
- FoNS practice development facilitators

3.3 Data collection and analysis

The following evidence was reviewed and analysed to answer the evaluation questions. The:

- Workshop evaluations
- Final reports in relation to project outcomes, processes and approaches used, stakeholder involvement and learning identified by project leaders

- End of programme questionnaire for project leaders
- FoNS practice development facilitator field notes
- Use of funding

3.31 Overview of workshop evaluations

At the end of each workshop, participants were asked to complete an evaluation exercise (see Table 4). Included in this report is the participant evaluation of workshops 1, 2 and 3 (see Appendices 3-5). At the end of workshop 4, as the focus of this day is largely on reviewing progress to date and planning for the final stages of the project and report writing, the participants undertook an creative activity to close the workshops overall. It was not possible to capture this activity to use as evaluation data.

The purpose of these evaluations was three-fold. To inform the:

- Support provided to the project teams by the FoNS practice development facilitator
- Planning for subsequent workshops
- Overall evaluation of Year One of the programme

Only data relevant to this third purpose will be included in this report.

Table 4. Outline of workshop evaluations

Workshop	Evaluation activity
1	Participants asked to identify: <ul style="list-style-type: none"> • What they liked most about the workshop • What they liked least about the workshop • One learning point from the workshop • Any points from the workshop needing clarification
2	Participants asked to complete a 'Doodle' evaluation (see Figure 1)
3	Participants were asked to write a postcard reflecting on their experiences (see Figure 2)
4	Creative activity to close workshop

Figure 1. Example of a 'doodle' evaluation

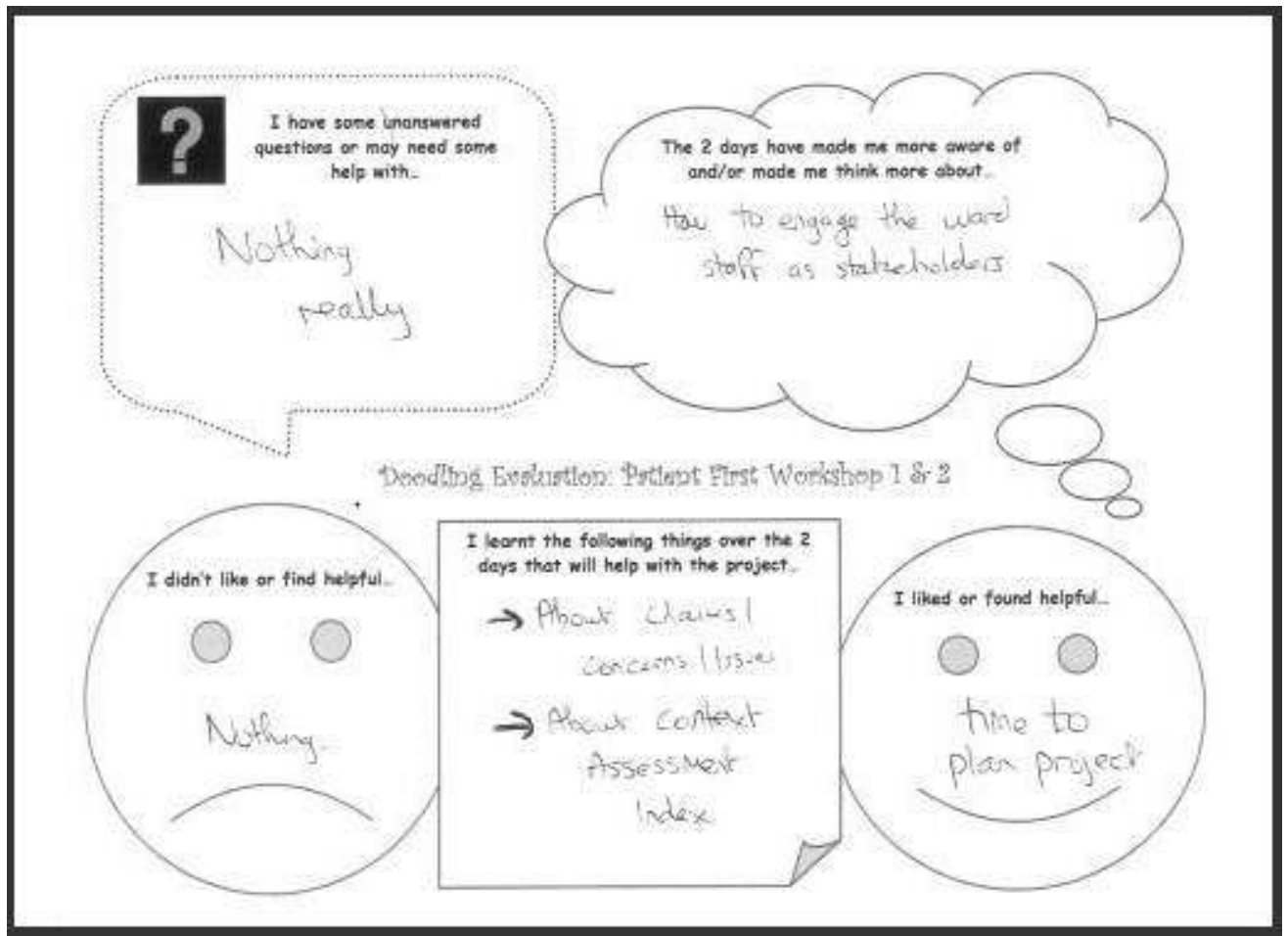



Figure 2. Example of a 'postcard' evaluation

Postcard Evaluation

You are sending the postcard to a chosen one back home. You want to share your day with them. Some of the words have been selected to maintain "postcard speak." The other words can be your own!



Dear Family:

I hope this does / ~~find~~ find you as it leaves me. though for
journey on the train may make my
writing slightly messy

Where we are staying is a very lovely
 The food is great






Today we explored evaluation
 It made me feel like we have a good idea of
place for ongoing evaluation

Because I now have a timeline in
mind

My favourite thing about today was being able
to get an update on all
the projects

When I get back to work I will be able to
feel positive about the project
and continue to take it forward

Next time I come here I hope to have some
data collection I have the plot
working

3.32 Analysis of workshop evaluation data

The data from the workshop evaluations was typed up verbatim. The data was then read and re-read. The initial analysis process was undertaken by Diana Calcraft (DC). Interpretations were reviewed by Kate Sanders (KS) and then critical conversations were held between KS and Theresa Shaw (TS) to ensure that the interpretations seemed reasonable in relation to the data. On the whole, there was little difference between the responses from cohort 1 and cohort 2, except when there were differences in the workshop rooms and accommodation that were used. For this reason, the data was finally considered collectively.

3.33 Key findings from workshop evaluation data

Overall, the participants liked how the workshops were structured and facilitated:

'The two day workshop was great, informative and empowering. Thank you' (Cohort 1, Response to Doodle Evaluation at end of workshop 2)

'All aspects of the two days were very helpful with the project with a lot of interactive sessions' (Cohort 1, Response to Doodle Evaluation at end of workshop 2)

The workshops enabled participants to learn more about practice development and associated concepts. For example:

- Facilitation – styles and interventions

'What sort of facilitator I am and that I may need to change to take the project forward'
(Cohort 1, Response to Doodle Evaluation at end of workshop 2)

'...what is effective facilitation and how we will use facilitation to facilitate our project'
(Cohort 1, Response to Doodle Evaluation at end of workshop 2)

- Evaluation – its importance and how to do it

'Evaluation is important at every step of the process to ensure we get where we want to go'
(Cohort 2, Response to Doodle Evaluation at end of workshop 2)

'...we have a good plan in place for evaluation because I now have a timeline in mind'
(Cohort 1, Response to Postcard Evaluation at end of workshop 3)

- Collaboration and inclusion – identifying and working with stakeholders

'Importance of stakeholders, communication needs to be transparent between groups of stakeholders' (Cohort 2, Response to Doodle Evaluation at end of workshop 2)

'Clarity about involvement and how I can improve the stakeholder involvement' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

- Action planning – being systematic

'Being more organised and putting more planning into the project before starting it' (Cohort 1, Response to Doodle Evaluation at end of workshop 2)

'Clarifying our action plan and evaluation and being clear about what the next steps are'
(Cohort 2, Response to Postcard Evaluation at end of workshop 3)

Whilst this is not surprising as these concepts are related to the themes of the workshops, the quotes also demonstrate how participants also learnt about practice development tools and approaches and how to apply them to their individual projects. There was also evidence in the evaluation data that some participants could see how new knowledge and skills could also be applied beyond the project:

'...more knowledgeable because I can transfer these points generally to my job role' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'My leadership style and what areas I need to work on' (Cohort 1, Response to Doodle Evaluation at end of workshop 2)

In addition to participants liking the way in which the workshops were structured and facilitated, they expressed that they liked the opportunity to network and share with others. In particular, participants liked finding out about the other projects as this provided the opportunity to share ideas and gain a sense of being with *'likeminded people'* and not being *'alone'*. As a result, participants expressed feeling reassured, supported and having increased confidence:

'...getting ideas from others and helping with ideas for their project' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'...finding out how other projects are progressing and identifying common barriers in completing the project, we are not alone' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'Peer support as it has given me confidence' (Cohort 2, Response to Doodle Evaluation at end of workshop 2)

They also appreciated having the dedicated *'time out'* with their own project teams so that they could talk through and develop their project plans.

A number of other positive feelings were expressed by participants as a result of the workshops. These include feeling *'enthused', 'energised', 'committed', 'motivated' and 'empowered'*:

'...enthused with my concerns answered and ready to crack on' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'...energised and focussed again' (Cohort 2, Response to Postcard Evaluation at end of workshop 3)

'...more committed because I am aware of the positive impact of the project' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'...clearer, motivated and supported' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'...more empowered because I now know I need to change my style' (Cohort 1, Response to Postcard Evaluation at end of workshop 3)

'...motivated/empowered' (Cohort 2, Response to Postcard Evaluation at end of workshop 3)

Not all of the data from the workshop evaluations were positive; however, the negative feedback was limited and on the whole related to environmental issues e.g. food, accommodation. Such issues have been addressed for subsequent workshops where appropriate and possible. A couple of participants expressed dislike for some of the creative elements of some of the workshops and others expressed some confusion in relation to some of the practice development processes e.g. evaluation and how they would use some of the tools in their workplace. There was also a sense of tiredness and *'information overload'* for some at the end of the workshops.

3.34 Overview of final reports

As a condition of participation in the Patients First Programme, all project teams are required to submit a final report. These reports are then made freely accessible through FoNS virtual Centre for Nursing Innovation (www.fons.org/library/project-reports.aspx). The final report should not only identify the outcomes of the project (for patients, nursing and healthcare practice), but also describe and discuss the processes used and the learning gained from developing practice to improve patient care.

FoNS acknowledges that some project leaders/teams may have limited experience of writing project reports or be unused to writing about the processes and outcomes of practice development projects. The FoNS practice development facilitators therefore offer help and support in the report

writing process as appropriate and/or required e.g. help with developing a report outline and providing feedback and critique on draft reports.

3.35 Analysis of project reports

All the project reports have been read and re-read by DC and KS and outcomes, challenges, opportunities and learning and evidence of stakeholder have been identified. Table 5 provides a summary of this information.

Table 5. Summary of project report analysis

Project	Outcomes	Challenges, opportunities and learning	Stakeholder engagement
Bladder Problems after Stroke: Meeting the Needs of Service Users	<ul style="list-style-type: none"> • Hoists are more frequently used to lift patients above bedpans making them easier to use for the patient • New documentation has been introduced that communicate information about individual patient need and choice • Project team have presented locally and nationally • Paper submitted to Nursing Standard for publication 	<ul style="list-style-type: none"> • Future plans include trial of an alternative to bedpans, inter-professional training, shadowing physiotherapist to increase confidence with mobility assessments and use of intermittent catheterisation 	<ul style="list-style-type: none"> • Patient questionnaires • Staff focus groups • Staff workshops • Staff stories
Call 4 Concern (C4C): Patient and Relative Initiated Critical Care Outreach	<ul style="list-style-type: none"> • C4C service implemented on 2 surgical wards • Evaluation indicates service provides reassurance and positive outcomes for patients and relatives • Project won HSJ award • Team have presented nationally and internationally • Article published in British Journal of Nursing 	<ul style="list-style-type: none"> • Acceptance of service facilitated by positive working relationship with CCO team • Wide stakeholder engagement enabled progress of the project 	<ul style="list-style-type: none"> • Consultation with CCO team and ward staff • Patient and relative questionnaires • Stakeholder event

<p>Caring for the Carers: Establishing a Support Group for Carers of Stroke Survivors</p>	<ul style="list-style-type: none"> • Carers support group established and evaluated positively by group members • Carers newsletter edited by group members is being produced 	<ul style="list-style-type: none"> • Areas of service development have been identified that will be further explored • It is hoped to roll out the initiative to other services within the trust 	<ul style="list-style-type: none"> • Initial questionnaire to carers • Carers involved in development of the group as an on-going process
<p>Critical to Care: Improving the Care of the Acutely Ill and Deteriorating Patient</p>	<ul style="list-style-type: none"> • The team have developed and implemented a tool that has supported identification of clinical deterioration of patients with delirium/dementia and enabled escalation of clinical care. Feedback from relatives has been integral in achieving this • The team are planning on submitting their work to a National Conference in September 	<ul style="list-style-type: none"> • The process of engaging with staff and clarifying the purpose of the project was time consuming and reduced time for implementation and evaluation • Central to the project leaders experience has been the role effective facilitation has had in practice change • There are plans for the tool to be adopted across the Trust 	<ul style="list-style-type: none"> • Staff and patient questionnaires
<p>Delivering Information to Young People Undergoing Bone Marrow Transplantation</p>	<ul style="list-style-type: none"> • An age appropriate DVD and written information booklet were created for young people undergoing bone marrow transplantation • Learning and development activity increased on the unit • Team have presented internationally 	<ul style="list-style-type: none"> • Project experienced difficulties when working group disengaged from activities • Project team learnt about the need to agree roles and responsibilities and ways of working within project groups • Project leaders learnt about the impact of different facilitation styles 	<ul style="list-style-type: none"> • Questionnaires to young people and their families • Young people and families involved in filming of DVD • Staff workshop and working group

<p>Developing and Implementing a Distressing Procedures Tool for use in Paediatrics</p>	<ul style="list-style-type: none"> • Tool to identify the likelihood of distress in children undergoing procedures has been developed and piloted so that appropriate support can be offered • Poster presented at national conference 	<ul style="list-style-type: none"> • The team learnt about the importance of engaging stakeholders from the onset of a project to ensure that a shared vision and understanding is developed which could help to improve the engagement of staff and increase success in implementing new ways of working 	<ul style="list-style-type: none"> • Children and young people, hospital play specialists and psychology teams were consulted in the development of the tool
<p>Developing an Inclusive Approach to Care Programme Approach Review Meetings</p>	<ul style="list-style-type: none"> • Ways in which service user involvement in review meetings could be achieved were identified • Action plans relating to planning and preparing for CPA review meetings were developed 	<ul style="list-style-type: none"> • Team unable to involve service users due to the nature of their learning disabilities and although families approached only one interview was achieved, however advocates involved as stakeholders • Experience based design approach enabled stakeholders to develop a common understanding of the CPA process and to identify key learning that could be applied to other settings where the CPA approach is used • It was not possible to complete this project as the unit closed nine months into the work 	<ul style="list-style-type: none"> • Experience based design approach was used to involve all key professional stakeholders. This involved interviews, questionnaires and workshops
<p>Developing a Supportive Care Clinic for Women with Gynaecological</p>	<ul style="list-style-type: none"> • Supportive care clinic developed informed by patients views • Clinic positively evaluated by women 	<ul style="list-style-type: none"> • Clinic embedded in pre-operative practice and there are plans to roll out to include follow up 	<ul style="list-style-type: none"> • Patient questionnaires and focus groups • Key stakeholders involved in project

Cancer	<ul style="list-style-type: none"> • Holistic assessment tool introduced to identify individuals needs • Care pathway and associated documentation developed and introduced 	<p>care</p> <ul style="list-style-type: none"> • Improved documentation should enhance communication amongst professionals across the region 	team
Fistula First in Belfast City Hospital	<ul style="list-style-type: none"> • The patient experience of care has been improved as: <ul style="list-style-type: none"> ○ The use of fistula clamps has almost been eliminated ○ More patients have their fistula needed through a buttonhole ○ Increasing numbers of patients are receiving dialysis via an AVF to achieve DHSSPSNI improvement target • The surgical vascular access referral system has been streamlined to improve the patients' journey • 100% nurses in the haemodialysis unit have completed education programme on vascular access 	<ul style="list-style-type: none"> • Engaging all staff in workshops enabled the identification of 5 key areas for improvement • Work continues to achieve desired improvements in all these areas • The project has been incorporated into the development of the service at an organisational level 	<ul style="list-style-type: none"> • Patient questionnaires • Staff workshops • Stakeholder involvement to develop AVF care pathway

<p>Improving Patients' Experiences of a Chest Clinic using Experience Based Design</p>	<ul style="list-style-type: none"> • Improvements to aspects of the service were achieved including: <ul style="list-style-type: none"> ○ Letters ○ Appointment organisation ○ Clinic reception ○ Timely receipt of results ○ Availability of wheelchairs ○ Tea trolley in reception area 	<ul style="list-style-type: none"> • Some challenges were experienced in involving all patients due to issues relating to ethnicity and clinical problems • Project fits with the trust-wide Patient Experience Revolution 	<ul style="list-style-type: none"> • Patient questionnaires and involvement in co-design workshop
<p>Involving young people in the development and evaluation of self harm services</p>	<ul style="list-style-type: none"> • A patient passport was developed by service users • Self harm incident feedback forms were developed by service users and staff to provide staff with on-going feedback about the service • Feedback from service users and staff used to inform staff training in the practical management of crisis intervention 	<ul style="list-style-type: none"> • Service users were not used to being asked their opinion but welcomed the opportunity to identify and discuss issues that were pertinent to them • Opportunities for enhancing the involvement of service users have been identified including involving them: <ul style="list-style-type: none"> ○ In project planning from the outset ○ In collecting evidence from other service users e.g. stories, narratives 	<ul style="list-style-type: none"> • Focus groups with young service users • Staff questionnaires

<p>Proactive Patient Rounding: Developing Nursing Practice to Improve the Quality of Patient Care</p>	<ul style="list-style-type: none"> Improvement in responsiveness to patients' needs which patients were positive about 	<ul style="list-style-type: none"> Staff perceive PPR difficult to maintain at times of staff shortages Not all staff engaged with PPR Difficult to implement relative rounding Recommendations made that will contribute to trust-wide Patient Experience Revolution initiative 	<ul style="list-style-type: none"> Patient representatives on project group Patient feedback gathered and fed back to staff Staff workshops and reflection sessions
<p>Raising the Profile of Preferred Priorities at the End of Life with Patients at St Nicholas' Hospice</p>	<ul style="list-style-type: none"> Patients' end of life priorities and current barriers to achieving these have been identified 	<ul style="list-style-type: none"> Contextual factors and competing priorities within the hospice meant that it was sometimes difficult to engage staff and original aim was not achieved Taking time to ensure engagement with staff and patients meant that priorities and barriers that are contextually based were identified. These will be used to inform future planning and activities 	<ul style="list-style-type: none"> Staff questionnaires and workshops Patient interviews
<p>Working Effectively with People with Learning Disabilities and Offending Behaviour</p>	<ul style="list-style-type: none"> Increased awareness of the needs of offenders with a learning disability Improved collaboration between care services 	<ul style="list-style-type: none"> A significant period of sickness for one of the project leaders delayed the progress of this project Used processes that enabled increased understanding and collaboration between stakeholders 	<ul style="list-style-type: none"> Staff views collected at team meetings Staff away day to bring services together Patient stories

<p>Working in Partnership with Patients and Families on a Dementia Assessment Unit to Improve Care</p>	<ul style="list-style-type: none"> • An information leaflet for relatives and carers was developed • A relative's notice board and staff identification board were introduced • Training for staff in life story work was implemented • Improvements to the mealtime environment were achieved • Reduction in complaints and increase in compliments • An inspection by the Regulation Quality Improvement Authority identified that staff were knowledgeable, skilled and person-centred and relatives were pleased with the care provided • Project won Trust award 	<ul style="list-style-type: none"> • Some initial momentum was lost during a very busy period, but staff were re-engaged by the development of interest groups • These groups enabled staff to take responsibility for moving the project forward • The initial delay has meant that all the action plans have not been realised to a point where evaluation has been completed 	<ul style="list-style-type: none"> • Staff workshops • Staff involved in observation of mealtimes • Consultation with relatives and carers
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3.351 Project outcomes

Without exception, all of the project teams were working in complex organisations and/or contexts. The project teams experienced complexities in particular in relation to changing and competing priorities, staff changes and sickness, unit closures. Despite this, all have achieved outcomes of note.

