Patients First: Supporting Nurse-led Innovation in Practice

A partnership between the Foundation of Nursing Studies and the Burdett Trust for Nursing

Year 6, 2014-2016

Programme Evaluation

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Acknowledgements
To the Burdett Trust for Nursing for their forward thinking in supporting this programme.
To the participants, who demonstrated such motivation to improve their patients’ experience, and through that were able to advance and improve aspects of nursing practice.

Executive Summary
The Patients First Programme provides support and facilitation to clinically based, nurse-led teams to help them to develop, implement and evaluate locally focused innovations that improve patient care in any health or social care setting across the UK. The aim of the evaluation of year 6 of the programme was to answer the following questions:
• What has the impact of Patients First been?
• How have the elements of Patients First enabled the participants and practice change?
• What are the outcomes of the projects and participants’ involvement in Patients First?
• How have/ will participants use and share what has been achieved with Patients First?
• What would participants say to colleagues and FoNS about Patients First?

This evaluation demonstrates that the Patients First programme (Year 6) has had a real impact for:
• Patients - First and foremost, the programme enables the development and implementation of a sustainable locally focussed innovation in practice. These changes in practice are all, in some way, a response to an issue or difficulty for patients/service users. These are innovations which improve practice and so benefit and impact on patients. In a broader sense, these innovations add to the growing realisation of the importance of meaningful collaboration with patients/service users. Participants have ‘listened to patients’ voices’.
• Professional development - The first and biggest impact on the participants is that they have real, concrete experience of implementing a locally focussed innovation in practice. Participants have also become accomplished facilitators and gained a range of skills and methods which they can use in future innovations in practice. Confidence is another area where participants, as professionals, develop under the Patients First Programme.
• Practice - All the projects were able to demonstrate outcomes or a change in practice in relation to patient safety, patient experience and in some cases clinical effectiveness. These varied depending on the area and the initial aim of the project.

The differing elements of the programme, namely the workshops, workplace facilitation, the bursary and the FoNS website have provided different support at different times. But the workplace facilitation with an experienced FoNS facilitator combined with the workshop days are most highly valued by the participants and have enabled the participants to develop knowledge, skills and confidence to work with new methods and approaches in practice. At this time of extreme pressure in all health and social care services, the Patients First Programme offers front line clinicians the unique combination of elements of support (workshop days, expert workplace facilitation and bursary) that enables project teams to navigate the ‘messy and complex world’ of healthcare and bring about an innovation/quality improvement in collaboration with other staff and service users/patients.

‘Change ultimately comes from the people involved – FoNS – has empowered people – it has brought about change through inspiring and motivating people /staff to see things differently and to develop an idea into practice change that will change and improve practice.’(End of Programme evaluation, see p 14 below)
1. Introduction and background

1.1 About FoNS
The Foundation of Nursing Studies (FoNS) exists to help nurses transform how they work, use innovative, knowledge based approaches to improve the practice of caring and ultimately provide the standard of person-centred nursing that ensures patients feel respected and safe.

1.2 About the Burdett Trust
The Burdett Trust for Nursing is an independent charitable trust which targets its grants at programmes and projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment. FoNS has been a partner of the Burdett Trust since 2009 for this programme. For further information visit: http://www.burdettnursingtrust.org.uk/

1.3 About the Patients First Programme
The Patients First Programme provides support and facilitation to clinically based, nurse-led teams to help them to develop, implement and evaluate locally focused innovations that improve patient care in any health or social care setting across the UK. Over a period of 18 months, the Patients First Programme provides:

• A six day workshop programme of support and development. The workshops bring the teams together to explore and enable effective strategies, practice development tools and resources for developing and changing practice and to provide opportunities for networking and sharing
• Regular workplace visits by the FoNS Practice Development Facilitator to enable the development and consolidation of knowledge and skills in leading and facilitating sustainable changes in practice and improvements in care
• Advice and support to develop effective project plans/proposals which have a central focus on the patient and/or service user’s experience and the issues that matter to them most
• Support to identify and make links with people who may be able to offer support locally
• Peer mentorship linking up team leaders with those who have completed similar initiatives
• Support with publishing and active dissemination
• Bursary funding of up to £5000

Within the programme there are a number of themes as described in Table 1 below.

