Evaluation of Back to the floor Friday at Imperial College Healthcare NHS Trust

Final report- March 2012

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Summary of project:
In January 2009 the Back to the floor Friday (BtFF) initiative was launched across a large acute hospital trust (the study site) as part of a comprehensive patient experience improvement programme. Propositions supposed that improvements would be made as a result of strengthened and visible clinical nurse and midwife leadership, with all nurses/midwives above Band 7 (n= 171) returning to clinical practice in uniform every Friday to undertake work relevant to their role. An action research approach was used to evaluate the initial implementation phase of the initiative. Data were collected between August 2009 and March 2010 using surveys, focus groups, interviews and fieldwork with staff and patients. Purposive and convenience sampling were used to select the study participants: 21 multi-professional staff; nine therapists; 45 nursing staff and four patients. Additionally, the total staff population undertaking the initiative was surveyed twice. A systematic
approach to analysis was used to organise the data according to key issues and themes. Empowerment; learning together; professional networking; communication; championing change; and ‘Matron Power’ were positive themes and staff benefits arising from the initiative. Evidence from hand-held patient experience real-time trackers showed demonstrable improvements in patient reports of hospital cleanliness in June and July 2009. These coincided with a focused effort from BtfF participants on the audit of the hospital environment and the evidence was replicated in improvement scores for cleanliness in the 2009 national hospital in-patient survey.
1. Background
The Back to the floor Friday (BtfF) initiative was launched across the study site in January 2009 with an overall aim to improve patient experience through strengthened, visible, clinical nurse and midwife leadership. The initiative was part of a comprehensive patient experience improvement programme. Propositions supposed that improvements in patient care would result from BtfF staff monitoring standards of care, supporting staff, responding effectively to problems, implementing change effectively and becoming powerful patient advocates.

A BtfF implementation model was developed and agreed by the senior nursing and midwifery team in December 2008. As a result all nurses/midwives above Band 7 (n=171) returned to clinical practice in uniform on Fridays from January 2009 to undertake work relevant to their role and to support clinical staff at ward and department level. The cohort of staff included Heads of Nursing, Lead Nurses, Senior Nurses, Nurse Consultants, Clinical Nurse Specialists, Practice Educators and members of the Nurse Director’s team. The nurses and midwives were asked to organise their weekly workload so that they undertook clinical work relevant to their role each Friday. Whilst acknowledging that many of these staff already spent a considerable amount of time in clinical practice, morning briefing sessions were established to direct and focus effort and a programme of audit activity based on clinical indicators was developed. Friday afternoon discussion sessions were also established to build networks, share learning and to promote best practice.

2. Overview of literature
The Trust nursing and midwifery strategy articulates its mission to provide world class health care. World class in this context is defined as an organization that is considered to be at the leading edge of health care either at a national or international level (Trofino, 2000). The BtfF initiative was implemented to realise the Trusts vision that empowerment of nurses at all levels will enable innovation and creativity to occur in the clinical environment (Kanter, 1983). Furthermore, in the present economy where costs need to be contained and standards improved, the need to include nurses at all levels in driving this agenda forward is self-evident.
There is relatively limited evidence around the relationship between nursing leadership and patient outcomes (Vance and Larsen, 2002). Whilst initiatives that use leadership and management strategies have been found to have a significant impact on the patient experience these are most effective when also accompanied by with skills which can facilitate change (Alleyne and Jumaa, 2007).

The BtfF initiative was centred on three core themes leadership, management and delivery of evidence-based practice; with the aim of promoting critical debate and evaluation of service provision, and discussion of clinical issues faced in everyday practice.

3. Aim and objectives
The overall aim of the study was to evaluate the impact of the BtfF initiative, in particular on the improvement of the patient experience and on patient care.

Specific objectives were to:

a) identify what activities BtfF nurses/midwives were undertaking and the impact of these on patient care
b) explore future activities that BtfF nurses/midwives would undertake to further improve the patient experience
c) identify the perceived support needs of the BtfF nurses/midwives in undertaking current and future activities
d) evaluate with the BtfF nurses/midwives their perceived value of this programme and to improve it as required

4. Methodology
A participatory action research approach (Meyer, 2006) using the Plan-Do-Study-Act (PDSA) learning cycle (Berwick, 1998) was adopted to evaluate the BtfF initiative. The study was designated a service evaluation by the Trust Research and Development Committee and so was exempt from approval by a Research Ethics Committee. However, due consideration was given to working ethically with participants including providing participants with information about the study, gaining informed consent and allowing withdrawal at any time without penalty and anonymising data.
Action research was considered particularly relevant because of its focus on the ‘real world’ (Kelly et al., 2002). Used as ‘collaborative approach to inquiry or investigation that provides people with the means to take systematic action to resolve specific problems’ (Stringer, 1996, p15) it provided a method for the senior nursing and midwifery team to scrutinise the BtFF initiative in order to make improvements to both professional practice and to service delivery (Nichols et al., 1997). This approach was underpinned by the PDSA learning cycle (Figure 1), a powerful tool to achieve learning and change within complex systems (NHS Modernisation Agency 2004).