The following themes for the project outcomes have been identified:

- Enhanced patient/carer focused care
- Enhanced responsiveness of care
- Implementation of evidence based practice
- Improved information for patients and/or carers
- Learning and/or developments that can be shared

Enhanced patient/carer focused care has been achieved in particular by the projects that developed a group for carers of stroke survivors, a supportive care clinic for women with gynaecological cancer and the project that focused on improving bladder care for patients who have had a stroke. There is also potential for enhanced patient focused care following the work that has been undertaken by the project that has identified end of life care priorities for patients receiving hospice care and the project that involved young people in the development of self harm services. All of these project teams have worked hard to explore and understand the expressed needs and wants of the client group that they are caring for.

Enhanced responsiveness of care has been achieved by the projects that have introduced innovative ways of identifying those patients whose condition may be deteriorating, by the project that introduced a proactive approach to meeting basic patient need and the project that reorganised a chest clinic in response to patient feedback. All of these projects have required the active engagement of staff to achieve the desired outcomes.

Implementation of evidence based practice was a particular focus of the project to improve the experience of patients undergoing haemodialysis. It is also an aim of the project to that focused on improving bladder care and some achievements in relation to the use of bedpans and intermittent catheterisation have been made. These teams have achieved changes by actively engaging with staff and patients to explore their views and perspectives about care.

Improved information for patients and/or carers was achieved by the team providing care to young people receiving bone marrow transplants and the team caring for patients with dementia.

Learning and/or developments that can be shared was achieved even when the project outcomes were not those that were initially expected. For example, although one unit was closed before the completion of the project, the work undertaken identified learning that could be shared with other professionals who use the care programme approach to develop and implement care plans. In addition, many of the projects have presented their work locally, nationally and internationally; several others have submitted their work for publication in nursing journals.

3.352 Implementing a strategy for developing and improving practice

The project reports provide evidence that the project teams were able to plan, implement and evaluate a strategy for developing and improving practice. Some projects were not able to complete the process during the lifetime of the programme, however, work for these teams is continuing. Stakeholder involvement was considered as an integral part of this process.

Most project teams identified the key stakeholder groups at the outset of their projects and attempted to engage and involve them using a variety of approaches, for example:

- Representatives on steering groups, working groups
- Stakeholder events
- Co-design workshops

Some projects were more successful than others at engaging with stakeholders. Those that were successful tended to reap the benefits later in their project, for example, the Call 4 Concern project achieved wide stakeholder engagement by holding a large stakeholder event. The project team believe that this enabled the progress of the project in the longer term as it was possible to discuss the purpose of the initiative, concerns and issues were aired and support and practical actions identified. In comparison, one project identified that lack of stakeholder involvement had been a hindrance to the implementation of their Distressing Procedures Tool. Another project team tried to progress without stakeholder participation during a very busy period on a unit caring for people with dementia, but without success. An alternative approach was later taken, inviting staff to become involved in one of four interest groups, each responsible for moving actions identified at a previous workshop forward.

The programme encouraged the project teams to develop an evaluation strategy at an early stage in their work; this involved developing clear project aims and objectives and associated evaluation questions. This approach promotes the use of a variety of approaches to collect evidence of current

practice and care experiences from the perspective of stakeholders and this is evident in many of the project reports. The approaches used included:

- Patient/staff questionnaires
- Patient stories
- Observations of practice
- Values clarification exercise (Warfield and Manley, 1990)
- Context Assessment Index (McCormack et al., 2009)
- Claims, concerns and issues (Guba and Lincoln, 1989)
- Experienced based design (NHS Institute for Innovation and Improvement, 2009)

This evidence is used to inform the project plans in addition to evidence that may already be available such as patient satisfaction surveys, complaints, specific measurements of care e.g. numbers of patients receiving dialysis via an atrioventricular fistula (AVF), referrals to the critical care outreach team.

Final evaluation has not been undertaken by many of the projects because the nature of the work being undertaken means that much activity is still ongoing. However, over and above tangible changes that have been reported e.g. new documentation, new resources to improve information and communication for patients, several projects have been able to evaluate aspects of their work. For example, data has been collected that demonstrated an increase in the number of patients receiving dialysis via an atrioventricular fistula and a reduction in the use of clamps post dialysis; carers attending the stroke group were asked to complete a questionnaire as a final evaluation of the group; the supportive care clinic for women with gynaecological cancer was evaluated using a questionnaire and focus group; the project that implemented proactive patient rounding used patient questionnaires and interviews and staff interviews and reflective sessions to evaluate the impact of this intervention.

Where possible, project teams involved stakeholders (particularly staff) when analysing and feeding back the evidence of current practice as a way of engaging them in identifying opportunities for change and development. These processes presented both challenges and opportunities, for example:

- The project that focused on delivering information to young people receiving bone marrow transplants held a staff workshop early in their project; a 'crisis point' followed. On exploration, some staff stated that they were unclear about the purpose of the workshop or the expectations of the project and some felt 'overwhelmed' by the apparent scope of the project; for these reasons they disengaged
- A café style approach was used to engage with staff on the haemodialysis unit. This enabled them to identify and agree five key areas for improvement, some of which they are now leading on
- Extended coffee breaks were facilitated to enable staff to read and comment on patient stories. Following this approach, many staff volunteered to tell their stories and many others wrote narratives as they were keen to contribute further to the project

For some projects, ensuring that stakeholders were able to be engaged was a time consuming process, particularly when considering the contextual factors already identified. This is therefore a contributing factor to some project teams not completing their projects during the timescale of the programme; however, the negative consequences of moving forward without successfully engaging stakeholders have also been identified.

Where the timescales allowed, project teams again used a number of approaches to collect evaluation data; these included:

- Staff and patient questionnaires and interviews
- Staff reflection sessions
- Specific measurements e.g. referral rates, complaints
- Rates of staff training in response to identified training needs
- Identification of further outputs e.g. new documentation, newsletters, patient passports

All projects (the exception being the unit that closed) were able to identify future plans, actions that would be continued beyond the end of the programme.

3.353 Service user involvement

Whilst all of the projects engaged with staff, patients, service users, carers and relatives, the level of involvement varied from project to project and the purposes of involvement also varied. In general, the projects tended to adopt a consultative approach to involvement, using methods such as questionnaires and focus groups to find out more about patients' experiences of care. A couple of the projects did achieve a greater degree of partnership working with service users; for example, the project to improve self harm services for young people worked in partnership with service users to develop a patient passport; similarly, the group to support carers of people who had survived a stroke was developed in a way that would enable group members to take over the running of the group.

Whilst some projects had been stimulated by needs identified by service users, overall, the projects tended to be professionally led, although some included service users on steering groups.

3.36 End of programme questionnaire

An online questionnaire was developed by the FoNS Practice Development Facilitators using the programme evaluation questions to inform the structure. 34 programme participants (project leaders, project team members, workshop attendees) were invited to complete the questionnaire. Initially, participants were given 10 days to respond however, by day 10, despite email reminders the response rate was low; the deadline for responses was therefore extended by a further five days. At the final closing date 16 responses were received which represented a 47% response rate. The following factors may have influenced the response rate:

- Several project leaders were on maternity leave
- A unit where one of the projects was based had closed and the project team had been moved to other units
- Some of the participants provided work email addresses but workload commitments may have limited their ability to access email in a timely way
- The questionnaire was circulated during a school holiday period

The questions had a quantitative component which required the participants to select rated responses. These responses were collated using the tool provided by the online questionnaire host (Survey Monkey) and presented in graph format (see Appendix 7). Participants were also invited to provide narrative responses to explain their rated response (see Appendix 7). Not all participants provided narrative responses to support some or all of their rated responses. The narrative responses were analysed by DC, KS and TS. The verbatim comments were extracted and then read initially by DC to identifying themes. These were reviewed by KS and a critical conversation was held between KS and TS to ensure that the themes reflected the data gathered. DC carried this out with another FoNS practice development facilitator reviewing the identified themes and by the use of

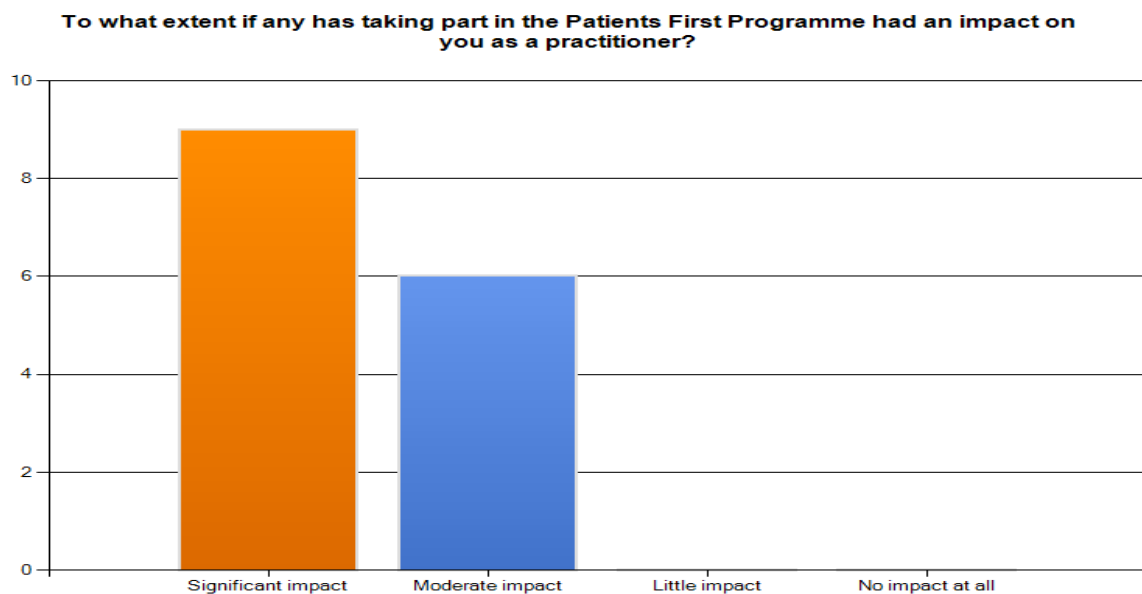
critical questions ensured that the themes reflected the data gathered. Results of the questionnaire are noted below.

3.37 Analysis of questionnaire responses

Questions 1-3 invited participants to identify themselves, their job title and their role within the project supported by the Patients First programme. This contextual information enabled a greater understanding and interpretation of their responses and their experience of the programme. The majority of respondents were project leaders.

Question 4 asked participants to identify the impact that taking part in the programme had on them as practitioners (see Figure 3).

Figure 3. Impact of programme on practitioners



14 respondents (86%) provided a narrative response to this question. The main theme to emerge from these responses was how being part of the programme had enabled respondents to develop knowledge, skills and confidence in leading and facilitating change. This involved:

- Thinking differently, analytically, critically
- Working with staff and users
- Using practice development tools and methods

For example:

'Has enabled me to think and act beyond the daily grind and engage with colleagues on a more analytical level'

'...developing my confidence and skills towards facilitation and leadership'

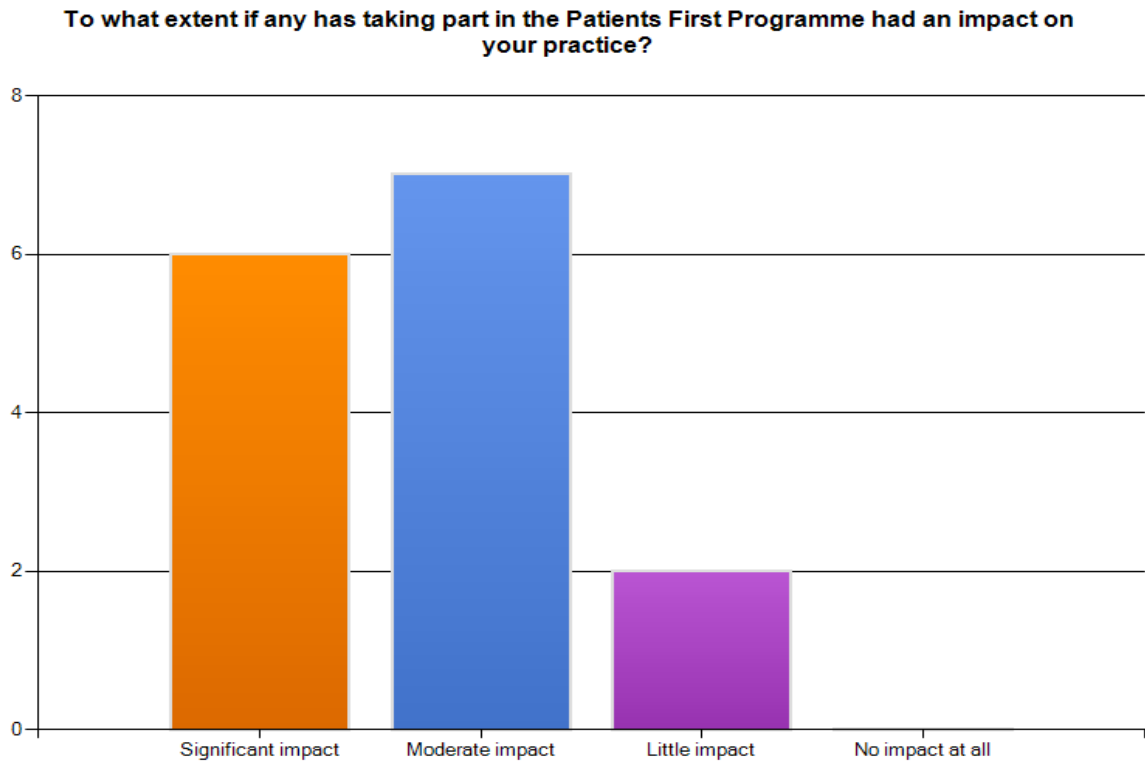
'Made me more questioning about practice development and critiquing own role in project'

'...develop skills in working with users'

'Reinforced my understanding of the value of building on layers of data to ascertain really rich feedback from staff using specific tools ...'

Question 5 asked participants about the extent to which taking part in the programme had an impact on their practice (see Figure 4).

Figure 4. Impact of programme on practitioners' practice



11 respondents (69%) provided examples. Analysis of responses indicated that respondents had answered this question in relation to their practice as project leaders/facilitators. On the whole respondents felt that they had gained an increased understanding of practice change. As a consequence, not only did they feel better equipped to lead and facilitate their projects respondents indicated that this increased understanding would influence their future practice. For example:

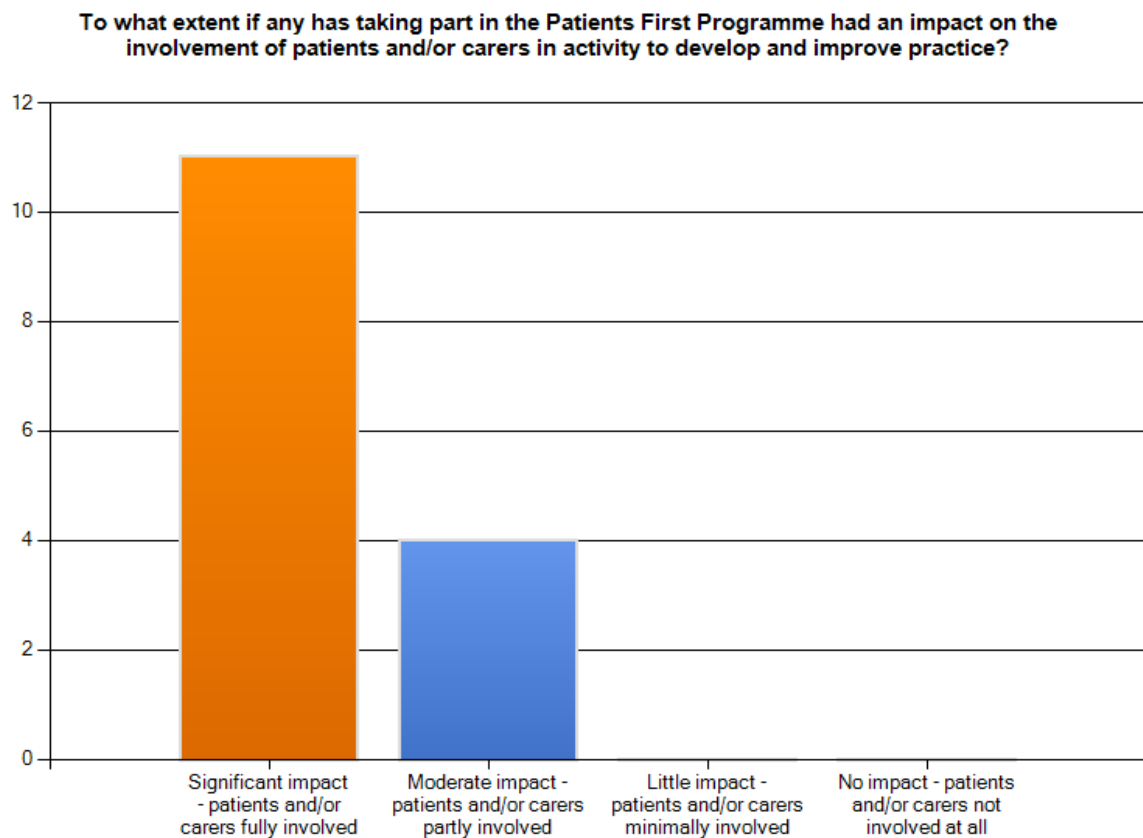
'Made me more aware of practice development and how to go about it – therefore now using it in all the other projects I'm involved with'

'It has given me exposure to new techniques which I will use again ...'