Table 1: The themes of the programme

<table>
<thead>
<tr>
<th>Themes:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Person-centredness</td>
<td>What is person-centredness, how is it experienced in practice, how can practice development support greater person-centredness?</td>
</tr>
<tr>
<td>2. Practice Development</td>
<td>What is practice development, what sort of activities support improvements in quality, how can stakeholders participate?</td>
</tr>
<tr>
<td>3. Facilitation</td>
<td>The benefits of facilitation as a leadership style, how to become a better facilitator</td>
</tr>
<tr>
<td>4. Context and Culture</td>
<td>What is an effective workplace culture, how does culture influence practice, how can culture be changed and improved?</td>
</tr>
<tr>
<td>5. Collaboration, Inclusion and Participation</td>
<td>What are collaboration, inclusion and participation of patients and other stakeholders, what are the barriers and enablers?</td>
</tr>
<tr>
<td>6. Gathering and Using Evidence</td>
<td>What evidence can be used to inform practice, how can it be gathered and how can staff become involved in evidence gathering and critique of evidence?</td>
</tr>
<tr>
<td>7. Action Planning</td>
<td>How to develop and use an action plan</td>
</tr>
<tr>
<td>8. Evaluation</td>
<td>What different approaches to evaluation are there and how can they be used?</td>
</tr>
<tr>
<td>9. Reporting and Disseminating</td>
<td>Support to develop some form of report or publishable evaluation</td>
</tr>
</tbody>
</table>
2. Previous Evaluations
During years 1 to 5 of the Patients First Programme, 60 teams were supported. Each year of the programme was evaluated internally and an additional independent external evaluation was conducted by the University of Worcester covering years 1 to 3 of the programme. Details of evaluations can be found on the FoNS website (https://www.fons.org/programmes/patients-first?page=Evaluations).

This evaluation report will focus on year 6 of the programme, which commenced in December 2014.

3. Overview of the Year 6 Programme

3.1. Recruitment and selection
The Patients First Programme was advertised widely in FoNS and other nursing/healthcare publications and via social media. The recruitment process for the programme is illustrated in Table 2 below.

Table 2: Overview of the recruitment and selection process

<table>
<thead>
<tr>
<th>Process</th>
<th>Dates</th>
<th>Response received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call for applications via e-news alerts and other advertising</td>
<td>June - Sept 2014</td>
<td></td>
</tr>
<tr>
<td>Number of potential applicant enquiries</td>
<td>August - Sept 2014</td>
<td>31</td>
</tr>
<tr>
<td>Closing dates for applications</td>
<td>Sept 2014</td>
<td></td>
</tr>
<tr>
<td>Applications reviewed for key criteria and then offered a telephone interview</td>
<td>Sept - Oct 2014</td>
<td>15</td>
</tr>
<tr>
<td>Successful teams notified</td>
<td>Oct 2014</td>
<td>11 teams</td>
</tr>
<tr>
<td>Programme starts with visit from Patients First Facilitator</td>
<td>Oct 2014 - November 2014</td>
<td></td>
</tr>
<tr>
<td>Start of workshop programme</td>
<td>Dec 2014</td>
<td>11 teams</td>
</tr>
</tbody>
</table>

All potential applicants were encouraged to telephone and discuss their ideas with a member of the FoNS team to enable them to meet the criteria of the programme. Once the applications were received, they were reviewed by the FoNS team against the programme criteria. Fifteen applicants/teams were interviewed by telephone and 11 teams were selected. Successful applicants were contacted by email with information regarding the programme terms and conditions, which have to be signed by the project team and the appropriate Director of Nursing.