**Figure 1: PDSA Cycle**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Define the objectives, questions and the change to be tested or implemented. Plan to answer questions around who, what, where and when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do</td>
<td>Carry out the plan, collect the data, test the change and begin analysis of the data.</td>
</tr>
<tr>
<td>Study</td>
<td>Complete the analysis of the data, compare data from before and after the change and reflect on what has been learnt.</td>
</tr>
<tr>
<td>Act</td>
<td>Plan the next change cycle or full implementation.</td>
</tr>
</tbody>
</table>

5. Data collection

5.1 Data collection

Data were collected and analysed to inform a sequence of PDSA cycles. An overview of the process is provided in Figure 2 (see page five). The data were collected from August 2009 to March 2010. The data collection methods included surveys, focus groups, interviews, attendance at team meetings, fieldwork with nursing staff and patients, and scrutinising web-based data. Case examples of the impact of BtF on service delivery/patient care were also provided by three members of staff.

5.2 Sampling

All nurses/midwives undertaking the BtF initiative were invited to take part in the evaluation. The total population of BtF participants was surveyed on two occasions (August 2009: total population 163, response rate 21%; November 2009: total population 183, response rate 21%). An invitation sent by e-mail to a distribution list
of all BtfF participants derived five focus groups comprising a total of 20 self-selecting multi-professional staff. Purposive and convenience sampling were used to identify nine therapists, 45 nursing staff, a clinical nurse specialist and four patients who made contributions to the dataset.

6. Data analysis
A systematic approach was used to sift, chart and organise the data according to themes (Ritchie and Spencer, 1994). This approach allowed simultaneous and cross-method analysis to shape iterative future data collection activities (Stake, 1995). The stages of the analytical framework utilised are illustrated in Figure 3.

Figure 3: Data Analysis Process

Interview transcript
Familiarisation (listening to the tapes, observation/field notes)
Identifying a thematic framework (memos, ideas, concepts)
Indexing (indexing, sifting the data – comparative analysis)
Charting (identifying quotes from the transcripts)
Mapping (assigning the quotes to a theme)
Interpretation
Development of themes
Figure 2: Action Research Cycle: PDSA in Action

PDSA cycle one

PLAN
Action Research study aims and research questions identified.
Baseline survey undertaken: BtF activities, enablers and inhibitors.
Focus group members identified and first focus group organised.

DO
Baseline survey data collected (Aug 09) correlated and initial themes identified.
First focus group conducted- BtF participants (Oct 09).
Taped narratives transcribed verbatim and initial themes identified.

STUDY
Themes: Empowerment, Learning together, Professional networking, Communication, Champion the change, Matron Power

ACT
Contribution to discussion at senior N&M meeting (Nov 09)
Refocus of BtF- changed briefing format
Meeting in the afternoon on 1 site only
Continue with weekly audit topics.

PDSA cycle two

PLAN
Survey two: roles, construction of future BtF activities.
Three focus groups organised- different nursing groups.

DO
Secondary survey data collected (Nov 09) correlated and themes identified and cross referenced with existing data.
Three focus groups conducted- BtF participants, Matrons and Clinical Nurse Specialists (CNS) (Dec 09, Jan & Mar 10).
Taped narratives transcribed verbatim and themes identified.
Overall emerging themes correlated.

STUDY
Themes: Role clarity, Impact of uniform, Moving cross sites, Purpose of BtF, Engagement with BtF

ACT
On-going dialogue at senior N&M meeting (Jan 10)
Focus on examination of Saving Lives data & monthly audit data
Morning briefings disbanded with afternoon meetings now on 3 sites

PDSA cycle three

PLAN
Conduct interviews with specialist groups: AHPs, CNS, Multi-Disciplinary team (MDT) & patients.
Scrutiny of grey data.

DO
Interviews conducted with AHPs, CNS, MDT (Mar 10).
Walk the floor and interview staff, students and patients (Jan 10).
Field notes analysed and themes identified.
Data correlated with data from cycle 1 & 2.

STUDY
Themes: Clarity of purpose, Engagement, Communication, cascade, Uniform, What is the impact of BtF on patients?

ACT
Feedback results
Plan cycle four- summer 2010
7. Findings
The findings are presented by PDSA cycle and using the study objectives.