'Establishing the value of using specific tools that I will use in future projects'

Question 6 asked about the extent to which the programme had impacted on the involvement of patients and/or carers in activity to develop and improve practice (see Figure 5).

Figure 5. Impact of programme on patient and/or carer involvement



11 respondents (69%) stated that patients and/or carers had been fully involved in activity to develop and improve practice. However, 13 respondents (81%) provided examples of this involvement and from this, it could be argued that the extent of involvement was varied. For example, there was evidence of ‘researching’, where information is sought to inform decision making:

‘Patients were interviewed ...’

‘...undertake patient stories’

There was also evidence of ‘consultation’, such that patient views were sought and taken into consideration when making decisions:

‘...included in filming and evaluation of dvd’

One respondent provided an example of ‘participation’, whereby patients have the potential to make suggestions and influence outcomes:

‘Involved in project management group’

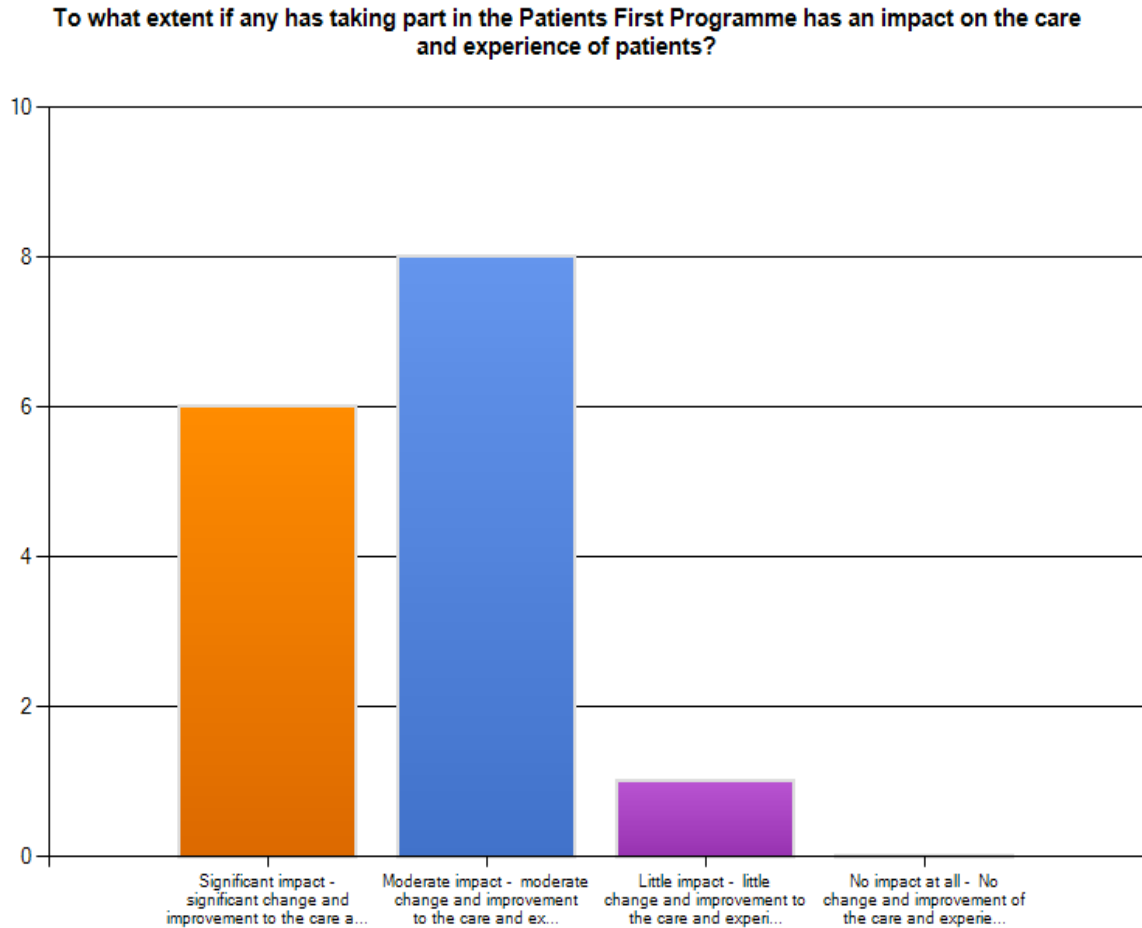
Respondents did however also provide examples of how involvement had influenced practice:

‘...from a thematic analysis of their stories we have been able to influence the content of training’

'...our new documentation now includes the need for patient preference to be considered'
'Patients First project has influenced the PPI role in the service'

Question 7 asked participants about the impact of the programme on the care and experience of patients (see Figure 6).

Figure 6. Impact of programme on the care and experience of patients



11 respondents (69%) provided comments to support their responses. These suggested that there had been some improvements to patient care and experiences which were evidenced by a reduction in complaints and evaluation feedback from patients and carers. Other respondents made reference to practical changes that they suggested had improved care:

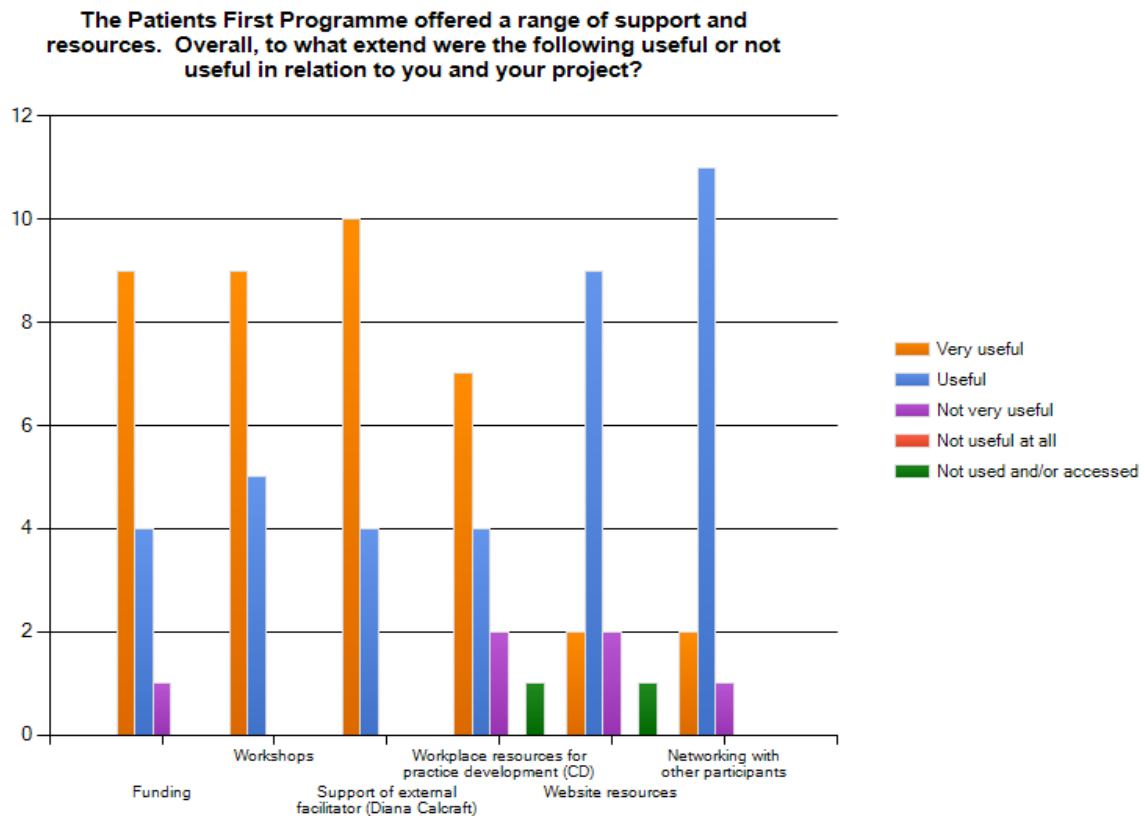
'Patients being hoisted onto bedpans more often'

'...developing information tools for young people'

One respondent stated that there had been little improvement to date, but were hopeful that there would be in the future.

The following section of questions asked participants about the specific elements of the programme. Question 8 asked participants about the range of resources and support (see Figure 7).

Figure 7. Usefulness of support and resources provided by the programme



Overall, support from the external facilitator, the workshops and funding were identified as being most useful to respondents and their projects. 9 participants (56%) added comments to support their responses. These suggest that the provision of these resources and support enabled teams to maintain momentum for the work they were undertaking and generated ideas and opportunities:

‘Face to face support helped to keep momentum when the going got hard’

‘Meetings with external facilitator really helpful in maintaining momentum and signposting way ahead’

‘The workshops were a useful component of the programme since they helped to keep the momentum going – as were the visits’

‘I found the workshop days I attended to be very valuable for me as support and generating ideas’

‘Although the funding is not a significant amount in terms of £ the impact of the funding has been significant towards our project in that it allowed us to collaborate with everyone of our stakeholders’

‘FoNS is the only organisation that recognises the value of providing funding to release staff...’

A significant number of respondents also found the workplace resources for practice development CD, website resources and networking with other participants useful, however, no comments were made about these.

Question 9 invited participants to identify which of the support or resources they found most useful and were asked to clarify their answer. 14 respondents (88%) entered comments, some providing more than one choice. Overall, the workshops and external facilitation were identified as the most useful as reflected in the following comments:

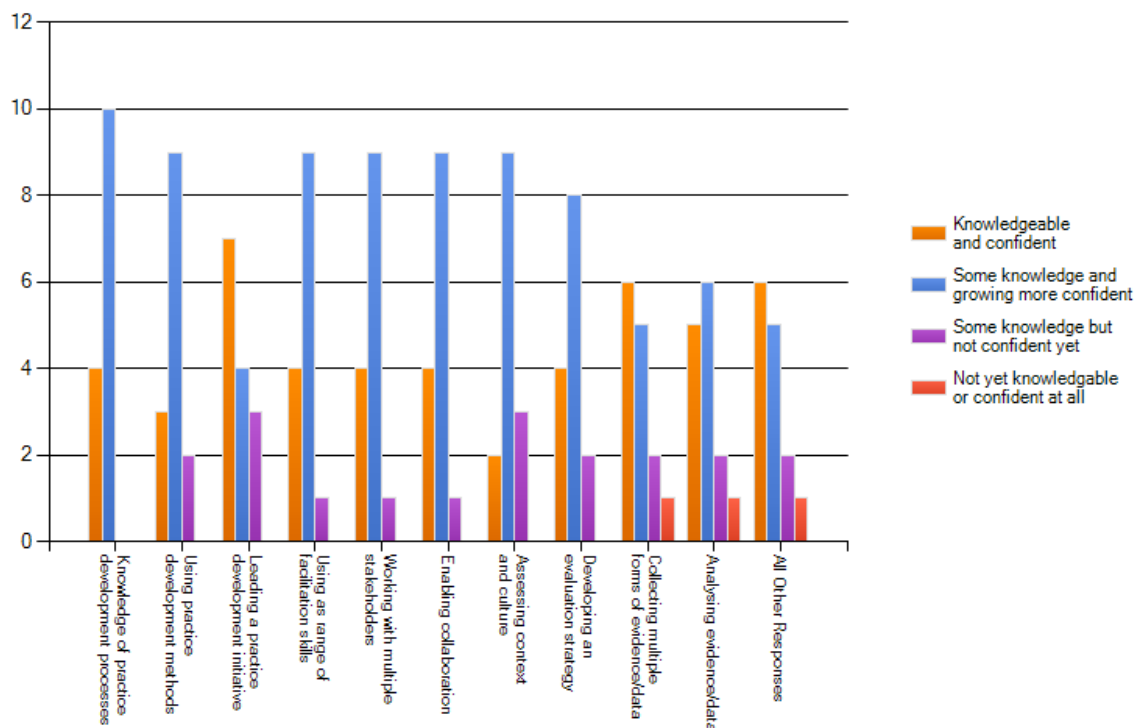
‘The workshops provided me with the necessary skills to facilitate a project, I certainly did not have these before’

External facilitation as it allowed challenging of our project and practice pertinent to individual project’

Question 10 asked participants to rate their knowledge and confidence as a result of their programme (see Figure 8).

Figure 8. Impact of programme on knowledge and confidence

Moving on to think about your own learning and development as a result of the support and resources offered as part of the Patients First Programme, please rate your knowledge and confidence in relation to the following:



4 respondents (25%) added comments to support their responses and as such, added to earlier comments which highlighted the opportunities that the programme had provided to develop new knowledge and skills, reflect on previous experiences and enabling new learning to be used in future work.

Question 11 gave participants an opportunity to identify any other resources that they thought might have been helpful; there were 14 responses (88%), the majority of which (n=9, 64%) could not identify anything further that was required. Of the other responses, 2 related to data analysis and storage, 1 to the provision of action learning, 1 to further information about the required commitment and 1 to access to Department of Health resources outside of England.

Finally, participants were invited to provide any other feedback of their experience of the Patients First Programme and its impact and effectiveness in supporting nurses and nurse led teams to work with patients to make improvements to care (Question 12). Because of the 'free text' nature of these comments they have not been themed; however, the responses (n=11) were overwhelming positive in nature (see Box 1).

Box 1. Additional comments about the Patients First Programme

'I felt it was an excellent programme which enabled us to examine an area of practice where we knew we had problems and make changes which had a positive impact on patient care.'

'The staff has been exposed and involved actively in a project.'

'In our unit the programme enabled the comments of patients in a research project to be taken forward in practice and taken seriously by the whole nursing team. Assistance in strategies for finding time for discussion and reflection in a busy area was invaluable.'

'I appreciate the support from the team and their ongoing positive encouragement.'

'I thoroughly enjoyed the experience of being involved with the Patients First Programme and it was great to hear about other projects which were resulting in enhanced person centred care. It would have been good not to have to travel to workshops - although this had a number of advantages. Many thanks to FONS for providing the support and funding for this project.'

'I thought the workshops were excellent. The approach you used I have copied myself when undertaking presentation/workshops. It made a refreshing change from 'death by power point.'

'My experience has been very positive and I would support and encourage others to take part if they wish to take a project forward. Programmes like this are needed to help nurses drive projects forward. If we didn't have PFP I feel quite strongly that our project wouldn't have developed as far as it has. The programme does provide support and structure. It does what it says on the tin. Thank you.'

'Excellent opportunity to support and empower change in practice.'

'Reinforced learning from previous FONS project. Hope to use my perception of the power of practice development tools and facilitation in relation to improvements in continence care in final report to nurse director.'

'The whole project has been a very worthwhile experience and I would recommend it to other nurses.'

'The programme was beneficial to providing awareness of underpinning values and culture to a project that can assist with development and sustainability. The tools for evaluating success were useful. The knowledge, resources and reflection gained from the programme will be used throughout my career to assist with future project developments.'

3.38 Practice development facilitator field notes

The FoNS practice development facilitator kept field notes when visiting project teams in their workplace. The primary purpose of these notes was to provide a summary of activity to inform report writing and future visits and activities with the project teams. The field notes were reviewed and analysed by DC and key themes drawn out:

- Participants' view of the FoNS practice development facilitator role
- How the FoNS practice development facilitator was used
- Learning about the programme

Participants' view of the FoNS practice development facilitator role – initially, some project teams viewed the role as having a supervisory and checking function, with project teams indicating that they felt that they were being judged. This view was supported by a frequent question to the FoNS practice development facilitator: 'Are we doing alright?' Over time, the field notes suggest that this view changed such that the participants expressed that the visits from the facilitator 'helped them to keep on track' or confirmed that they were 'doing alright'.

How the FoNS practice development facilitator was used – the FoNS practice development facilitator was used by participants in a variety of ways. Some of the interactions and/or activities were stimulated by the facilitator, others by the project teams.

When visiting the project teams, the facilitator would often listen to the challenges that the teams were facing. These related to competing priorities between their core employment, organisational role or priorities and commitment to the project; workplace context such as changes in project leaders, sickness, clinical pressures. Having listened to the challenges, the facilitator role was to help the project teams to find solutions and to move forward; this included raising awareness of possibilities in terms of tools or methods, accessing further support from senior management and adapting the project plan (see Box 2 for example).

Box 2. Helping project teams with challenges

One project leader encountered challenges relating to her role as ward manager in supporting and developing a ward team. This influenced her ability to be able to advance the project as there was a point at which the team were unable to engage with the project until they could work and collaborate effectively together. As a result, the project leader disengaged from the programme in order to focus on her role as ward manager. The FoNS practice development facilitator arranged a meeting between herself, the project team, the CEO from FoNS and the project leader's supervisor where issues and problems influencing the workplace context and the project were discussed. As a result, the project team were able to find ways to re-engage with the ward team, the patients, the programme and the project progressed.

The FoNS practice development facilitator also provided practical support for example, offering advice about tools and resources, but also helping to facilitate workshops with and for project teams.