3.2 Summary of year 6 projects

Table 3: Summary of projects

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Project title</th>
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<tbody>
<tr>
<td>North Devon Hospice, Devon</td>
<td>The effectiveness of SPIKENARD for the management of terminal agitation and restlessness</td>
</tr>
<tr>
<td>Harplands Hospital, Stoke on Trent</td>
<td>Developing and introducing a semi structured interview based on the psychotherapeutic principles of motivational interviewing</td>
</tr>
<tr>
<td>St Johns Hospice, Lancaster</td>
<td>Food and Nutrition Support Workers Programme</td>
</tr>
<tr>
<td>School Nursing Service, Llanelli, Wales</td>
<td>The school nurse’s “Rucksack” – Developing a pro-active, visible, young person centred school nursing service</td>
</tr>
<tr>
<td>Borders General Hospital, Scotland</td>
<td>Person and family centred care in paediatric care in NHS Borders</td>
</tr>
<tr>
<td>St Marys Maternity Hospital, Dorset</td>
<td>Preparing for life with your baby – from birth to beyond</td>
</tr>
</tbody>
</table>
Parent Action Social Enterprise, Downpatrick, Northern Ireland  |  Enabling Advocacy, Empowering – Parent Action
---|---
Marlborough Court Care Home, Thamesmead | Yoga based interventions for dementia patients in residential care settings
Hollywell Hospital, Antrim, Northern Ireland | The development of a more person centred approach to medication rounds in a psychiatric admission ward for older people (over 65 years)
Emergency Department, Antrim Area Hospital, Northern Ireland | Development of a falls pathway for patients attending Emergency Department
Queen Alexander Hospital, Portsmouth | Improving the patient experience of ambulatory care in the Surgical Assessment Unit

4. Aims of the evaluation
The aim of this evaluation is to answer the following questions:

- What has the impact of the Patients First Programme been?
- How have the elements of Patients First enabled the participants and practice change?
- What are the outcomes of the projects and participants’ involvement in Patients First?
- How have/ will participants use and share what has been achieved with Patients First?
- What would participants say to colleagues and FoNS about Patients First?

5. Approaches and methods used in the evaluation
The aims of this evaluation are described in section 4 above, namely to explore the impact and outcomes of the programme on participants and those who receive care. FoNS has taken a pragmatic approach to this evaluation. The evaluation methods chosen are discussed extensively by the FoNS team prior to the programme and have a dual purpose, firstly to evaluate the programme itself and secondly to expose participants to methods and approaches that they might, in turn, use in their own project work. This overall evaluation is designed to inform future developments of the programme itself and to add to the body of knowledge about the best ways to support nurses and health and social care practitioners to innovate in practice. FoNS has found over the years of this programme that a combination of techniques, both quantitative and qualitative, works well. For a more detailed rationale, see Patients First Year 5 Final Evaluation [https://www.fons.org/resources/documents/PF-Yr5-evaluation-Final.pdf](https://www.fons.org/resources/documents/PF-Yr5-evaluation-Final.pdf) pp 7-8).

<table>
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<th>Data collected during workshops</th>
<th>Data</th>
<th>Where collected</th>
<th>Report section</th>
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<td>Individual end of workshop day evaluation</td>
<td>End of each workshop day</td>
<td>5.2</td>
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<td>Hopes, fears and expectations at start and end of the programme</td>
<td>Days 1 and 5</td>
<td>5.3</td>
<td></td>
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<tr>
<td>Time capsule and narrative at start and end of the programme</td>
<td>Days 1 and 5</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Golden moments and questions shared by the participants (progress updates)</td>
<td>Days 3, 4 and 5</td>
<td>5.3</td>
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<table>
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<tr>
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<th>End of programme evaluation undertaken by participants</th>
<th>Workshop 6</th>
<th>5.4</th>
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<td>Patients First Facilitator field notes</td>
<td>During and after visits, phone calls or email exchanges with teams</td>
<td>5.5</td>
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5.1 Overview of workshop evaluation  
This year of the programme, all data collected during the workshop days (see Table 4 above) was typed up, reviewed and then themed soon after the day was completed. Then a report was developed for each of the workshops and presented on the FoNS website. It was hoped that doing this would show a more timely step-by-step evaluation but also enable the participants to access relevant information soon after the workshop day was completed. Below in Table 5 is an overview of the main aims of the workshop days.