7.1 PDSA cycle one
The focus of PDSA cycle one was to identify the activities undertaken by BtfF participants, the future activities that they would like to undertake and the enablers and inhibitors to them undertaking the activities. The methods used were:

- a survey of the total population of BtfF participants (August 2009: n=163, response rate 21%, n=35)
- a focus group of self-selecting BtfF participants at one hospital site (October 2009: n=3)

7.1.1 The activities BtfF nurses/midwives were undertaking
The activities undertaken included: nursing ward rounds; direct patient care; taking a clinical caseload; covering staff shortages; role modelling and coaching; mentoring and supervising junior staff; education activities; focused and themed activities, for example cleaning inspections; focused audits; and collecting and collating nursing sensitive metrics data. Examples given were:

- ‘I either go and work with our new staff that are on rotational posts… or I’ll go round and actually just eye ball the unit and see where we are…it gives you a chance to go round and have a look at what’s going on in the unit’ (Manager)

- ‘I provided clinical cover and looked after a bay of six gentlemen for an early shift as the ward was extremely short of staff’ (Educator)

Some participants articulated a tension between the expectation to be visible on Fridays and to participate in themed activities, and the expectation that they deliver against existing work commitments or job plans. Examples given were:

- ‘I am supported by my manager although at times a number of other meetings, tasks etc. are highlighted as ‘more important’. This comes from other managers than my line manager’ (Anonymous)

- ‘Lack of understanding and support from medical colleagues, expectation for me to carry on with normal activities’ (Anonymous)

Some participants felt that they were ‘on the floor’ everyday and did not work differently on Fridays. Examples given were:
‘I already have clinical commitments on a Friday so am already ‘on the floor’” (Anonymous)

‘Still have clinical workload that needs to be undertaken regardless of it being a Friday’ (CNS)

‘As I am already clinical, the fact that this is more ‘protected’ on a Friday does not seem to be recognized as much as I believe it maybe for staff members who are not normally clinical’ (Anonymous)

7.1.2 The future activities that BtfF nurses/midwives would like to undertake

The future activities included: more direct ‘hands-on’ care; clinical shifts; focusing on privacy and dignity; patient focus groups; specific audit activities tailored to own area; peer review of practice; delivering services differently; cross boundary working; and collaborative improvement work. Examples given were:

‘Watch the patient’s journey and see how the patients are received and spoken to on arrival into the hospital... to improve on communication especially explaining to patients what is happening’ (Matron)

‘Listen to patient stories concerning particular staff groups’ (Anonymous)

7.1.3 The perceived support needs of the BtfF nurses/midwives in undertaking current and future activities

The role of supportive line management was referred to by many of the participants as an enabling factor to them participating in the BtfF initiative. Also important was an understanding from multi-professional colleagues of the need to focus clinically on Fridays. Examples of support given were:

‘Fridays as much as possible are kept free from meetings or any other activities so that BtfF can be achieved. It is important for ward staff to see senior nurses willing to participate in delivering patient care. Other disciplines appreciate the ‘burgundy brigade’ [colour of uniform worn] being on the ward’ (Anonymous)

‘Cleared diary no meeting schedules. The day is for back to the floor only and is very valuable’ (Anonymous)

Finally a request was made for a ‘clinical skills refresher’ and a mentorship in practice update for those wishing to undertake regular clinical shifts.

7.1.4 Summary of themes from PDSA cycle one

The themes arising from the data were focused on staff benefits of BtfF and were:
7.2 PDSA cycle two

The focus of PDSA cycle two was to explore the construct of role clarity; in particular for those staff who felt that they were ‘on the floor’ everyday. The timing of PDSA cycle two coincided with on-going discussions taking place at monthly senior nursing and midwifery meetings about the ‘logistics’ of Fridays. The methods used were:

- a survey of the total population of BtF participants (November 2009: n=183 response rate 21%, n=37)
- a focus group of self-selecting BtF participants at a second hospital site (December 2009: n=3)
- a focus group of self-selecting Clinical Nurse Specialists (January 2010: n=3)
- a focus group of self-selecting Modern Matrons (March 2010: n=2)

7.2.1 Participation in BtF activities: role clarity

A tension between the expectation to be visible on Fridays and to participate in themed BtF activities, against the expectation to deliver existing work commitments and against negotiated job plans had been articulated during PDSA cycle one. Also, that some BtF participants felt that they were visible ‘on the floor’ everyday. These themes were explored further during PDSA cycle two. Examples given were:

‘I spend most of the week in uniform and find that apart from set audits I do little differently on Fridays’ (Anonymous)

‘The only difference is that on Friday I wear a uniform’ (Anonymous)

Protected clinical time was felt to be compromised by some because of the need to attend BtF meetings. Examples given were:

‘I try to attend (BtF meetings) when I can, particularly if it does not involve travelling cross site. If I have to travel, this takes up a large part of my clinical day which does not allow a great deal of time to meet objectives’ (Anonymous)
‘It is difficult when working clinically with full patient workload to leave to attend briefing sessions. A monthly newsletter for staff detailing highlights of what has occurred on the Friday including results of audits would be a useful way of keeping in touch’ (Anonymous)