Another key role of the FoNS practice development facilitator was providing challenge and critique to the project teams, particularly with respect to stakeholder involvement. The facilitator used questions to encourage the teams to consider:

- How service users were being involved in the project
- The tools and approaches that could be used to facilitate involvement
- How data/evidence could be collected to understand the experience of stakeholders

Review of the field notes indicates that the prompts from the FoNS practice development facilitator in relation to service user involvement made a difference to the level of involvement and at times initiated service user engagement.

Sometimes, project teams expressed frustration at the time that preparatory work for the project was taken, such as beginning to engage and collaborate with stakeholders. A frequent question asked was: 'Are other projects further ahead than us?' At this point the facilitator was able to offer reassurance about their progress but also reinforce the importance of stakeholder involvement in relation to positive outcomes for the project in the longer term.

Whilst review of the field notes identified consistency of themes around the types and nature of support provided by the FoNS practice development facilitator, it was evident that some project teams worked fairly independently of the facilitator whilst others sought support both during and between visits. However, it seems that timely intervention by the facilitator promoted ongoing engagement of the project teams with the programme.

Working within the timescales of the programme – the field notes highlighted that for some project teams there was a sense that the one year time frame gave a sense of urgency to move forward with the project. In some cases the field notes suggest that teams were keen to move forward with action plans before data that had been gathered had been evaluated and opportunities for collaboration, education and support for nurses implementing practice change had been explored. However, this did not happen in all cases, for example the project leader for the project exploring bladder care after a stroke was keen to gather, explore and evaluate evidence before developing the action plan. Similarly, whilst the project exploring working more effectively with people with learning disabilities and offending behaviour encountered delays due to one of the project leaders being ill, there was also a determination to collect and analyse service user stories before developing and scheduling education sessions for staff. These decisions did however have consequences in terms of how far the project had progressed at the time of final reporting.

An additional theme, *Providing support with report writing*, although not arising from the field notes is included as the FoNS practice development facilitators (DC and KS) were aware that towards the end of the programme and extending beyond, they provided a significant amount of support to most of the project teams to enable them to write their final reports. This support has included help with structuring the report; identifying key details to include, particularly in relation to explaining the processes that the project teams had used; identifying learning; along with editing and proof reading. Whilst this process has been challenging for some, particularly as most of the project leaders/teams write the reports in their own time, they have fed back to the FoNS practice development facilitators that it has been a useful learning process and that they are pleased with the end result.

3.39 Use of funding

All teams were asked to provide feedback on how they had used the funding provided. Full details are provided in Appendix 8 but a summary is given below.

The most common ways in which the funding was used are:

- Backfill of staff e.g. to attend project workshops

- Facilitating involvement of service users e.g. travel costs, room hire and refreshments
- Recognising contribution of patients e.g. vouchers
- Engaging with staff and other stakeholders e.g. stakeholder events
- Disseminating project outcomes e.g. posters, conferences
- Supporting project leaders with travel costs to attend FoNS workshops

4. Discussion

The evaluation data clearly points to the value of the central components of the programme; the workshops, the support from the FoNS practice development facilitator and the funding, as perceived by the participants but also demonstrated by the project outcomes. In particular, their value was highlighted in relation to developing the knowledge and skills of participants, enabling the engagement of staff and wider stakeholders, and helping project teams to maintain momentum in often very complex healthcare contexts.

Further discussion of evaluation findings will focus on the evaluation questions identified in section 3.1.

4.1 Developing the knowledge, skills and confidence of participants

‘Facilitation is a complex and multifaceted role’ (Shaw et al., 2008, p 147) which is essential to the successful implementation of evidence into practice (Rycroft-Malone et al., 2002) and a core component of practice development (Simmons, 2004). The workshop evaluations suggest that the workshops enabled the participants to develop as facilitators of practice change by learning more about practice development and associated concepts, methods and approaches e.g. facilitation, evaluation, collaboration and inclusion, and action planning. Participants stated that they also learnt how to apply tools and approaches to their own projects and in addition, recognised that the new knowledge and skills could be applied beyond the project. This is further supported by the responses to the end of programme questionnaire as the majority of respondents stated that the programme had enabled them to gain a deeper understanding of practice change and that they felt better equipped to lead and facilitate their projects. Some also commented on how they would or already were using this new knowledge with other work. Others identified that they had also reflected on previous work that had not gone well and now had a greater understanding of why this was.

The opportunity to network with ‘likeminded people’ and to share ideas that was provided by the workshops was valued by participants, and it seems to have contributed to their development by providing reassurance, a sense of being supported and thereby increasing their confidence. This is similar to findings of a previous programme evaluation (see <http://fons.org/resources/documents/1-DPHAPEvaluationJuly07.pdf>) and resonates with the findings of the review of practice development literature undertaken by McCormack et al. (2007) which found that external support systems have a positive impact on teams.

The external support systems extended beyond the workshops with the practice development facilitator visiting the clinical areas and offering support via email and telephone. The value of this is captured in the field notes (and further evidenced in the end of programme questionnaire), where it is noted that participants had expressed how visits from the facilitator provided reassurance and motivation; challenge and critique and encouragement to work creatively within constraints of often challenging and complex workplace contexts.

A number of key learning points in relation to the facilitation of practice development and change were highlighted by the project teams in their final reports. These included the impact that different styles of facilitation had on the engagement of staff with activities relating to the project;

acknowledgement that leadership and facilitation have a key role in enabling stakeholder engagement; and a recognition of the need to identify key roles and responsibilities when working collaboratively.

4.2 Developing and implementing a strategy to enable change and improvement

The project reports demonstrate that project teams were able to plan and implement a strategy for developing and improving practice; although various degrees of progress towards evaluation were achieved.

McCormack et al. (2006) have identified a number of methods that should be used by practice development projects (see Box 3). Manley, McCormack and Wilson (2008, p 12) argue that the use of multiple approaches 'highlights the dynamic and creative nature' of practice development work; however, Manley and Webster (2006) suggest that practitioners need help to develop their expertise in using such methods in practice.

Box 3. Methods that should be demonstrated by practice development projects (McCormack et al., 2006, p 124)

- Agreed ethical processes
- Stakeholder analysis and agreed ways of engaging stakeholders
- Person-centredness
- Values clarification
- Developing a shared vision
- Workplace culture analysis
- Collaboration and participation
- Developing shared ownership
- Reflective learning
- Methods that facilitate critical reflection
- High challenge and high support
- Feedback
- Knowledge use
- Process and outcome evaluation
- Facilitation of transitions
- Giving space to flourish
- Dissemination of learning
- Rewarding success

As the final reports evidence the use of many of these approaches to engage with stakeholders and enable changes in practice, it can be argued that the support provided by the workshops and FoNS practice development facilitator helped with the development of this expertise. This view is also supported by the workshop evaluations and the end of programme questionnaires. For example, a variety of approaches were used by the project teams to collect evidence of current practice and care experiences, some of which would be familiar to participants e.g. questionnaires, but others that were new e.g. values clarification; claims, concerns and issues. Such approaches enabled the project teams to facilitate wider stakeholder engagement, the development of a shared vision and participation in the activities involved in the practice development work (see Box 4 for an example).

Box 4. Example of the creative and dynamic nature of practice development work

A series of workshops using a café style theme were facilitated by a multi-professional project team to involve all staff on a haemodialysis unit to undertake a values clarification exercise, to agree a shared vision for the care of patients on the unit and identify areas for improvement. Feedback from patients with regards to poor attendance at the user's forum identified that because patients receiving dialysis already attend the hospital three times a week, they did not want to return for other reasons; a flexible method for enabling patient participation in prioritising areas for improvement was therefore required. This was achieved using an experience based design questionnaire which could be completed at home or with the help of staff whilst attending for dialysis. By considering the data from staff and patients, five interlinked work streams were identified; these were led members of the project team in collaboration with members of staff. A number of approaches that include multi-disciplinary staff have been adopted within these work streams to further inform the development of practice; these include benchmarking, process mapping and training needs analysis. Some measurable evaluation outcomes have been achieved e.g. an increase in dialysis by arteriovenous fistulas and a reduction in the use of fistula clamps, but the work in some of the work streams is continuing. The learning and successes from this project have been shared both locally and nationally.

It is noted however, that several project teams were not able to fully evaluate the processes and outcomes of their work during the timescales of the programme. Whilst this may be seen as a shortcoming of the programme, other perspectives can be offered. For example, it took longer for some project teams to actively engage with stakeholders than had initially been anticipated. For some this was due to contextual factors, but for others this was a result of the workshops as teams had an opportunity to undertake a stakeholder analysis and consider in greater depth the ways in which stakeholders could and/or should be involved. Whilst this was sometimes a cause of frustration and concern, the FoNS facilitator field notes identify the opportunities for reinforcing the benefits of this process during visits to the workplace. Having identified the key stakeholders, some of the project teams were reluctant to move ahead with their projects without being able to engage with these groups in a meaningful way. Taking time to include and understand the views and perspectives of stakeholders, has helped to inform the development of project plans in ways that have ensured greater stakeholder participation in planning and implementing changes.

Whilst the programme creates a time-limit on the project teams in terms of producing a final report, for many, the projects have acted as a trigger or enabled the start of wider development work. As Manley, McCormack and Wilson (2008, p 9) suggests 'practice development is a continuous process of developing person-centred cultures' and for many teams, their work has just begun. Evaluation is central to practice development (Manley, McCormack and Wilson, 2008) as it facilitates the use of a systematic approach to developing practice. Through the workshops and ongoing support from the FoNS practice development facilitator, the teams have been able to develop evaluation strategies that have and will continue to inform their work.

4.3 Understanding and enabling the involvement of service users

Whilst all of the projects engaged with staff, patients, service users, carers and relatives, the level of involvement varied from project to project. The purposes of involvement also varied, although the predominant purpose was to collect evidence from service users to inform developments rather than them being part of decision making processes.

There are many models that represent different levels or extent of service user involvement, often based on Arnsteins' ladder of citizen participation (1969). Essentially this measures participation in relation to the service user's power to make decisions, for example a continuum ranging from the informing of service users, to consultation with service users to partnership with service users. However, these linear models can be criticised for their simplicity and lack of consideration of the purpose or intent of the involvement (Tritter and McCallum, 2006; Beresford, 2010). Beresford (2010) identifies two different types of approaches; the managerialist/consumerist approach which focuses involvement on informing services and provision; and the democratic approach which is concerned with improving people's lives by enabling service users to have a greater say in services so that they can gain more from them. It is essential to consider which approach will be most helpful depending upon what is trying to be achieved (Beresford, 2010).

Reflecting on these models when reading the final reports, it could be suggested that in general, the extent of service user involvement in the projects was at a consultative level using methods such as questionnaires and focus groups, and followed a consumerist approach that focused on improving individual care or services. Overall, whilst some projects had been stimulated by needs identified by service users, the projects were professionally led. It could however be argued that a couple of the projects achieved a degree of partnership and demonstrated more democratic intentions. For example, the project to improve self harm services for young people worked in partnership with service users to identify opportunities for improving the service and collaborated with them in developments arising from this; similarly, the group to support carers of people who had survived a stroke was developed in a way that would enable group members to take over the running of the group.

Interestingly, many of the respondents to the end of programme questionnaire stated that service users had been fully involved in their projects. This raises some questions for FoNS to consider in relation to:

- Participant's understanding about the concepts of involvement, engagement, participation etc.
- Participant's expectations about involvement
- Determining the appropriate level of and approach to involvement
- Whether views about these questions are shared by practitioners, their organisations and FoNS

4.4 Improving patient's experiences of care

Many project teams were able to report on developments and changes that had resulted in improvements in the care that patients receive; these were summarised under the following headings in section 3.351:

- Enhanced patient/carer focused care
- Enhanced responsiveness to care
- Implementation of evidence based practice
- Improved information for patients and/or carers

As already discussed, there were also project teams who had not been able to progress their projects to a stage where improvements in care and/or patient experience could be demonstrated, however, plans were in place to progress with their work and it is anticipated that further improvements will be achieved in the coming months.

5. Recommendations

The following components of the programme in particular have proved to have a positive outcome on both participants and project processes and outcomes and therefore should be continued:

- A dedicated FoNS practice development facilitator
- The development and support workshops
- Access to funding

The evaluation has highlighted a number of areas which FoNS should consider to further enhance the programme:

- The ways in which the concepts of involvement, engagement and participation are explored with participants during workshops to enable:
 - Greater understanding
 - Consideration of appropriate levels and approaches
 - Clarification of expectations of participants, organisations and FoNS
- The consequences of a 12 month programme with regards to the feasibility of evaluation and measurement of patient outcomes
- The ways in which a longer term evaluation of outcomes could be achieved
- How further support can be provided for report writing

6. Conclusion

This evaluation of year one of the Patients First Programme provides evidence that suggests that the programme was largely successful in achieving its aim of helping '*clinically based nurses* to lead local innovations that will develop *nurses, nursing and healthcare practice to improve patient care* in any healthcare setting across the UK.' Areas for further development of the programme have been identified and these will be discussed and incorporated into our work as the programme progresses.

'I felt it was an excellent programme which enabled us to examine an area of practice where we knew we had problems and make changes which had a positive impact on patient care.'

'The programme was beneficial to providing awareness of underpinning values and culture to a project that can assist with development and sustainability. The tools for evaluating success were useful. The knowledge, resources and reflection gained from the programme will be used throughout my career to assist with future project developments.'

'My experience has been very positive and I would support and encourage others to take part if they wish to take a project forward. Programmes like this are needed to help nurses drive projects forward. If we didn't have PFP I feel quite strongly that our project wouldn't have developed as far as it has. The programme does provide support and structure. It does what it says on the tin. Thank you.'

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'Patients First'

Supporting Nurse-led Innovation in Practice: A Programme of Support for Clinically Based Nurse-led Teams

Call for Applications: December 2009
Closing date for applications: January 29th 2010

Application and Guidance Pack

About the programme

FoNS¹ believes that all patients should experience care that is high quality and patient-focused. Whilst the responsibility for continuously improving the quality of care lies with all healthcare professionals, nurses² as direct care givers have a key role in identifying potential areas for improvement and leading change.

In FoNS' experience, identifying, understanding and responding to practice problems can be challenging and complex and therefore our practice development facilitators help nurse-led teams to work through such complexities by supporting and developing practitioners; listening to the voices of service users; utilising a wide range of evidence (including research and practice experience) and integrating critical reflection and evaluation into practice. FoNS knows skilled facilitation is central to enabling others to lead change and achieve excellence in practice and so our programme offers both funding and expertise in facilitating practice development and change. Our new and forward-thinking partnership with the Burdett Trust for Nursing³ will enable **clinically based nurses** to lead innovative local projects that will develop **nurses, nursing and healthcare practice to improve patient care** in any healthcare setting across the UK.

What the programme can offer

Over a period of 12 months, this programme will provide support and facilitation to clinically based nurse-led teams to help them to develop, implement and evaluate locally focused innovations that improve patient care. This will include:

- Help to keep a central focus on the patient and/or service users and the issues that matter to them the most
- Advice on developing effective project plans/proposals
- Encouragement to identify and make links with people who may be able to offer support locally
- Access to practice development tools and resources
- A workshop programme of support and development that will bring together the nurse-led teams to explore and enable effective strategies for developing and changing practice and provide opportunities for networking and sharing
- Facilitation in the workplace to enable the development of knowledge and skills in leading and facilitating sustainable changes in practice and improvements in care

- Peer mentorship linking up team leaders with those who have completed similar initiatives
- Support with publishing and active dissemination
- Funding of up to £3000

Who should apply

FoNS is looking for clinically based nurses and nurse-led teams who have identified an aspect of care that needs to be improved or developed and who can demonstrate a commitment to:

- Developing a greater understanding of the practice issues by using a variety of approaches to inform and evaluate the development of practice and improvement of care. These could include:
 - Essence of Care benchmarking tools
 - Observation of care
 - Focus/discussion groups with staff and patients
 - Patient interviews/stories
 - Documentation review
 - Culture and context questionnaires, leadership style questionnaires etc.
- Learning in and from practice through critical reflection
- Working in ways that enables the inclusion and participation of patients and other key stakeholders in all aspects of the project
- Using a systematic approach to development and improvement

At this stage we do not require 'perfect' proposals or definitive plans as the programme will offer support to develop, implement and evaluate effective project plans. Instead, we are looking for applicants who can demonstrate the formation of some initial ideas and a commitment to developing new knowledge and understanding about practice and working in the ways outlined above.

Applicants and projects must be based in clinical practice and it is anticipated that projects will run over a period of 12 months.

Applicants should ensure that they have the full support of their organisation and their line management as they will need time out of practice to lead and facilitate activities relating to the project and are required to attend 4 workshop days. We would strongly advise applicants to meet with their supporting Director of Nursing to discuss proposals before submission. The Director of Nursing is also required to sign the application form and provide a statement of support (see page 5).

Before submitting an application

FoNS **strongly advises all potential applicants** to first read through the application and guidance pack (application forms pages 4-11; guidance notes pages 12-14) and then **to contact Diana Calcraft to informally discuss your ideas/proposal**. This ensures that, in principle, your idea/proposal fits with the focus of the programme and provides an opportunity to discuss the support and facilitation that is available from FoNS and how this can be tailored to meet the individual needs of applicants. Referring to some of the suggested sources of supportive reading and resources (see pages 13-14) may also be of benefit.

Successful applicants

All the applications will be reviewed using the criteria outlined in this application and guidance pack to inform the process.

Successful applicants will be contacted (usually within 14 days of the closing date) by a FoNS Practice Development Facilitator to arrange a suitable time to discuss:

- Their support and facilitation needs
- An appropriate plan of involvement with FoNS
- The workshop programme (the dates of the initial workshops will be 23rd and 24th March 2010)
- The general terms and conditions of support and funding including communication, reporting and dissemination
- Funding arrangements

Contact details

Diana Calcraft

Practice Development Facilitator
The Foundation of Nursing Studies
32 Buckingham Palace Road
London, SW1W 0RE
Tel: 0207 233 5750

Email: diana.calcraft@fons.org

CLOSING DATES FOR APPLICATIONS: Friday 29th January 2010

Notes:

1. The ultimate purpose of the Foundation of Nursing Studies (FoNS) is to improve patient care. FoNS aims to achieve this by enabling and supporting nurses and nurse led teams working in any healthcare setting UK-wide to develop themselves and their practice. FoNS values and can offer expertise in:

- Working with nurses and all stakeholder groups in ways that enable collaboration and participation
- Using evidence from a variety of sources to inform developments in practice
- Learning in and from practice through critical reflection
- Ways of working that focus on the processes of enabling change as well as the outcomes
- Sharing the learning and successes of others

2. The terms 'nurse(s)' and 'nursing' are used generically and includes midwives/midwifery, health visitors/visiting and other specialist community nurses/nursing.