Table 5: Overview of the workshop days

| Day 1: 3rd December 2014         | • An introduction to practice development  
|                                 | • Explore values and beliefs  
|                                 | • Experiences of previous participants  
|                                 | • An introduction to evaluation  
| Day 2: 4th December 2014        | • Workplace culture  
|                                 | • Facilitation  
|                                 | • Giving and receiving feedback  
|                                 | • Action planning  
| Day 3: 5th March 2015           | • Explore the ways in which staff and service users are participating in projects  
|                                 | • Consider the different levels of participation  
|                                 |   ▪ Benefits/challenges  
|                                 |   ▪ Descriptors  
|                                 | • Share experiences/ideas about participation  
|                                 | • Consider the ways in which participation could be enhanced  
|                                 | • Evaluate participation  
| Day 4: 21st May 2016            | • Explore the concept of person-centredness for individuals, teams and the workplace  
|                                 | • Introduce a framework for person-centredness in healthcare and consider its application to practice  
|                                 | • Explore and practice reflection and facilitation skills in relation to person centred care  
| Day 5: 17th September 2016      | • Map the individual journey of each project  
|                                 | • Identify the methods and approaches used within the projects. Their purpose and spoken and unspoken intentions  
|                                 | • Reflect on facilitation skills developed since the start of the programme  
|                                 | • Explore methods and approaches for maintaining momentum with the projects  
|                                 | • Develop action plans to include dissemination and sharing of project outcomes and learning  
| Day 6: 7th June 2016            | • Evaluate the programme  
|                                 | • Team presentations  
|                                 | • Celebrate learning and achievements  

5.2 Overview of individual end of workshop evaluation
At the end of each workshop participants are asked to feedback on their experiences of the day. To do this FoNS uses a variety of evaluation approaches to capture a variety of evaluation data and also to expose participants to different evaluation methods, which they might use themselves in their projects. Below is an overview of each day followed by a link to each full report

5.2.1 Day 1: Doodle evaluation
Participants were asked to complete sentences individually using the doodle template (right), answers were then typed, themed and the main themes are presented below

- The day was very positively evaluated. Participants said that they were more aware of the importance of stakeholders and that they had started to think about the project, its organisation, and how they would evaluate their work
  - The day was a good learning experience, participants felt they learnt skills and activities/methods that would be directly useful to their project (such as facilitation skills, the use of groupwork and the claims, concerns and issues exercise)
  - Participants recognised that this was the beginning of the journey

5.2.2 Day 2: Postcard evaluation
The evaluation was in the form of a postcard (see left) participants completed individually. The postcards were typed and themed. Main findings are:

- Participants came away from the day feeling more confident and energised about taking their project forward and keen to get started back in the workplace
- Action planning was a popular part of the day, as was the opportunity to meet other teams. There was also the sense that participants valued the opportunity to reflect on the project


5.2.3 Day 3: Participation
The main theme of day 3 was participation, so participants were asked to evaluate the opportunities for their participation on the workshop day (how much they were able to participate, what motivated participation and what opportunities they had to participate). All participants said that they had felt able to participate, some specified they had been enabled to participate fully. Other responses concentrated on why they had felt able to participate. Within that, there are four clear themes:

- Creativity and variety of activities
- Friendly, supportive atmosphere
- The way the day was organised
- Having time and space

https://www.fons.org/resources/documents/Patients-First-Year-6/Patients-First-Year-6-Evaluation-Day-3-Final.pdf
5.2.4 Day 4: Liked most, liked least, learning
This simple evaluation was completed individually using sticky notes, answers were then typed and themed. The main findings were:

- Most participants said they had most enjoyed specific activities from the day; the meditation exercise, the person-centred video and animation, the facilitation skills and listening activities and the reflective walk. The second theme was the opportunity to network with other teams and hear how they were progressing.
- Interestingly the activities that some participants liked most were the ones that others liked least, such as the meditation and facilitation exercises. Additionally, some participants reported being anxious about their level of progress.
- Participants reported a range of learning points from the day, including the on-going nature of learning, the importance of person-centredness, how to explore issues with a claims, concerns and issues exercise and finally the importance of enabling and facilitative approaches.

https://www.fons.org/resources/documents/Patients-First-Year-6/Patients-First-Year-6-Evaluation-Day-4-Final.pdf

5.2.5 Day 5: Liked most, liked least, what will you take away
The same evaluation was used on day 5, and again, answers were typed and themed. The main findings were:

- Participants clearly appreciated the opportunity to reflect on progress and plan for the future, and again they valued the opportunity to network with and learn from other teams.
- It’s clear that some of the exercises took participants out of their comfort zone and some were mentioned as ‘liked least’, such as the mindfulness exercise and the use of cards to describe feelings.
- When asked what they would take away from the day, the two main answers were specific methods and approaches, and confidence, energy and enthusiasm to continue with the project work.

https://www.fons.org/resources/documents/Patients-First-Year-6/Patients-First-Year-6-Evaluation-Day-5-Final.pdf

5.2.6 Day 6
The day 6 evaluation was a hands-on collaborative exercise to look at the whole, end of programme evaluation and this is presented in section 5.4 below.