But comments were also made about the positive opportunities afforded whilst travelling to meetings across sites:

‘Going across sites on that (hospital) bus, I have actually heard so much discourse about audit, and the audit process... I found Back to the Floor Friday extended on the bus onto yet another platform’ (CNS)

7.2.2 Summary of themes from PDSA cycle two
Consistent with PDSA cycle one, the themes arising from the data were staff-focused and were:

- Role clarity (in particular for Matrons, Clinical Nurse Specialists and Nurse Consultants)
- Impact of uniform (on role and on patient care)
- Moving across sites
- Purpose of BtfF
- Engagement with BtfF

7.3 PDSA cycle three
The focus of PDSA cycle three was to explore the impact of BtfF on the improvement of the patient experience and on patient care, to triangulate the data, to synthesise the findings and to make recommendations for the operational management of the BtfF initiative. The methods used were:

- fieldwork with a convenience sample of nursing staff on a third hospital site (January 2010: n=45)
- an interview with the therapy team (March 2010: n=9)
- an interview with a self-selecting CNS (March 2010)
- a focus group with a self-selecting MDT (March 2010: n=9)
- fieldwork with four patients from renal/haematology services (March 2010)

7.3.1 The impact of the BtfF initiative on the improvement of the patient experience and on patient care
7.3.1.1 BtfF Participants views

The participants reported a positive impact on the patient experience, in particular, improvements that had resulted from them taking part in focused activities, shared learning and networking. Examples given were:

‘It brings together a level of people who can action change a lot quicker. So you’ve got this grade of people that have been pulled out of the office that have a little bit more power within an organisation, and they get to see firsthand some of the issues. So it kind of improves and speeds up that gap between what is not happening on the shop floor and what can be done’ (CNS)

‘I think this initiative is absolutely superb it ensures that at least one day per week one can solely focus on nursing within the department. It gives the chance to audit and to maintain a presence on the unit enabling me to role model for the junior nurses. One of the most important things for me is that we get the opportunity to meet other nurses at our level…’ (Manager)

‘It also gives you an absolute brilliant time to find out what their (staff) issues are. When you are standing side by side with them, doing work that they do, day in, day out, making beds- key time’ (Matron)

‘It changed my personal part of leadership here. It made me part of a bigger thing that’s focussed on patient experience, and that in itself is very inspiring for me, not just for my nurses’ (Matron)

Whilst the opinion of the BtfF participants was important, at the time of the data collection (August 2009 to March 2010) tangible examples of improvement were more difficult to identify. This was because implementation of study site-specific nurse sensitive outcome measures was in its infancy. However, evidence from a pilot of hand-held patient experience real-time trackers implemented in one division during 2009 showed demonstrable improvements in patient reports of hospital cleanliness in June and July 2009 which coincided with BtfF focused effort on auditing the hospital environment. This evidence was replicated in improvement scores for cleanliness in the 2009 national in-patient survey.

7.3.1.2 The views of ‘front line’ staff

Although the therapy team felt BtfF was a high profile, highly visible initiative, it was not always well understood by front line staff. The majority of a convenience sample of nursing staff (n=45) on one hospital site were unclear about its purpose and the activities that the BtfF nurses undertook. Some ward and department nurses
articulated expectations that the BtfF nurses should deliver bedside care, whilst others questioned the clinical contribution that the BtfF nurses could make.

7.3.1.3 Patients views
One visit was made to each of four wards located within the renal or haematology services on one hospital site with a view that longer term or frequently admitted patients might be able to comment on the initiative. Of the patients who were well enough to participate and who did consent to comment (n=4) two were able to explain the role of the BtfF nurse and two were not.

7.3.2 Summary of themes from PDSA cycle three
- Clarity of purpose
- Engagement
- Communication cascade
- Uniform
- What is the impact of BtfF on patients?

8. Discussion and conclusion
The findings from the evaluation reported in this paper were derived from data that were collected from a series of PDSA learning cycles executed between August 2009 and March 2010. Positive themes and staff benefits arising from the initiative were empowerment; learning together; professional networking; communication; championing change; and ‘Matron Power’. Although staff accounts of patient benefits were identified within the dataset, at the time of analysis (Spring 2010) they were more difficult to evidence. However, since the evaluation took place the senior nursing and midwifery team have developed a comprehensive set of nurse-sensitive outcome measures (or metrics). These metrics comprise a quality improvement framework that provides a means of identifying areas where improvement work is required. Data from those metrics can then be triangulated with evidence from hand-held patient experience trackers, and with evidence collected through observations of care and focused audits.

BtfF has become an established way of working for the senior nursing and midwifery team. The findings contribute to the existing knowledge about nurse leadership and
a peer reviewed report of the evaluation was published in the Journal of Nursing Management last year (Jones and Griffiths, 2011).

References