3. The Burdett Trust for Nursing is an independent charitable Trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN. Nurses, midwives, health visitors and the allied health professions make up the majority of the healthcare workforce and play a pivotal role in direct care to patients. The Trust targets its grants at projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment. For further information visit: <http://www.burdettnursingtrust.org.uk/>.

Patients First: Supporting Nurse-led Innovations in Practice Application Pack Part 1 – Contact Details

NB. It is essential that all sections in Part 1 are completed in full

This is a Word document. You can save it to your computer by choosing “save as” from your file options and selecting an appropriate place to save it that makes sense to you. You can use any name to save it e.g. ‘FoNS proposal’ and can delete the details on pages 1-3 if you wish to. As you complete the contact details and proposal, the spaces within the tables will expand to accommodate your text.

1. Title of project:
2a. Name & job title of lead applicant(s)/project facilitator(s): 2b. Name & job title of co-applicant(s)/team member(s):
7. Signature(s):
8. Contact details: NHS Trust/PCT or other healthcare organisation: Hospital/Branch: Ward/Department: Address: Postcode: Telephone: Email:
9. Name and job title of person approving/supporting application: <small>Director of Nursing, Chief Nurse</small>
10. Signature:

11. Statement of support from person approving application:

12. Contact details:

Address:

Postcode:

Telephone:

Email:

13. Ethics committee approval sought: Please state Yes or No as appropriate and provide additional information/approval letter where relevant.

14.

10. Total funding requirement: £

11. The Foundation of Nursing Studies periodically sends out information (usually via email) about small project and other funding opportunities, practice development projects, nursing awards, conferences etc.

If you do NOT want to receive any other information from the Foundation of Nursing Studies please tick here

12. Data protection act: The Foundation of Nursing Studies complies with the 1998 Data Protection Act. When you send us this form, these details will be held on our computer database. We need to hold your details so we can provide our services to you. Occasionally we may give your details to other nursing-related organisations, so they can send you information on subjects relevant to nursing.

If you do NOT want to receive information from other nursing organisations please tick here

**Patients First: Supporting Nurse-led Innovations in Practice
Application Pack Part 2 – Workplace Profile**

NB. Please complete all sections of Part 2. As with Part 1, the boxes will expand as you type.

Please describe your ward/unit - this should include staffing levels and vacancies, bed occupancy, length of stay and any other significant/relevant features of the ward/unit:

Please describe the style of leadership and team-working in your workplace:

Please describe the opportunities that there are for learning and development, particularly those that are in and from practice:

Please describe the ways in which clinical practice, performance and systems are currently evaluated:

Please describe any previous involvement in practice development work:

Please outline your anticipated support and development needs:

Patients First: Supporting Nurse-led Innovations in Practice Application Pack Part 3 – Project Outline

NB. Please complete all sections in Part 3. There is a word limit of 2000 words excluding references. As with Part 2, the boxes will expand as you type.

Summary of project proposal: Please provide a brief overview of your project:

- an outline of the practice issue/problem
- the significance of the issue for patients
- what you are going to do and why

Aims and objectives of the project:

Aim: What are you trying to achieve? The aim should identify the improvement in patient care that you are intending to achieve.

Objectives: What will you do to achieve your aim? The objectives should outline the activities that you propose to carry out to achieve your aims.

Evidence use: Please tell us about the evidence that you have drawn upon to identify the practice issue and your ideas for practice development and improvement in care including:

- evidence of current practice
- evidence of best clinical practice
- evidence of patients views

Project outline:

This section should provide your ideas about:

What methods and approaches you will use to:

- explore and understand current practice
- identify and overcome influences on and barriers to care
- develop action plans
- facilitate changes/developments in patient care and practice
- evaluate changes/developments in patient care and practice

Dissemination plan: Please give details of how you intend to publicise and share information about the project and its outcomes.

Funding: Please provide a realistic and detailed outline of funding requirements (See funding guidelines on page 8).

References: Please include all literature referred to and/or relevant to the application using the Harvard or similar recognised referencing system.

Patients First: Supporting Nurse-led Innovations in Practice

Guidance Notes

Outline of process for submitting an application

Stage 1: (Strongly recommended)

Discussion of your proposal with one of the Practice Development Facilitators at FoNS. This ensures that, in principle, your idea/proposal fits with the focus of the programme and provides an opportunity to discuss the support and facilitation that is available from FoNS. At this stage FoNS can provide support with developing ideas into project proposals and/or help you to identify people who may be able to support you locally.

Stage 2:

Submission of full application (see pages 4-11 of this pack). Please ensure that Part 1 is completed in full and note that it is an essential requirement that your Director of Nursing or Chief Nurse signs the application form and writes a statement of support. The FoNS Practice Development Facilitators are happy to offer help and support with completing Part 3 of the application form on request.

N.B. Only one copy of the application form (i.e. Part 1, 2 and 3) is required. This should be sent by post to the address on page 14.

Stage 3:

Each application is carefully considered and all applicants will be notified of the outcome of their application within 14 days of the closing date.

Stage 4:

Successful applicants are required to confirm acceptance onto the programme (by email, phone or post) to ensure that they are ready to commence their projects on 1st March 2010. Please also note that you will need to be available to attend the initial workshops that will support development and implementation of your practice development projects on March 23rd and 24th 2010.

General terms and conditions for successful applicants

Successful applicants will be expected to sign a document accepting the following conditions of the programme:

- Actively communicate with the FoNS Practice Development Facilitator to enable:
 - you to explore your support and facilitation needs and negotiate an appropriate plan of involvement with FoNS
 - ongoing review of the progress and development of the project
- Participate in the workshop programme and ongoing networking and information sharing activities
- Allow FoNS to publicise the project in newsletters, annual reports, websites etc.
- Be actively involved with FoNS in the wider dissemination of the project for example, information sharing and conference presentations
- Acknowledge the support from FoNS with any publications/materials produced as a result of the project. The following wording is suggested: *"...supported by the Patients First Programme (a partnership between FoNS and the Burdett Trust for Nursing)"*
- Submit a final report to FoNS within 3 months of completing the project. This will be edited as appropriate and may be published as part of the FoNS' 'Developing Practice Improving Care' Dissemination Series

- If contacted, participate in any review undertaken by FoNS as part of its commitment to evaluate the longer-term outcomes of projects and the work of FoNS

Funding guidelines

The project proposal must make it clear how funding will be spent and each application will be considered individually within the context of the project proposal.

Funding can be used in many ways to support the project. Some examples of how successful applicants have used funding are to:

- Buy time-out of practice for the project team and other staff as appropriate
- Fund rooms and refreshments for meetings
- Support the involvement of service users e.g. travel costs
- Buy in external knowledge, skills and support e.g. action learning facilitator or academic support with evaluation

The following *will not be funded*:

- Training and equipment: whilst we recognise there is a need to provide funding for education and training, the purchase of equipment and/or the development of resources, there is a significant body of evidence to suggest that these factors alone often do not impact on practice
- Travel or study grants and attendances at conferences, workshops and seminars
- Course fees e.g. Bachelor, Master and Doctoral studies

Suggested sources of supportive reading/resources

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005475 This site provides information about the Essence of Care Benchmarks.

<http://wales.gov.uk/topics/health/publications/health/guidance/fundamentalsofcare?lang=en> This site provides information about the Fundamentals of Care and associated practice indicators.

Field A. and Reid B. (2002) An analysis of an audit tool of ward-based practice. *Nursing Standard*. Vol. 16. No. 40. pp 37-39.

Manley K. and McCormack B. (2003) Practice development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care*. Vol. 8. No. 1. pp 22-29.

McCormack, B., Garbett, R. and Manley, K. (2004) *Practice Development in Nursing*. Blackwell Publishing: Oxford.

<http://www.institute.nhs.uk/> The NHS Institute for Innovation and Improvement provides a variety of resources to support innovation and change.

O'Neal, H. and Manley, K. (2007) Action planning: making change happen in clinical practice. *Nursing Standard*. Vol. 21. No. 35. pp 35-39.

Rycroft-Malone J. et al (2002) Getting evidence into practice: ingredients for change. *Nursing Standard*. Vol. 16. No. 37. pp 38-43.

McCormack, B., Dewar, B., Wright, J., et al. (2006) A Realist Synthesis of Evidence Relating to Practice Development: Final Report to NHS Education for Scotland and NHS Quality Improvement Scotland.

Available to download from:

http://www.nhshealthquality.org/nhsqis/controller?p_service=Content.show&p_applic=CCC&pContentID=3134

www.invo.org.uk This site provides information and a variety of resources developed by INVOLVE, an organisation that promotes public involvement in NHS research and development.

Requests for further information and submission of applications to:

Diana Calcraft
Practice Development Facilitator
Foundation of Nursing Studies
32 Buckingham Palace Road
London
SW1W 0RE
Tel. 0207 233 5750
Email: diana.calcraft@fons.org

Website: www.fons.org/ahcp_pffunding.asp

Closing Date for Applications: Friday January 29th 2010

Appendix 2. Terms and Conditions

Patients First Programme: Supporting Nurse-led Innovations in Practice A Partnership between FoNS and the Burdett Trust for Nursing Terms and Conditions

Title of Project:.....
Location/Address:.....
.....

In accepting a place on the FoNS/Burdett Trust 'Patients First' Programme and the offer of support and funding, I/We agree to:

- Securing funding in a 'ring fenced' account to ensure that it is used only for the purpose of supporting participation in the programme
- Working actively with a FoNS Practice Development (PD) Facilitator to discuss and agree appropriate support and facilitation from FoNS towards achieving the aims of your project
- Attending all 4 workshop days and participating in ongoing networking and information sharing activities
- Giving the FoNS Practice Development Facilitator full access to the project to review progress and development
- Submitting a four-monthly progress report including an update of the project plan, the evaluation and how the funding is being spent
- Allowing FoNS to publicise the project in newsletters, annual report, website etc.
- Being actively involved with FoNS in the wider dissemination of the project for example, information sharing and conference presentations
- Acknowledging the support from FoNS with any publications/materials produced as a result of this project, the following wording is suggested: "*...supported by the Patients First Programme (a partnership between FoNS and the Burdett Trust for Nursing)*"
- Submitting a final report to FoNS within 3 months of completing the project; this may be edited as appropriate and published as part of the FoNS' Developing Practice Improving Care Dissemination Series
- If contacted, participating in any review undertaken by FoNS as part of its commitment to evaluate the longer-term outcomes of projects and the work of FoNS

Agreed and signed by:

Project Leader(s):.....
Print Name(s):.....
Director of Nursing:.....
Print Name:.....
Date:.....

Appendix 3. Programme Overview



The Foundation of Nursing Studies (FoNS)

In Partnership with The Burdett Trust for Nursing

'Patients First'

Supporting Nurse-led Innovation in Practice

Programme Overview

November 2009

Dear Participant

Congratulations on being selected to take part in this exciting practice development programme.

I would like to introduce myself as the FoNS facilitator who will be working with you on the programme for the next 12 months. You will also have the opportunity to meet other members of the FoNS team at the workshop day or they may come with me when I meet with you and your team.

Enclosed is an overview of the programme including the development and support workshops. As you read the information remember that we will be supporting you through the programme so don't worry if it all seems new and strange.

There are some valuable resources that we use as our core material throughout the programme. FoNS will purchase and give you the RCN Workplace Resources for Practice Development on a CD-ROM. If you wish to, you can purchase the printed pack from the RCN, the details are below:

- RCN Resources for practice development. Phone RCN Direct on 08457726100. The code for the folder is 003533 and costs £60

Other resources we recommend and which you can purchase using your grant money are:

- International Practice Development in Nursing and Healthcare (2008) Manley K, McCormack B, Wilson V. Wiley-Blackwell, London. ISBN: 978-1-4051-5676-9
- Practice Development in Nursing (2004) McCormack B, Manley K, Garbett R. Blackwell Publishing Ltd. ISBN 1405110384

I hope that you find the information helpful and please do get in touch if you would like to discuss any aspects of the programme or just to say hello!

Kind regards

Diana Calcraft
Practice Development Facilitator
Foundation of Nursing Studies
32 Buckingham Palace Road
London
SW1W 0RE
0207 233 5750
diana.calcraft@fons.org

Background

“In our dynamic times professional practitioners face many external pressures which create and demand changes to our work environments and practices”. (Titchen et al, 2001).



Everyone agrees it is essential that people experience hospital care that is of high quality and patient focused. Whilst the responsibility for continuously improving the quality of care lies with all healthcare professionals, nurses as direct care givers have a key role in identifying potential problems and leading change.

The ultimate purpose of FoNS is to improve the patients’ experience of care. We achieve this through our practice development programmes which provide expert facilitation that is underpinned by the principles of critical theory. This enables:

- individuals and healthcare teams to develop knowledge and skills that directly impact on how they work with, and care for, patients
- changes in practice that are sustainable
- the development of person-centred cultures

We acknowledge that identifying and understanding practice problems can be challenging and implementing change and/or getting evidence into practice can be a complex process. To be successful and effective it is paramount that we examine and understand how we work and find effective strategies for developing and improving the services and care we give to patients. We can achieve this by supporting and enabling staff, listening to the voices of service users and integrating reflection and evaluation into all our practice.

The development and support workshop days are underpinned by the principles of adult learning theories and active learning processes. As participants, you will be invited to participate in a range of activities including presentations, critical dialogue, experiential learning and reflective practice.

Programme aims

FoNS in partnership with the Burdett Trust for Nursing is offering expert support and facilitation to nurse-led teams over a 12 month period to:

- Explore issues around the responsibility of nursing teams to work with patients and other stakeholders to develop practice
- Identify with patients and practice issues which need to be resolved
- Develop a proposal for a locally focused practice development project/initiative to improve an aspect of patient care/nursing practice
- Enable the implementation of a strategy for developing, changing and evaluating practice

This programme of support and development aims to explore and enable effective ways of working to develop and change practice including:

- Sharing experiences
- Encouraging critical reflection
- Using a variety of evidence to inform practice
- Identifying and working with stakeholders
- Understanding the impact of and working with values and beliefs
- Clarifying practice issues
- Enabling development and change
- Developing effective workplace cultures which are patient centred
- Evaluating processes and outcomes

About us

The Foundation of Nursing Studies (FoNS)

FoNS is a small independent charity that is committed to supporting and enabling nurses to lead and develop new and innovative ways of working that improve the care of patients and healthcare service users. FoNS' activities centre on four key strands:

FoNS values and offers expertise in:

- Working with nurses and all stakeholder groups in ways that enable collaboration and participation
- Using evidence from a variety of sources to inform developments in practice
- Learning in and from practice through critical reflection
- Ways of working that focus on the processes of enabling change as well as the outcomes
- Sharing the learning and successes of others

The Burdett Trust for Nursing

The Burdett Trust for Nursing is an independent charitable Trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN. Nurses, midwives, health visitors and the allied health professions make up the majority of the healthcare workforce and play a pivotal role in direct care to patients. The Trust targets its grants at projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment. For further information visit: <http://www.burdettnursingtrust.org.uk/> .

Facilitators

All FoNS' facilitators are registered nurses and have extensive experience in leading and facilitating practice based development and research. They are:

Diana Calcraft, diana.calcraft@fons.org

Theresa Shaw, theresa.shaw@fons.org

Kate Sanders, kate.sanders@fons.org

Jayne Wright, jayne.wright@fons.org

All are happy to be contacted by email.

Administration

The FoNS Team Administrator, Beth Chidgey is responsible for the programme administration, for example, organising the workshops and visits.

Contact details:

Email: beth.chidgey@fons.org

Office Address: Foundation of Nursing Studies
32 Buckingham Palace Road
London SW1W 0RE
Tel: 0207 233 5750

Website: www.fons.org

Overview of the practice development programme workshops

There are 4 workshop days over the course of the programme. These are an essential part of the development programme and the core project team will be expected to attend all 4 days. Details of the workshops are below and prior to the workshops there will be preparation work and reading for the participants to undertake. The workshops run from 09.00-16.30.

Each workshop has aims and learning outcomes that support the overall aims of the programme. However, there are core aims that span all the workshops which enable the participants to:

- Network and share with the other participants
- Engage in active learning
- Reflect on their own learning and the transfer of learning into and from their own workplace
- Develop knowledge, skills and understanding about practice development with and from others
- Implement and evaluate the development of practice

Themes, aims and learning outcomes

Practice Development

Aims:

- To provide an introduction to practice development
- To provide an opportunity to develop a shared understanding of practice development
- To explore the relationship between practice development, evidence based practice and research

Learning outcomes:

Participants will be able to:

- Describe what they understand by practice development and its relevance alongside other activities to person centred care
- Use a collaborative method of exploring beliefs and values regarding practice development
- Demonstrate an understanding of the other relevant frameworks such as the Promoting Action Research in Health Service (PARIHS)

Facilitation

Aims:

- To introduce facilitation theory and to enable participants to explore their own facilitation style
- To explore the concept of collaboration, inclusion and participation
- To identify and critique the approaches used in practice development to gain evidence of current practice
- To explore the value of active learning to enhance practitioners understanding and learning from practice
- To consider the characteristics of effective project action plans

Learning outcomes:

Participants will be able to:

- Demonstrate knowledge and understanding of being an effective facilitator of others including the use of active learning
- Reflect on own facilitation style and its impact on other individuals and practice
- Describe and critique the value of working with stakeholders and the value of collaboration, inclusion and participation to improving patient care
- Work with their teams to develop an action plan

Context and Culture**Aims:**

- To enable participants to explore culture and context in the workplace
- To increase understanding of how workplace context and culture impacts on practice, care and opportunities for change and development
- To introduce tools and methods for assessing workplace context and culture

Learning outcomes:

Participants will be able to:

- Reflect on and critique their own workplace context and culture
- Articulate how their workplace context and culture influences what happens in practice
- Work with their team to understand the workplace culture and context
- Identify the necessary contextual and/or cultural changes needed to enable effective and sustainable improvement to practice

Action Planning**Aims:**

- To introduce the principles of action planning
- To create an opportunity for participants to develop and use action planning for their project/initiative

Learning outcomes:

Participants will be able to:

- Demonstrate understanding of the value of action planning as a means of achieving a systematic approach to development and change
- Create a clear and effective action plan for their projects/initiatives

Evaluation**Aims:**

- To introduce theoretical and practical approaches to evaluation
- To explore the key components of an effective evaluation strategy for practice development, incorporating elements learnt within the workshops and workplace and embraces collaboration, inclusion and participation
- To critique in-depth effectiveness and success in relation to the facilitation of the projects

Learning outcomes:

Participants will be able to:

- Demonstrate an understanding of different approaches to evaluation
- Develop an evaluation strategy for own project
- Enhance the opportunity for collaboration, inclusion and participation of stakeholders
- Reflect and critique their own journey as a facilitator and the impact this has had on practice and the progress of the project

Gathering and using evidence**Aims:**

- To examine evidence from practice and consider what this illustrates in relation to practice
- To reflect on and critique the enablers and hindrances to developing practice
- To explore the use of evidence in reviewing the project plans and progress

Learning outcomes:

Participants will be able to:

- Appraise and analyse evidence about current practice
- Demonstrate a greater understanding of current practice
- Identify any gaps in, and hindrances to, the project plans
- Plan solutions to enable the ongoing progress of project plans

Reporting and disseminating**Aims:**

- To provide an opportunity to interpret evaluation evidence/data and identify project outcome
- To develop understanding of good quality project reports
- To explore means of sustaining the development of practice
- To enable participants to evaluate own learning

Learning outcomes:

Participants will be able to:

- Identify clear outcomes from the project that are practice focused and understand how these demonstrate improvements in patient care
- Draft a report of the project
- Return to the workplace with methods/strategies for sustaining the project
- Critique and describe own learning and development through the programme

Active learning

What is active learning?