5.3 Impact on participants: the participant journey (from hopes, fears and expectations, golden moments and challenges)
This part of the report draws on participants’ own statements during the workshop sessions, their hopes, fears and expectations at the start of the programme and their ‘golden moments’, challenges and evaluations of workshops. All of this evaluation data is drawn from the individual reports in the links above in section 5.2 and this section is designed to give a broad sense of the experience of participants.

The ‘average’ participant at the beginning of the programme may be described as enthusiastic and optimistic, though lacking in confidence about their own abilities in terms of changing practice. At the beginning of the programme (December 2014), participants were asked to describe their hopes, fears and expectations for the programme (Day 1 and 2 evaluation, p 3). Generally, participants are hoping to improve the patient experience and for specific successful outcomes for the project. Participants are looking forward to meeting and learning from others and want to develop personally. The main fear is failure, and there are concerns around having enough time and their...
ability to motivate colleagues’ resistance. However, there is an expectation that they will develop knowledge and skills to take the project forward.

At the third workshop, four months later in March 2015, participants are still broadly positive, and can articulate achievements, though sadly, many of their initial fears (time workload pressures and commitment from colleagues) have been realised. Participants come to the workshop knowing that they will be asked to talk about a ‘golden moment’ in their projects and will also be offered the opportunity to share any problems, in the hope that other teams may have some ideas. ‘Golden moments’ at this stage are broadly around specific achievements or plans realised but also recognition from outside, perhaps an in-house newsletter or manager (Day 3 Evaluation, p 1-2). Another theme is realisation, being asked to articulate a ‘golden moment’ means participants have to reflect and this often seems to lead to the realisation of how much has been achieved. However, there are clearly many challenges as mentioned above; time and workload, commitment as well as specific hurdles (Day 3 Evaluation, p 2).

Workshop 4 was held two months later in May 2015. Again, participants come to the meeting with prepared ‘golden moments’ and challenges. Participants talked about specific achievements for their projects as their ‘golden moments’ but interestingly, there is a sense that this includes overcoming challenges, there is also a clear sense that participants are noticing improved team work and valuing enthusiasm and their new ways of working (Day 4 Evaluation, p 1-2). Positives still out-number problems but teams do mention issues they are facing, including a significant number that are outside of their control; engagement and motivation of others remains an issue (Day 4 Evaluation, p 1-2). Participants find the ‘golden moments’ and challenges exercise helpful, they are buoyed by the successes of others and reassured that they are not alone (Evaluation Day 4, p 4), but there is also a sense that participants may at times feel a little overwhelmed.

Workshop 5 sees the ‘average’ participant feeling very positive and reflecting on specific achievements of the project, realising that meaningful progress has been made and that participants themselves have developed, and being happy to accept recognition for what they have done. One of the explicit aims of workshop 5, held in mid-September 2015, after the summer was to map individual project journeys and to reflect on progress and the achievements. A few quotes from the ‘golden moments’ give a sense of participants’ positivity and sense of achievement:

- Have developed a falls pack and information for staff
- The project has been implemented
- First focus group has taken place
- Everyone’s on board
- Definite feeling that the parent groups are feeling more empowered with a clearer vision of what they want

Challenges remain, but interestingly they are often caused by changes outside the control of the team, such as organisational changes and IT challenges.

5.3.1 How did we develop as facilitators? (As part of the evaluation)

On the first workshop day (December 2014), participants were asked to complete a rating scale assessment and write a short narrative for themselves, regarding their current skills and confidence in relation to practice development, and to seal this in an envelope. These were then placed in a
‘time capsule’. As part of session 5 (September 2015) participants completed a new rating scale and wrote a new narrative. Then the time capsule was opened and each individual compared the two scales and narratives for themselves. The findings were then discussed in pairs or small groups and feedback to the larger group. The purpose of this activity was to enable participants to record their experience and skills at the beginning and after nine months of the programme. The aim was to capture and to compare these to demonstrate learning and skills development over the programme to date ([https://www.fons.org/resources/documents/Patients-First-Year-6/Patients-First-Year-6-Evaluation-Day-5-Final.pdf](https://www.fons.org/resources/documents/Patients-First-Year-6/Patients-First-Year-6-Evaluation-Day-5-Final.pdf)).

Table 6 below summarise the results. At the beginning of the programme the average participant was not very confident but day 5 shows participants much more confident in relation to developing and changing practice and experience of changing practice. In these two questions in particular the self-rating score almost doubled. In addition, confidence in terms of the ability of participants to influence colleagues regarding developing practice increased. This is interesting given that an ongoing challenge for some participants was engaging and enthusing colleagues. There is also a significant increase in how participants rate their knowledge and skills in relation to developing or changing practice. This was overall the biggest average change across the five questions. The narratives that participants wrote at the end were also themed. The main themes were:

- Gained confidence in ability to lead
- Learned new skills in relation to ability to influence others, enabling participation and working with patience and positivity
- Gained new methods and approaches
- Enjoyed the learning experience

<table>
<thead>
<tr>
<th></th>
<th>1 My Knowledge and skills in relation to developing or changing practice</th>
<th>2 My experience of changing practice</th>
<th>3 My ability to influence colleagues regarding developing practice</th>
<th>4 My confidence about working with developing or changing practice</th>
<th>5 My approach and understanding toward person centred care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Day 1</td>
<td>3.1</td>
<td>3.4</td>
<td>4.2</td>
<td>3.5</td>
<td>6.9</td>
<td>4.2</td>
</tr>
<tr>
<td>Average Day 5</td>
<td>6.6</td>
<td>6.4</td>
<td>6.8</td>
<td>6.8</td>
<td>8</td>
<td>6.9</td>
</tr>
<tr>
<td>Change</td>
<td>+3.5</td>
<td>+3.0</td>
<td>+2.6</td>
<td>+3.3</td>
<td>+1.1</td>
<td>+2.7</td>
</tr>
</tbody>
</table>

### 5.4 Impact on participants, practice and the service: participants’ own thoughts (from end of programme evaluation)

The morning of the 6th day (June 2016) was given over to the end of programme evaluation. Participants were both ‘subjects’ of the evaluation and evaluators. The rationale behind this was firstly as a way of gaining ‘external’ evaluation data for the Patients First Programme and was also driven by a desire to work more collaboratively with participants. It was hoped this would also provide a learning experience of a collaborative evaluation process that they could use in future ventures.
Initially participants were asked to answer 10 ‘first level’ questions individually prior to the workshop. These were recorded on sticky notes and attached to 10 separate flip chart sheets during the workshop (see Appendix 1). Participants were then asked to randomly put themselves into ten groups of three or four people. Each group worked with one question and themed the responses which were feedback to the main group. The ten questions were then reduced to five ‘second level’ questions by combining related questions (see Table 7 below). Participants randomly formed five groups and each group used the themes and data produced from the first round of analysis to answer these ‘second level’ questions. Each group was given time to discuss the data and find a creative way to feed this back to the larger group and the FoNS Practice Development Facilitator.

Table 7: Day 6 End of programme evaluation questions

<table>
<thead>
<tr>
<th>First level questions - answered individually then themed in small groups</th>
<th>Second level questions - themed and summarised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Please describe the impact of being involved in the Patients First Programme on you and your learning. - Think about this individually and then as a team</td>
<td>What has the impact of Patients First been?</td>
</tr>
<tr>
<td>2. Please describe the impact of being involved in the Patients First Programme on how you involved and engaged with patients and the people you care for in your service.</td>
<td></td>
</tr>
<tr>
<td>3. Please describe the impact of being involved in the Patients First Programme on your project or change in practice.</td>
<td></td>
</tr>
<tr>
<td>4. Tell us why the different elements of the programme namely • Bursary • Workshops • Practice Development Facilitator • The FoNS website were important to you and why and how they enabled your project to come to fruition.</td>
<td>How have the elements of Patients First enabled you and your project change?</td>
</tr>
<tr>
<td>5. What methods and approaches did you use in your project?</td>
<td>What are the outcomes of the projects and your involvement in Patients First?</td>
</tr>
<tr>
<td>6. What were the outcomes of your project in relation to patient experience, patient safety and clinical effectiveness (Include any cost or time savings?)</td>
<td></td>
</tr>
<tr>
<td>7. Tell us about any conferences/celebrations events/ or events where you have or plan to share your work however informal.</td>
<td>How will you use and share what has been achieved with Patients First?</td>
</tr>
<tr>
<td>8. Tell us how you are or plan to use new skills, tools, learning or confidence in other aspects of your practice?</td>
<td></td>
</tr>
<tr>
<td>9. What would you say about being involved in the Patients First Programme to colleagues?</td>
<td>What would you say to colleagues and FoNS about Patients First?</td>
</tr>
<tr>
<td>10. Finally - The Patients First programme would be better if</td>
<td></td>
</tr>
</tbody>
</table>