The Patients First workshops will be informed by the principles of active learning. Active learning is “an approach or methodology for learning” (Dewing, 2008 p274). Philosophically there are overlaps with the learning theories of John Heron and Carl Rogers. It is an approach that involves thinking critically and creatively about practice to develop new understanding and learning that can inform the development of practice and improvement of care. Learning is not active learning unless it is transferred into the workplace. The workshop days are therefore preparatory ground to enable project teams to experience a variety of learning opportunities and consider how they could take them back into the workplace.

Active learning involves:

- Reflection
- Dialogue with self and others
- Engaging in learning activities in the workplace that make use of the senses, multiple intelligences
- Doing things together with colleagues and others

Why have FoNS chosen this approach?

The FoNS practice development programmes use the concepts of critical theory which emphasises the development of individual practitioners and the cultures and contexts within which they work to achieve sustainable changes in practice. This approach to practice development places the emphasis on patients, their needs and their care. Consequently, the activities are directly targeted at helping practitioners to be aware of and understand the ways that they are currently working, what needs to be changed and be actively involved in exploring how these changes can be achieved and evaluated. The focus is therefore on the real world of practice and how practitioners work with patients, as opposed to just focusing on personal and/or professional development, or investigating a clinical issue in isolation from the context of practice and patient care.

What is expected of me?

- To bring experiences of your own workplace to the workshop and be prepared to share and reflect upon them
- To be open to challenge and critique to enable new understanding and learning
- To be willing to explore different learning styles

Dewing, J. (2008) Becoming and being active learners and creating active learning workplaces: The value of active learning in practice development. Chp 14 in International Practice Development in Nursing and Healthcare (2008) Manley K. McCormack, Wilson, V. Wiley-Blackwell, London. ISBN: 978-1-4051-5676-9

What happens next?

There is a lot to think about and take in when starting anything new. With this in mind, we have created some frequently asked questions that you might find helpful when setting up and planning the beginning of the project.

Q. Is there anything I need to do before the first workshop?

If you don't have a **project team** already then it would be a good idea to set one up. This should include the key people who can help to take the project forward such as the ward manager, practice development nurse, local R&D committee. If they were not part of the original application then make sure they are really signed up to being part of the core team. Start to think about how you will **make and manage time** to carry out the project. The terms and conditions need signing by your **Director of Nursing** so it would be helpful to go and see them to discuss the project and make sure you have their support. Have a look at the **FoNS website** and get an idea of what we do and the other projects we are/have supported. Speak to Diana Calcraft, the **programme facilitator**, just give her a ring. She will be happy to discuss your ideas and answer any queries. There is also some **preparation work** for the workshops (details are included later in the pack).

Q. How much time will the project take for the project team and staff?

It is hard to say exactly how much time as all projects and teams vary. However, time will be needed for the project team to attend the four workshop days. There is also pre-work for the workshops which is always linked to or about the work you are undertaking in practice. You will need time for staff to get together to plan and reflect on learning and they will also need to undertake other related activities e.g. observation of practice or patient stories etc. The project team will also need time to plan and carry out the facilitation of the development work and to discuss the projects progress and to write a final report.

Q. Do I need to worry because we don't have a clear project plan?

Don't worry as sometimes it's best to let the project emerge as the programme develops.

Q. Do I have to attend the workshops?

Yes, if you are part of the core project team. The workshops are a compulsory and essential part of the programme as they underpin the development work by taking the team, step by step through the process of undertaking a practice development project using emancipatory practice development (EPD). For some this maybe all new but others may have experienced EPD before. Please do not worry as we will facilitate you through the stages.

Q. How do we get our money?

We need you to return a signed copy of your terms and conditions (Beth, our Team Administrator will have emailed it to you). Then you will need to provide us with the details of an account for the money to be transferred into that is 'ring fenced' so that the money is secure for your project. We will email you a form to complete and return that contains these details.

Q. What can I use the money for?

It cannot be used for anything that should be provided by your organisation such as statutory training and education and resources e.g. hoists or trolleys. You can use it to buy time out of practice for the project team, pay staff overtime for coming to meetings or replacement costs for bank staff. You could also use it to fund the cost of rooms and refreshments for meetings and workshops. It may also support the involvement of service users by funding their travelling costs. There are lots of ways and we suggest you try and be creative to support the project.

Q. What can I expect from my FoNS facilitator?

Diana Calcraft is the FoNS Practice Development Facilitator that is leading this programme. She is responsible for a programme of projects from the time of advertising right through to the completion of project reports. She will work collaboratively with you, facilitating the project team through the project. Diana will be supported at the workshops by other members of the FoNS team. The team members may also visit you in practice where appropriate. How much time you spend with the facilitator depends on your project but it is expected that you'll meet about every six weeks. Diana will also email and phone you to discuss the project and offer support. Because it is a collaborative relationship there is an expectation that you will contact the facilitator as well as them contact you.

Q. What if we are struggling to keep going and meet the deadlines?

We are well aware of the challenges practitioners face in practice and the impact this can have on developing practice. If you are experiencing difficulty with the project for any reason then please contact the project facilitator and discuss this with them. They may be able to help you develop a solution to the issue or identify an alternative strategy. There may also be occasions when it is helpful for us to meet with you and your supporting Director of Nursing to discuss and seek reasonable solutions for any problems or issues that arise. On very rare occasions when it becomes clear that the team is unable to carry out the project, we have made a joint decision between the project team, Director of Nursing and FoNS, to discontinue the project.

Q. How do I access the FoNS Developing Practice Subscribers website and what do I get access to?

All project leaders get free access to the FoNS subscribers area (usually £40 per year) for the duration of the project. Your project leader will receive information from the FoNS administrator once your account is set up. The website has an easy to use network and share facility which is a great way to keep in touch with the other project teams in between the workshops and to network with others nationally who are undertaking practice development work. Much of the pre-reading, tools and resources we use are also on the website. You will also get a monthly e-newsletter which highlights new resources, events and recent publications of interest.

Appendix 4_ Workshop 1 Evaluation

Participants were invited to offer evaluation feedback with regards to:

- What they liked most about the workshop
- What they liked least about the workshop
- Identifying one learning point from the workshop
- Any points from the workshop needing clarification

Feedback was written anonymously on stick notes which were put on flip charts at the end of the workshop.

Cohort 1

Liked most

- Helpful to identify stakeholders
- Group work
- Getting new ideas and inspiration
- The sharing and discovery of new ideas
- How the CAI can be of assistance in the project and outside of it
- Interactivity of the day
- How at ease I was made to feel
- Gave time to think about the project and how to progress with it
- Time to think and talk about project
- Stakeholders
- Meeting new people
- Facilitators being part of the discussion groups
- Liked sharing experiences
- Opportunity to link theory to what has already been implemented in practice. Discussion re. one culture of the workplace
- Dedicated time to think about focus on practice development

Liked least

- Arriving late
- Calculating
- Breaks slightly too long
- Ice breaker
- Seats uncomfortable
- Think it would have been valuable to have heard more formally about other peoples' projects
- Starting at 9.00, difficult to get in on time
- The seating
- Arriving late
- Stakeholder bit – because didn't have enough time to think it through (but can do this later!)
- Late arrival therefore difficulty completing first exercise
- The travelling experience in to London

One learning point

- Context Assessment Index

- Knowing yourself, skills, when to ask for help
- Reassurance that we're on the right track
- Key stakeholders was a useful session and clarified some issues
- The matrix was helpful in identifying stakeholders
- Value of CAI , values clarification so much stronger as a result of group discussion
- Understand claims, concerns and issues now
- Usefulness of PARHIS framework
- Workplace culture
- The CAI framework
- Identifying stakeholders exercise
- Explore what practice development is
- That what we have done so far is right

Points for clarification:

- To understand outcomes and how to measure them
- Need to re-discuss project and methodologies
- FoNS expectations re. ongoing feedback on project
- None, had numerous opportunities to ask questions when needed
- Definition of terms e.g. change, facilitation, PD, stakeholders (at start of day if possible)

Cohort 2

Liked most

- Group work, applying principles of PD to exercises
- Interaction with others throughout the day
- The supportive facilitation
- Relaxed learning environment
- Claims, concerns and issues
- Thought provoking
- Values clarification
- Exercises broke up the day and made it interesting
- Values and beliefs
- Claims, concerns and issues, bridges, facilitation interventions
- Group work, bridge building
- Meeting others and sharing thoughts and ideas
- Claims, concerns and issues practice
- The first session answered the impatient question of "where do we begin"
- Facilitation on the day
- Participation of attendees

Liked least

- Having to sit so long
- Building bridges
- Ice breaker
- Ice breaker
- Reflection on learning (not sure about what was being asked here)
- Kept thinking about work
- Introduction
- Being away from home and children

- Wasn't too keen on the salmon sandwich
- Poem
- Liked it all, all relevant

One learning point

- How to adapt facilitation skills
- Facilitation is a dynamic ever evolving process
- Within the team all styles of facilitation occur
- Situational facilitation styles
- Different styles of facilitation and that you can move from one style to the other
- Facilitation styles
- PD takes time to be effective and shouldn't be rushed
- Using facilitation interventions
- Values clarification exercise
- Need to develop areas in Heron's interventions equally
- How to build a bridge

Points for clarification

- None
- No
- Evidence based design for evaluation
- Time lines for project? Does that matter at this point?
- None
- What happens if you don't use all the grant money?

Appendix 5. Workshop 2 Evaluation

Participants were invited to complete a Doodle Evaluation (see Figure 1, page 10). These were completed anonymously unless participants chose to add their names.

Doodle evaluation stem	Cohort 1 responses
I have some unanswered questions or may need some help with...	<ul style="list-style-type: none"> • Evaluation tools and writing the report • From my manager. Balancing our other work priorities. <i>Picture: Stick man holding a heavy load</i> • All answered at the moment thanks. <i>Picture: Smiley face</i> • NONE • Evaluation tools • Evaluation • Clarification of whether to use 1 or 2 areas in the project • Nothing really
The 2 days have made me more aware and/or made me think more about...	<ul style="list-style-type: none"> • Facilitation style and how to write the action plan • Facilitation- what is effective facilitation and how we will use facilitation to facilitate our project • Being more organised and putting more planning into the project before starting it • What sort of facilitator I am and that may need to change to take the project forward • That we are heading in the right direction. <i>Picture: North, South, East, West</i> • Evaluation • My leadership style and what areas I need to work on. <i>Picture: Four stick men standing in a row with one standing a small distance from the others with arrows in between the space to represent interaction in leadership</i> • Setting goals. Practice Development • My project aims and how to evaluate. Planning is important • Where the project needs to go • Current lack of clarity re aspects of project • Success criteria, facilitation styles, the importance of eliciting the perspectives of staff • Flexibility of thought. <i>Picture: Stick man with arms in the air</i> • Have to engage the ward staff as stakeholders
I didn't like or find helpful...	<ul style="list-style-type: none"> • The stakeholders exercise as we had already done this • It was assumed that you had done a project before and that all of us had started the project

	<ul style="list-style-type: none"> • Long breaks • The chairs- uncomfortable • Seats • If you haven't done project work at this level in the past it was difficult to know what was expected in some of the group work/in developing project ideas • Found it difficult to be abstract. <i>Picture: An apple</i> • Nothing
<p>I learnt the following things over the 2 days that will help with the project...</p>	<ul style="list-style-type: none"> • How to confront issues that may arise when introducing the project • Self assessment tool for action planning • Facilitation. Action planning. Team building/development • The process of formulating a project • All aspects of the 2 days were very helpful with the project with a lot of interactive sessions • Useful resources available and action planning • Different strategies shall be required for different parts. It's good to think outside the box. <i>Picture: Stick man with a ?! over his head standing next to a box</i> • PARIHS Framework. EBD materials • PARIHS Framework. Action planning framework • Action planning - may need to delegate • Facilitation strategies. Stakeholder issues • Specific PD Tools that can be used (e.g. CAI). My own facilitation style. Benefits of working in groups • Positive, concerns, issues (arrow) structure. Sorry couldn't think of drawing • About claims/concerns/issues. About CAI
<p>I liked or found helpful...</p>	<ul style="list-style-type: none"> • Meeting other people and being away from the work place to have time to ...and work with immediate... • Being creative about planning and evaluation. Having focused "time out" with other project members to think about and forward plan our project. Networking with others • Meeting up with likeminded people • The action plan • Action planning workshop • Space and time with facilitators: Participating in discussions • Writing it down. <i>Picture: Piece of paper. Time. Picture: Clock. Groupwork. Picture: Three stickmen</i> • Interactive approach

	<ul style="list-style-type: none"> • The interactive process • Networking • Meeting other participants • FoNS facilitation • Similar experiences from different disciplines of nursing. <i>Picture: Two stickmen talking with pieces of paper</i> • Time to plan project
	Cohort 2 responses
I have some unanswered questions or may need some help with...	<ul style="list-style-type: none"> • <i>Picture: Person- me!!!</i> • May need help with my tools and how to utilise them • Tools needed to get job done; need comprehensive tool box. <i>Picture: Saw, hammer, spanner</i> • How to best use the “culture” exercise with our team • Making objectives more specific and creating a time line. Maintaining interest/engagement from team and stakeholders throughout the project • The two day workshop was great informative and empowering. Thank you
The 2 days have made me more aware and/or made me think more about...	<ul style="list-style-type: none"> • My time commitment!!!! Time ticking away!!!! <i>Picture: Big clock</i> • Who stakeholders are. What needs to be started to achieve ultimate aim. Made me think outside the box. Time limits • Mountain to climb, but what a view you can get at the top!!!! • Practice development and taking it back into the workplace. Inspiring to impart what I have learned to others and empower them • How you have to tackle the already existing culture before you can expect to have colleagues participate in a project and produce real results • Engaging with stakeholders. Stakeholders power/interest balance. Team culture. Considering objective setting • Stakeholders. Working within the group. Collaboration. Staying positive. Timeline- setting achievable goals to take project forward
I didn't like or find helpful...	<ul style="list-style-type: none"> • Over workshopped at end! zzzZZ. <i>Picture: Brain</i> • The poster creation • No tables for working at. <i>Picture: Table</i> • I have information overload by the end
I learnt the following things over the 2 days that will help with the project...	<ul style="list-style-type: none"> • Not on own! <i>Picture: Five stickmen</i> • How to facilitate. How to action plan. To think

	<p>wider</p> <ul style="list-style-type: none"> • Team working. Stakeholders. Evaluation. Picture: <i>Four stickmen within a circle</i> • Evaluation is important at every step of the process to ensure we get where we want to go. Tools available to help with this identity objectives process. Action plans identify key roles and responsibilities • Dissect the project into minute detail to help avoid setbacks later • Some useful activities/exercises to use in own team workshop. Strategies for engaging people and creating a shared vision. How to help facilitate creativity • Importance of stakeholders, communication needs to be clear of transparent between group of stakeholders. Access to information. Evaluation is important
I liked or found helpful...	<ul style="list-style-type: none"> • CAI. Picture: <i>Calculator</i> • Group work. Action planning • Time to spend with colleagues and talk through the plan. Picture: <i>Clock</i> • Peer support as it has given me confidence • The creative exercises- collage and poem • Team culture exercise. Stakeholder work. Clarifying who the stakeholders are. Clarifying and stating aim of the project • Defining action planning. Short term objectives. Setting feels positive. Creativity

Appendix 6. Workshop 3 Cohort 1

Participants were invited to complete a Postcard Evaluation (see Figure 2, page 11). These were completed anonymously unless participants chose to add their names.

Postcard stem	Cohort 1 responses
I hope this finds you as it leaves me ...	<ul style="list-style-type: none"> • enthusiastic • enthused with my concerns answered and ready to crack on • clearer, motivated and supported • enthusiastic regarding our project • positive and enthusiastic about the project • reenergised and in a positive mood • re-energised • I have met like minded people • though the journey on the train may make my writing slightly wobbly • with aching knees that knee replacement is looking ever closer • quite pleased with the work we have completed so far, in particular the away days and their outcomes
Where we are staying is ...	<ul style="list-style-type: none"> • is warm and comfortable. The food is palatable and well presented • is bright and clean. The food is lovely. I have gained a stone • is fantastic. The food is lush • is good. The food is good • is excellent. The food is excellent • is comfortable. The food is very nice • comfortable except for hard chairs. The food is acceptable • close to central London. The food is OK • in a lovely location. The food is tasty • is clean and tidy but the view could be improved. The food is great • very local to central London. The food is good and affordable
Today we ...	<ul style="list-style-type: none"> • explored the claims, concerns, issues and benefits of the project • explored Heron's theories on facilitation • explored facilitation and evaluation • explored facilitation and evaluation • facilitation, evaluating our aims • explored our action plans • explored evaluation of project • explored facilitation, evaluation and trouble shooting • explored evaluation

	<ul style="list-style-type: none"> • explored facilitation • explored facilitation
It made me feel ... because ...	<ul style="list-style-type: none"> • more committed because I'm more aware of the positive impact of the project • enthused because it can be applied to all aspects of life • as if I had clarity about involvement and how I can improve the stakeholder involvement • clearer in my mind because things are starting to come together. • more knowledgeable because I can transfer these points generally to my job role • that we were on the right road because we are doing what we need to be doing • on the right track because we have thought about evaluation in our project • keen to move on with the project. It was nice to hear that other projects are experiencing the same issues as mine because. It shows we are not unique • like we have a good plan in place for evaluation because I now have a timeline in mind • more empowered because I now know I need to change my style • we have done a lot of work so far because of the away day feedback from stakeholders
My favourite thing about today was ...	<ul style="list-style-type: none"> • was speed dating • focusing on our project • was Heron's work and how to carry out an evaluation of project • discussing and focusing on evaluation • getting ideas from others and helping them with ideas for their project • doing that what success is table • learning how other projects were doing • meeting other peoples projects – speed dating exercise • speed dating. It was great to get an update on all the projects • finding out about everyone else's projects • finding out how other projects are progressing and identifying common barriers in completing the project, we are not alone
When I get back to work I will ...	<ul style="list-style-type: none"> • continue to engage the staff to run with the project • share our experiences and set ourselves goals and timelines • look at how we can engage ward staff and start our evaluation process

	<ul style="list-style-type: none"> • new timescales to meet evaluation objectives • help evaluate work gained from focus groups • reinforce our commitment to the project • consider how we are evaluating visitor views – perhaps a questionnaire • cascade outcome from away days and action plans and today's work • be able to feel positive about the project and continue to take it forward • I will endeavour to get more organised • feedback to the project lead the events and outcomes of the day
Next time I come here I hope ...	<ul style="list-style-type: none"> • to gain more knowledge and to aid the completion of the project • it is warmer outside and our project is coming to fruition • that we have evaluated our clinic with all our stakeholders to have some clearer data. • to have more clarity overall and have progressed the project • that the project is near completion • to have successfully completed our pilot and have positive feedback • to consider how to write final report • project will be up and running, objectives will have been met • to have some data collection and have the pilot underway • to be looking to have some of the evaluation in place • the project does not continue to become larger in order to focus on the initial project planning
	Cohort 2 responses
I hope this does/doesn't find you as it leaves me...	<ul style="list-style-type: none"> • satisfied that the time taken was valuable and productive • exhausted • motivated but feeling tired • energised and focussed again • confused/hot • feeling fresh and revived • tired • tired but excited
Where we are staying is... The food is...	<ul style="list-style-type: none"> • interesting...international • noisy...excellent • the Travelodge Kings Cross...average • good, lots of light...good and plentiful • a very nice room, not too hot or cold, plenty of windows...OK • short term...very good

	<ul style="list-style-type: none"> • great...really nice • comfortable... good • Travelodge- very noisy...average • noisy (hotel) trains late at night...good at the NCVO • very noisy...OK • ...nice • fine and dandy...excellent • great...fab • noisy...fine • a little noisy (trains)... good and plentiful
Today we explored... it made me feel...	<ul style="list-style-type: none"> • ideas and experiences...part of a group • how to bring our project forward...we are getting to the doing shape • facilitation styles, evaluation...positive about the work completed and the work ahead • our project and issues with it...that some things are going to pass through the appropriate channels and therefore be ok • our project further and addressed some of the problems we've had with getting started...reassured and gave me some new ideas • goals/objectives...reassured • goals/objectives and situational facilitation...motivated/empowered • project plans and ideas...different from other groups • and reflected on development of our projects challenges...confident that we are at the point we need to be at and what are the next steps • evaluation...a bit overwhelmed but I do have a better understanding of it now • our progress in the project...enthused and slightly confused • ... it made me feel good • involving the patients and evaluating...the work we are doing • evaluations and situational facilitation...energised • the muddy waters of evaluation...scared and a little confined • facilitation, evaluation... confident that I am doing what I should be doing
Because...	<ul style="list-style-type: none"> • everyone was able to contribute • I like the practical elements • it provides a structure and opportunity to review/reintegrate/re-energise the process • the group gave good advice • there was people with similar experience to

	<ul style="list-style-type: none"> offer practical advice • I thought I we were falling behind • centred around our projects • we are doing our project more than facilitating others • we had not really had time to reflect and plan our next steps • I know there is a lot of data and information that could be collected • I felt we were progressive in the right direction. Confused about the action evaluation - but reassured • it sets out a clean picture of what data we need to collect prior to complete course • it provided me with direction and new ways of measuring progress • I am conscious of time marching on • of the positive feedback we received
My favourite thing about today was...	<ul style="list-style-type: none"> • sharing information • working within our own groups • meeting new people from other areas of nursing practice • talking to others. Session on working with a facilitator • Informal support and discussion from other participants • feathers and Pom Poms • feathers and glue • listening to other peoples projects • clarifying our action plan and evaluation, and being clear what our next steps are • getting feedback on the others projects and the group discussion • speed dating • networking on what we have done so far • hearing how the other groups are getting on • evaluating where we are going • hearing about what everyone else was doing/what their concerns were • all of it!
When I get back to work I will...	<ul style="list-style-type: none"> • share these ideas with my colleagues • follow up on work shared today and look at quantitative data to show our starting point • work towards supporting the team and the actions identified. Address in particular the barriers around patient involvement • get going with the objectives • get cracking on the objectives identified in this afternoons evaluation session

	<ul style="list-style-type: none"> • be motivated to continue project • hopefully inspire co-workers to participate and accept the project • continue with our project, guided by objectives • set up a meeting with Ann to plan a meeting with our team to discuss action plans • begin to develop an evaluation strategy and objectives as I have a clearer idea about this now • continue to progress with ideas gleaned • feedback and get on with the project • continue to carry on with action plan as discussed at previous meeting of team re: gaining patient stories and café style sessions • cement the objectives set out clear timelines and collect robust evaluation data • capture some of my thoughts re: the day • ensure I feedback to my team and make sure I complete my objectives
Next time I come here I hope...	<ul style="list-style-type: none"> • to learn more interesting facts • to have a good nights sleep in a quiet room (away from trains and bins) • it will be quieter at night as being tired affects performance!! And that it will be as productive. Well done • to have encouraged the group to participate and get required authorisations • we will have made more progress with the project • to be further along with project • to be further in our project with more info • to have more chance to speak with others • we are not kept awake all night by trains, bottles breaking etc. as it affected my concentration and participation today • to find out how the other projects are developing • we will have continued to make progress • I have almost completed the project! • that I have made further progress with project. I have a room in a hotel not facing railway and have some sleep • that we will be well on our way to meeting our aims and most of our objectives • that we have a quiet room as flagging a bit today • I am staying in a quiet room at hotel. So I can continue to contribute to the day

Appendix 7. End of Programme Online Questionnaire

FoNS Patients First Programme Year 1



1. Please tell us your name



	Response Count
	16
answered question	16
skipped question	0




2. Please tell us your job title

	Response Count
	16
answered question	16
skipped question	0



3. Please tell us what your role was in relation to the project you were involved in as part of the Patients First Programme

	Response Count
	16
answered question	16
skipped question	0




4. To what extent if any has taking part in the Patients First Programme had an impact on you as a practitioner?			
		Response Percent	Response Count
Significant impact		60.0%	9
Moderate impact		40.0%	6
Little impact		0.0%	0
No impact at all		0.0%	0
Please provide examples that will help us understand your response			14
answered question			15
skipped question			1

5. To what extent if any has taking part in the Patients First Programme had an impact on your practice?			
		Response Percent	Response Count
Significant impact		40.0%	6
Moderate impact		46.7%	7
Little impact		13.3%	2
No impact at all		0.0%	0
Please provide examples that will help us understand your response			11
answered question			15
skipped question			1

6. To what extent if any has taking part in the Patients First Programme had an impact on the involvement of patients and/or carers in activity to develop and improve practice?

		Response Percent	Response Count
Significant impact - patients and/or carers fully involved		73.3%	11
Moderate impact - patients and/or carers partly involved		26.7%	4
Little impact - patients and/or carers minimally involved		0.0%	0
No impact - patients and/or carers not involved at all		0.0%	0
Please provide examples that will help us understand your response			13
answered question			15
skipped question			1

7. To what extent if any has taking part in the Patients First Programme has an impact on the care and experience of patients?

		Response Percent	Response Count
Significant impact - significant change and improvement to the care and experience of patients		40.0%	6
Moderate impact - moderate change and improvement to the care and experience to patients		53.3%	8
Little impact - little change and improvement to the care and experience of patients		6.7%	1
No impact at all - No change and improvement of the care and experience of patients		0.0%	0
Please provide examples that will help us understand your response			11
answered question			15
skipped question			1

8. The Patients First Programme offered a range of support and resources. Overall, to what extent were the following useful or not useful in relation to you and your project?

	Very useful	Useful	Not very useful	Not useful at all	Not used and/or accessed	Rating Average	Response Count
Funding	64.3% (9)	28.6% (4)	7.1% (1)	0.0% (0)	0.0% (0)	1.43	14
Workshops	64.3% (9)	35.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	1.36	14
Support of external facilitator (Diana Calcraft)	71.4% (10)	28.6% (4)	0.0% (0)	0.0% (0)	0.0% (0)	1.29	14
Workplace resources for practice development (CD)	50.0% (7)	28.6% (4)	14.3% (2)	0.0% (0)	7.1% (1)	1.86	14
Website resources	14.3% (2)	64.3% (9)	14.3% (2)	0.0% (0)	7.1% (1)	2.21	14
Networking with other participants	14.3% (2)	78.6% (11)	7.1% (1)	0.0% (0)	0.0% (0)	1.93	14

Please provide examples that will help us understand your responses and inform the support and resources offered to future participants

9

answered question

14

skipped question

2

9. Thinking about your responses to the last question (question 1), if you had to chose one, which of the support and resources offered was the most useful and why?

Response Count

14

answered question

14

skipped question

2

10. Moving on to think about your own learning and development as a result of the support and resources offered as part of the Patients First Programme, please rate your knowledge and confidence in relation to the following:

	Knowledgeable and confident	Some knowledge and growing more confident	Some knowledge but not confident yet	Not yet knowledgeable or confident at all	Rating Average	Response Count
Knowledge of practice development processes	28.6% (4)	71.4% (10)	0.0% (0)	0.0% (0)	1.71	14
Using practice development methods	21.4% (3)	64.3% (9)	14.3% (2)	0.0% (0)	1.93	14
Leading a practice development initiative	50.0% (7)	28.6% (4)	21.4% (3)	0.0% (0)	1.71	14
Using as range of facilitation skills	28.6% (4)	64.3% (9)	7.1% (1)	0.0% (0)	1.79	14
Working with multiple stakeholders	28.6% (4)	64.3% (9)	7.1% (1)	0.0% (0)	1.79	14
Enabling collaboration	28.6% (4)	64.3% (9)	7.1% (1)	0.0% (0)	1.79	14
Assessing context and culture	14.3% (2)	64.3% (9)	21.4% (3)	0.0% (0)	2.07	14
Developing an evaluation strategy	28.6% (4)	57.1% (8)	14.3% (2)	0.0% (0)	1.86	14
Collecting multiple forms of evidence/data	42.9% (6)	35.7% (5)	14.3% (2)	7.1% (1)	1.86	14
Analysing evidence/data	35.7% (5)	42.9% (6)	14.3% (2)	7.1% (1)	1.93	14
Writing reports	42.9% (6)	35.7% (5)	14.3% (2)	7.1% (1)	1.86	14

Please provide examples to help us understand your responses

4

answered question	14
skipped question	2

11. Thinking about your responses to the last question (question 3), are there any other support or resources that would have helped you with your learning and development?

	Response Count
	14
answered question	14
skipped question	2

12. Finally, please provide any other feedback about your experience of the Patients First Programme and its impact and effectiveness in supporting nurses and nurse led teams to work with patients to make improvements to care.

	Response Count
	11
answered question	11
skipped question	5

1. Please tell us your name

Response Text		
1	Brian Lucas	Feb 24, 2011 8:27 PM
2	Ninette Johnson	Feb 28, 2011 3:29 PM
3	ruth christie	Feb 28, 2011 7:16 PM
4	Lindsay Knights	Mar 1, 2011 4:07 PM
5	Mandy Odell	Mar 1, 2011 4:30 PM
6	Helen manderville	Mar 3, 2011 5:12 PM
7	Anne Marie Tunney	Mar 8, 2011 11:04 AM
8	Avril redmond	Mar 8, 2011 11:20 AM
9	Michael Beasley	Mar 9, 2011 9:51 AM
10	julie armoogum	Mar 10, 2011 8:54 AM

1. Please tell us your name		
	Response Text	
11	Michelle wall	Mar 10, 2011 11:55 AM
12	Catherine Phillips	Mar 10, 2011 12:50 PM
13	Maria Pilcher	Mar 10, 2011 1:48 PM
14	Karin Gerber	Mar 11, 2011 1:20 PM
15	Patricia Holley	Mar 11, 2011 2:57 PM
16	KAREN HILL	Mar 14, 2011 9:30 AM

2. Please tell us your job title		
	Response Text	
1	Lead Nurse Practice and Innovation	Feb 24, 2011 8:27 PM
2	Senior Sister	Feb 28, 2011 3:29 PM
3	staff nurse	Feb 28, 2011 7:16 PM
4	Staff Nurse	Mar 1, 2011 4:07 PM
5	Nurse Consultant, Critical Care	Mar 1, 2011 4:30 PM
6	Macmillan Nurse Specialist	Mar 3, 2011 5:12 PM
7	Lecturer in Nursing and Practice Development	Mar 8, 2011 11:04 AM
8	Nurse Development Lead	Mar 8, 2011 11:20 AM
9	Forensic Practitioner	Mar 9, 2011 9:51 AM
10	clinical practice facilitator	Mar 10, 2011 8:54 AM
11	Clinical practice facilitator	Mar 10, 2011 11:55 AM
12	Clinical nurse specialist	Mar 10, 2011 12:50 PM
13	Advanced Practitioner-Clinical Education	Mar 10, 2011 1:48 PM
14	Clinical Nurse Specialist	Mar 11, 2011 1:20 PM
15	Stroke Specialist Nurse	Mar 11, 2011 2:57 PM
16	ACUITY PRACTICE DEVELOPMENT MATRON	Mar 14, 2011 9:30 AM

3. Please tell us what your role was in relation to the project you were involved in as part of the Patients First Programme

Response Text		
1	Project lead - in previous post as Orthopaedic Advanced Practice Nurse, Whipps Cross Hospital	Feb 24, 2011 8:27 PM
2	project facilitator	Feb 28, 2011 3:29 PM
3	ward based assistant to project fundholder	Feb 28, 2011 7:16 PM
4	Supporting role	Mar 1, 2011 4:07 PM
5	Project leader	Mar 1, 2011 4:30 PM
6	Involved with the design and implementation of the project.	Mar 3, 2011 5:12 PM
7	Joint project lead	Mar 8, 2011 11:04 AM
8	Project lead	Mar 8, 2011 11:20 AM
9	I was one of the facilitators of the project. My colleague was the lead for the project however due to his long term sickness I took over that role for a period of the project. I attended all the practice development days organised by FoNS	Mar 9, 2011 9:51 AM
10	very limited initially and then project facilitator after the original facilitator went on maternity leave	Mar 10, 2011 8:54 AM
11	I submitted the application form and put myself forward as project lead	Mar 10, 2011 11:55 AM
12	Project lead" Self harm participation project"	Mar 10, 2011 12:50 PM
13	Project lead	Mar 10, 2011 1:48 PM
14	Developing the Call for Concern (patient and relative active critical care outreach) project	Mar 11, 2011 1:20 PM
15	To coordinate and set up a stroke carer support group	Mar 11, 2011 2:57 PM
16	PROJECT FACILITATOR	Mar 14, 2011 9:30 AM

1. To what extent if any has taking part in the Patients First Programme had an impact on you as a practitioner?

1	Helped me in terms of developing my skills further in leading a project	Feb 24, 2011 8:30 PM
2	It improved the quality of care. Increased the patient's contact. anticipate patient's need.	Feb 28, 2011 3:43 PM
3	Has enabled me to think and act beyond the daily grind and engage with colleagues on a more analytical level.	Feb 28, 2011 7:30 PM

1. To what extent if any has taking part in the Patients First Programme had an impact on you as a practitioner?		
4	Gave me a structure to better manage the project Enabled wider distribution of ideas and opportunity for feed back Provided some funding	Mar 1, 2011 4:34 PM
5	The programme has helped me to think about ways of implementing change	Mar 3, 2011 5:14 PM
6	Although not working directly with patients at present, the project has enabled me to develop skills in working with users.	Mar 8, 2011 11:06 AM
7	I had previously attempted to develop a therapeutic group in one of our community teams working around anger for people with learning disabilities however the project never got off the ground. If I was to commence that project again now I know that it would not fail this time. The skills that I have developed through working with FoNS have been invaluable towards developing my confidence and skills towards facilitation and leadership. As a further example I utilised my experiences for our project when undertaking a Masters Module at Chester University and gained a 'distinction'. I attribute part of this to my learning experience working with the FoNS.	Mar 9, 2011 9:58 AM
8	Mainly with respect to team work and importance of ensuring all parties are aware of what they are undertaking when they embark on a project like this.	Mar 10, 2011 9:01 AM
9	It gave me the initial opportunity to manage a group to lead on implementing and promoting practice development for a service in need. Stepping back from a project and enabling a different approach it has been hard but positive interestingly group dynamics didn't work so well, but ? Ward environment better	Mar 10, 2011 12:09 PM
10	this has increased my skills in evidence based evaluation.	Mar 10, 2011 12:53 PM
11	Reinforced my understanding of the value of building on layers of data to ascertain really rich feedback from staff using specific tools e.g. staff stories, emotional touchpoints	Mar 10, 2011 1:54 PM
12	Better to understand developing practice and introducing new concepts into the workplace	Mar 11, 2011 1:23 PM
13	The programme has given useful in showing different ways to use in my practice	Mar 11, 2011 2:58 PM
14	PROVIDED TOOLS TO ASSIST AND SUPPORT PRACTICE DEVELOPMENT IMPLEMENTATION. MADE ME MORE QUESTIONING ABOUT PRACTICE DEVELOPMENT AND CRITIQUING OWN ROLE IN PROJECT	Mar 14, 2011 9:35 AM

2. To what extent if any has taking part in the Patients First Programme had an impact on your practice?		
1	I am not involved in direct patient care within ward setting (focus of project) though the project has raised my awareness of communication issues with patients	Feb 24, 2011 8:30 PM

2. To what extent if any has taking part in the Patients First Programme had an impact on your practice?		
2	Have been involved in the "rollout" of other projects not all of which have been straightforward and found background of fons sessions helped me understand processes involved in practice change better	Feb 28, 2011 7:30 PM
3	Contributed to the success of the C4C project and so enabled the hospital to better implement the project	Mar 1, 2011 4:34 PM
4	I feel better equipped to lead on projects in the future.	Mar 3, 2011 5:14 PM
5	It has given me exposure to new techniques which I will use again, e.g. experience based design	Mar 8, 2011 11:06 AM
6	See above comment	Mar 9, 2011 9:58 AM
7	Similar to above	Mar 10, 2011 9:01 AM
8	Again this down to being part of the process. Experiencing driving a project forward. I have learnt a lot. Been frustrated a lot.	Mar 10, 2011 12:09 PM
9	Establishing the value of using specific tools that I will use in future projects The challenges of trying to make changes in ward culture	Mar 10, 2011 1:54 PM
10	made me more aware of practice development and how to go about it - therefore now using it in all the other projects i'm involved with.	Mar 11, 2011 1:23 PM
11	AS ABOVE	Mar 14, 2011 9:35 AM

3. To what extent if any has taking part in the Patients First Programme had an impact on the involvement of patients and/or carers in activity to develop and improve practice?		
1	Patients were involved in project management group. Ongoing evaluation/audit of the intervention involved asking a sample of patients/carers daily about the impact of the intervention	Feb 24, 2011 8:30 PM
2	patients were interviewed pre & post implementation	Feb 28, 2011 3:43 PM
3	our new documentation now includes the need for patient preference to be considered when toileting ; patients have expressed desire for this .	Feb 28, 2011 7:30 PM
4	The C4C project was patient and relative focussed and the process necessitated the involvement of patient and relatives	Mar 1, 2011 4:34 PM
5	Hearing patients views and seeing how enthusiastic they are to take part has been very humbling.	Mar 3, 2011 5:14 PM
6	Carers group involved carers - in future it is hoped to also involve patients who have had a stroke	Mar 8, 2011 11:06 AM

3. To what extent if any has taking part in the Patients First Programme had an impact on the involvement of patients and/or carers in activity to develop and improve practice?

7	We have been able to utilise our Speech & Language Team to undertake 'patient stories' and from a thematic analysis of their stories we have been able to influence the content of the training we are developing based on their views. Therefore we have benefited, our S&L team have benefited and hopefully our service users will benefit from having a bespoke training pack delivered to front line staff that has considered their views.	Mar 9, 2011 9:58 AM
8	Our project has the potential to greatly impact on patients involvement as they have been included in the filming and evaluation of the dvd. It feels that patient involvement has not been incorporated as much as it could have been with the written booklet but it is hopeful that it will be in the future.	Mar 10, 2011 9:01 AM
9	This is still evolving, young people took part in the video, so very much in the centre. I believe the information book is still in development but they need to be central to that development	Mar 10, 2011 12:09 PM
10	Has influenced future PPI role within the service.	Mar 10, 2011 12:53 PM
11	Feedback from patients with bladder problems the main driver to obtaining funding to take the project forwards	Mar 10, 2011 1:54 PM
12	empowered patients and relatives to seek help if there is any undetected deterioration	Mar 11, 2011 1:23 PM
13	INITIALLY THE PROJECT ORIENTATED AROUND STAFF CULTURE AND DEVELOPMENT WHICH TOOK A LARGE PROPORTION OF THE PROJECT TIME. HOWEVER TO THE LATER STAGES ONCE THE INTERNAL CULTURE HAD BEEN DEVELOPED THERE WAS MORE IMPACT ON PATIENT PROGRAMME AND DEVELOPMENT OF THE PROJECT BEING MORE RESPONSIVE TO PATIENT NEED	Mar 14, 2011 9:35 AM

4. To what extent if any has taking part in the Patients First Programme has an impact on the care and experience of patients?

1	The feedback suggested that patients felt that the care experience was more personalised and that nurses were more responsive to their needs	Feb 24, 2011 8:30 PM
2	reduction of complaints	Feb 28, 2011 3:43 PM
3	Nursing team more aware of issues and patient viewpoint . Incontinence has higher profile. To be continued however so moderate rating rather than significant.	Feb 28, 2011 7:30 PM
4	As above. There has been an improvement in patient and relatives perception of the care offered by the hospital	Mar 1, 2011 4:34 PM
5	Evaluations from carers has indicated that participation in support group has made a difference to them	Mar 8, 2011 11:06 AM

4. To what extent if any has taking part in the Patients First Programme has an impact on the care and experience of patients?		
6	See above comment	Mar 9, 2011 9:58 AM
7	At present little improvement but hopefully there will be in the future	Mar 10, 2011 9:01 AM
8	What we have aimed to do is to improve service provision through developing information tools for young people. Without the support of PFP we wouldn't be where we are.	Mar 10, 2011 12:09 PM
9	Patients being hoisted onto bedpans more often Changes to documentation will facilitate patient involvement in their care and better practice in continence care that can be more easily monitored and evaluated	Mar 10, 2011 1:54 PM
10	as above	Mar 11, 2011 1:23 PM
11	THE DEVELOPING WORK HAS STARTED TO SHOW AN IMPACT ON PATIENT CARE AND RECOGNITION OF DETERIORATION EARLIER THAN PHYSIOLOGICAL PARAMETERS. IT IS APPRECIATED THAT THIS IS STILL IN INTS INFANCY BUT INITIAL RESULTS ARE POISTIVE	Mar 14, 2011 9:35 AM

1. The Patients First Programme offered a range of support and resources. Overall, to what extent were the following useful or not useful in relation to you and your project?		
1	All the support/resources were very useful - I personally have not got into the habit (with any project) of regularly looking at website resources and this project was no different.	Feb 24, 2011 8:36 PM
2	Use of funding for backfill and gentle prod to do so produced turning point in project and ensured management buyin and high quality staff participation. Face to face support helped keep momentum when the going got hard.	Feb 28, 2011 7:54 PM
3	Being with people who have expertise in practice development was invaluable to the project. The FONS team encouraged us to think through the project and challenged us.	Mar 3, 2011 5:18 PM
4	The workshops were a useful component of the programme since they helped to keep the momentum of the project going - as were the visits.	Mar 8, 2011 11:13 AM
5	Although the funding is not a significant amount in terms of £ the impact of the funding has been significant towards our project in that it allowed us to collaborate with everyone of our stakeholders. Without the funding we would not have been able to hold our away day whereby each and every one of our stakeholders attended. This collaborative event has really driven our project forward.	Mar 9, 2011 10:09 AM
6	I found the workshop days I attended to be very valuable for me as support and generating ideas. I found the support I gained by diana to invaluable. I did access on line, but maybe not as much as I should have	Mar 10, 2011 12:36 PM
7	Workshops in particular have been most helpful.	Mar 10, 2011 12:58 PM

1. The Patients First Programme offered a range of support and resources. Overall, to what extent were the following useful or not useful in relation to you and your project?

8	FONS is the only organisation that recognises the value of providing funding to release staff to participate in projects that will ultimately benefit patients Meetings with external facilitator really helpful in maintaining momentum and signposting the way ahead	Mar 10, 2011 1:58 PM
9	THE FUNDING PROVIDED HELPFUL FINANCE TO HELP ESTABLISH THE GROUP. THE WORKSHOP AND NETWORKING WERE GREAT HELP. DIANAS SUPPORT WAS REALLY HELPFUL AND HELPED MAINTAIN FOCUS	Mar 11, 2011 3:04 PM

2. Thinking about your responses to the last question (question 1), if you had to chose one, which of the support and resources offered was the most useful and why?

Response Text		
1	The workshops because they provided the opportunity to discuss theories/concepts around change management plus the chance to discuss practical application with our own team and with the other participant teams	Feb 24, 2011 8:36 PM
2	external facilitator	Feb 28, 2011 3:59 PM
3	Facilitation. Helps you keep the long view and not get defeated by local issues while still recognising them.	Feb 28, 2011 7:54 PM
4	Workshops, networking and funding. This gave us structure, discipline, feed back and resources	Mar 1, 2011 4:36 PM
5	The workshops	Mar 3, 2011 5:18 PM
6	I would say that the resources were most helpful since they provided information on new techniques which could be used in practice.	Mar 8, 2011 11:13 AM
7	Workshops/Support form Diana – The workshops have provided me with the necessary skills to facilitate a project, I certainly did not have these before. Having a 'named' contact such as Diana made me feel confident that if I did have a problem I knew that I had someone to discuss concerns with. The fact that Diana was also available to visit our work pace and discuss issues face to face was reassuring. Diana role was significant in that when our project leader was off sick long term I had her support throughout this period.	Mar 9, 2011 10:09 AM
8	External workshops or funding - hard to pick which one!	Mar 10, 2011 9:06 AM
9	Workshops/dianas support, I can't decide between the two. They work together. Group networking and personal support is needed. Without funding makes taking projects forward incredibly difficult, more so in today's economic climate!	Mar 10, 2011 12:36 PM
10	Workshop allowed opportunity to share idea's and focus project.	Mar 10, 2011 12:58 PM
11	Funding	Mar 10, 2011 1:58 PM
12	workshops and workplace resources	Mar 11, 2011 1:26 PM

2. Thinking about your responses to the last question (question 1), if you had to chose one, which of the support and resources offered was the most useful and why?

Response Text		
13	Probably Diana's support which helped maintain our focus on the project	Mar 11, 2011 3:04 PM
14	EXTERNAL FACILITATOR AS IF ALLOWED CHALLENGING OF PROJECT AND PRACTICES PERTINENT TO INDIVIDUAL PROJECT	Mar 14, 2011 9:41 AM

3. Moving on to think about your own learning and development as a result of the support and resources offered as part of the Patients First Programme, please rate your knowledge and confidence in relation to the following:

1	I'd had some previous experience of leading projects, including PhD action research project - the Patients First programme exposed me to different methods of leading/facilitating practice change and thus increased my 'repertoire' of skills	Feb 24, 2011 8:36 PM
2	Found feedback on written submissions useful. Have found increased knowledge useful in Lothian project to improve stroke care to SIGN standards .	Feb 28, 2011 7:54 PM
3	I have discussed before in this response that I had previously attempted practice development and it had failed. I know now with the skills I have been given this would not happen again. I have discussed this in my own clinical supervision and received very positive feedback on my practice development skills, again I attribute this to the time spent on this project and support from FoNS. I did not have these skills before.	Mar 9, 2011 10:09 AM
4	Due to my circumstances Maybe things have been a bit more difficult. I have been keen to stay involved. Communicating has proven to be difficult. Remaining inclusive has been difficult as the project needed to be driven forward. People have competing demands etc	Mar 10, 2011 12:36 PM

4. Thinking about your responses to the last question (question 3), are there any other support or resources that would have helped you with your learning and development?

Response Text		
1	No	Feb 24, 2011 8:36 PM
2	training in developing/analysing data	Feb 28, 2011 3:59 PM
3	Cant think of any at present	Feb 28, 2011 7:54 PM
4	None other than more time...	Mar 1, 2011 4:36 PM
5	Organising and storing data. Templates to record weekly activity. It is difficult managing a project when you work so any advice with time management would be very useful.	Mar 3, 2011 5:18 PM

4. Thinking about your responses to the last question (question 3), are there any other support or resources that would have helped you with your learning and development?

Response Text		
6	I think it would have been useful to provide action learning for those of us in a supporting role as I had experienced some frustration in the earlier part of the project with my co facilitator.	Mar 8, 2011 11:13 AM
7	I can not think of anything that I would change or add.	Mar 9, 2011 10:09 AM
8	Guidance at the beginning of the project for all about the opportunity afforded by the project, the workload and need to commit to the project.	Mar 10, 2011 9:06 AM
9	I don't think so, I think it has been the nature of the beast in people bein busy etc and my role in the working group	Mar 10, 2011 12:36 PM
10	I think the balance has been useful in skill development.	Mar 10, 2011 12:58 PM
11	Staff in Scotland cannot get access to DOH Institute of Innovation materials	Mar 10, 2011 1:58 PM
12	none that I could think of	Mar 11, 2011 1:26 PM
13	There are no other support or resources that I can think of	Mar 11, 2011 3:04 PM
14	NOTHING THAT WOULD BE APPROPRIATE TO THE PROJECT	Mar 14, 2011 9:41 AM

5. Finally, please provide any other feedback about your experience of the Patients First Programme and its impact and effectiveness in supporting nurses and nurse led teams to work with patients to make improvements to care.

Response Text		
1	I felt it was an excellent programme which enabled us to examine an area of practice where we knew we had problems and make changes which had a positive impact on patient care.	Feb 24, 2011 8:36 PM
2	the staff has been exposed & involved actively in a project.	Feb 28, 2011 3:59 PM
3	In our unit the programme enabled the comments of patients in a research project to be taken forward in practice and taken seriously by the whole nursing team. Assistance in strategies for finding time for discussion and reflection in a busy area was invaluable.	Feb 28, 2011 7:54 PM
4	I appreciate the support from the team and their ongoing positive encouragement.	Mar 1, 2011 4:36 PM
5	I thoroughly enjoyed the experience of being involved with the Patients First Programme and it was great to hear about other projects which were resulting in enhanced person centred care. It would have been good not to have to travel to workshops - although this had a number of advantages. Many thanks to FONS for providing the support and funding for this project.	Mar 8, 2011 11:13 AM

5. Finally, please provide any other feedback about your experience of the Patients First Programme and its impact and effectiveness in supporting nurses and nurse led teams to work with patients to make improvements to care.

Response Text		
6	I thought the workshops were excellent. The approached you used I have copied myself when undertaking presentation/workshops. It made a refreshing change from 'death by power point'.	Mar 9, 2011 10:09 AM
7	My experience has been very positive and I would support and encourage others to take part if they wish to take a project forward. Programmes like this are needed to help nurses drive projects forward. If we didn't have PFP I feel quite strongly that our project wouldn't have developed as far as it has. The programme does provide support and structure. It does what it says on the tin. Thank you	Mar 10, 2011 12:36 PM
8	Excellent opportunity to support and empower change in practice.	Mar 10, 2011 12:58 PM
9	Reinforced learning from previous FONS project-Hope to use my perception of the power of practice development tools and facilitation in relation to improvements in continence care in final report to nurse director	Mar 10, 2011 1:58 PM
10	The whole project has been a very worthwhile experience and I would recommend it to other nurses.	Mar 11, 2011 3:04 PM
11	THE PROGRAMME WAS BENEFICIAL TO PROVIDING AN AWARENESS OF UNDERPINNING VALUES AND CULTURE TO A PROJECT THAT CAN ASSIST WITH DEVELOPMENT AND SUSTAINABILITY. THE TOOLS FOR EVALUATING SUCCESS WERE USEFUL. THE KNOWLEDGE, RESOURCES AND REFLECTION GAINED FROM THE PROGRAMME WILL BE USED THROUGHOUT MY CAREER TO ASSIST WITH FUTURE PROJECT DEVELOPMENTS	Mar 14, 2011 9:41 AM

Appendix 8. Use of Funding

Project	Total funding (£)	Uses of funding
Bladder after Stroke: Meeting the Needs of Service Users	3000	Refreshments for staff coffee mornings Staff backfill to enable involvement Visits to local hospitals to compare practice
Call 4 Concern: Patient and Relative Initiated Critical Care Outreach	2883	Travel costs to attend FoNS workshops Catering for stakeholder event Printing patient information Dissemination costs Resources to support project work e.g. books Mobile phone for C4C work Staff backfill for project leaders
Caring for the Carers: The Establishment of a Support Group for Carers of Stroke Survivors	3000	Costs to runs carers group e.g. refreshments and outings Celebratory event Backfill for project leaders
Critical to Care: Improving the Care of the Acutely Ill and Deteriorating Patient	3000	Stakeholder event Travel costs to attend FoNS workshops Information printing costs Disseminations costs
Delivering Information to Young Bone Marrow Transplant Patients	3000	DVD editing and production Poster production for EBMT Room and refreshment costs for staff workshop Backfill to enable staff to attend workshop Final report on use of grant money to be received
Developing and Implementing a Distressing Procedures Tool in Paediatrics	1800	Travel costs to attend FoNS workshops RCN accreditation for teaching session Poster printing for teaching session Scanning of poster for conference Costs to enable stakeholder involvement Stationary and postage for questionnaires "Buy in" of expertise regarding pain passports Pain passports: design and production costs Backfill for project leaders
Developing an Inclusive Approach to Care Programme Approach Review Meetings	2964	Publicity posters to advertise the project to families, carers and staff EBD workshop costs – venue and

		<p>facilitators</p> <p>Travel costs for families/carers to attend workshop</p>
Enhancing a Supportive Care Clinic for Women with Gynaecological Cancer	3000	<p>Travel costs for patients to attend focus groups</p> <p>Refreshment at focus groups</p> <p>Supportive care plan development</p> <p>Dissemination costs</p> <p>Life coaching/CBT/relaxation therapy for patients at clinic visits</p>
Fistula First in Belfast Belfast City Hospital.	2975.75	<p>Refreshment for staff “café sessions”</p> <p>Staff backfill</p> <p>Dissemination</p>
Improving Patients’ Experience of a Chest Clinic using Experience Based Design	3000	<p>EBD workshops</p> <p>Printing of clinic information leaflets</p>
Involving Young People in the Development and Evaluation of Self Harm Services	1940	<p>Refreshments for focus groups</p> <p>‘itunes’ vouchers for young people who attended focus groups</p> <p>Staff backfill</p> <p>Travel costs to attend FoNS workshops</p>
Proactive Patient Rounding: Developing Nursing Practice to Improve the Quality of Patient Care	3000	<p>Transport and refreshments for patient representatives to attend meetings</p> <p>Production of educational DVD</p> <p>Backfill for ward staff for education and reflective sessions</p> <p>Vouchers for staff for excellence in proactive patients rounding – outcome of patient feedback</p>
Raising the Profile of Preferred Priorities and the End of Life with Patients at St Nicholas Hospice	3000	<p>Staff backfill</p> <p>Travel costs to attend FoNS workshops</p>
Working Effectively with People with Learning Disabilities and Offending Behaviour	3000	<p>Workshop costs</p> <p>Travel and admin costs patient stories</p> <p>Celebratory event at end of project</p>
Working in Partnership with Patients and Families on a Dementia Assessment Unit to Improve Care	3000	<p>Staff backfill costs</p> <p>Refreshments for carers meetings</p> <p>Refreshment and facilitation costs for values clarification workshop for staff</p> <p>Life story training for staff</p>