5.4.1. Summary of theming of the individual feedback to the ‘first level’ questions
As described above, participants initially answered each first level question using sticky notes which were themed by small groups of participants and then feedback to the main group. Below (in Table 8, left hand column) is a summary of the findings

5.4.2. Summary of findings from the ‘second level’ questions
Working in five groups, participants took a second level question and using data and feedback from the first level questions set out to analyse and feedback the findings in a creative manner. These are summarised below: in Table 8, right hand column.
<table>
<thead>
<tr>
<th>First Level</th>
<th>Second Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Impact of PF on you and your learning</strong></td>
<td><strong>What has the impact of Patients First been?</strong></td>
</tr>
<tr>
<td>In a safe supportive environment the impact on learning has been personal and professional development for the project teams including:</td>
<td>This group presented the evaluation as a mini drama presentation that they all contributed to. Below are the words of the script they used.</td>
</tr>
<tr>
<td>• Confidence</td>
<td>“We have found there are many different ways of getting a project done and apparently this can be fun! The programme has encouraged us to focus on the 3Ps:</td>
</tr>
<tr>
<td>• Leadership</td>
<td><strong>Patients</strong></td>
</tr>
<tr>
<td>• Team collaboration</td>
<td>• Listen to their voice</td>
</tr>
<tr>
<td>• Facilitation</td>
<td>• Empower</td>
</tr>
<tr>
<td>• Change management</td>
<td>• Build change around them</td>
</tr>
<tr>
<td>2. <strong>Impact on Involving and Engaging Patients</strong></td>
<td><strong>Professional Development</strong></td>
</tr>
<tr>
<td>The impact has been on creating opportunities for listening to patient feedback and experiences and enabling the patient voice to be heard. Leading to more patient centred projects and services</td>
<td>FoNS created a safe supportive environment that helped us develop person and professional skills including confidence, leadership, team collaboration, facilitation and change management through creativity and fun</td>
</tr>
<tr>
<td>3. <strong>Impact on your project and change in practice</strong></td>
<td><strong>Practice</strong></td>
</tr>
<tr>
<td>The impact has been there is now more:</td>
<td>Having FoNS around and contactable helped us to translate all these ideas into actual changes in practice, it kept us going when we got stuck usually through fun and creative methods</td>
</tr>
<tr>
<td>• Collaboration and involvement</td>
<td></td>
</tr>
<tr>
<td>• Skill development</td>
<td></td>
</tr>
<tr>
<td>• Time and resources able to be devoted to project</td>
<td></td>
</tr>
<tr>
<td>• Enabled a focus</td>
<td></td>
</tr>
</tbody>
</table>
### 4. Different elements and how they enabled you and your project

**Bursary**
This was used for travel and accommodation to the workshops in London, provided for staff and patient workshops, release of staff from practice, resources in terms of expert knowledge and provide refreshments for the workshops.
“Couldn’t have done without it”

**Workshops**
- Provided an opportunity to learn from FoNS and other teams
- Exposure to creative ways of thinking
- Refocussed and re-energised us
- Helped momentum for change
- Provided an opportunity to develop facilitation skills
- Provided protected time away from workplace to focus on project
- Allowed us to explore and push boundaries

**Practice Development Facilitator**
- Provided guidance, help, support and was always available
- Opens thinking when feeling stuck
- Invaluable! Keeping things in perspective within the project, helping to focus and keep us on track, supporting us to share project with the team
- Provided new techniques
- Helped with anxieties, made us see things from a different angle/ visit to workplace, couldn’t have done it without Jo
- Jo very supportive and encouraging quietly but confidently.

**Website**
- Provided resources
- Lots of information
- Shared good practice

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### How have the elements of Patients First enabled you and your project change?

This group presented the evaluation as a creative arts poster. But also wrote the following words to describe what they had represented.

“Change ultimately comes from the people involved – FoNS – has empowered people – it has brought about change through inspiring and motivating people/staff to see things differently and to develop an idea into practice change that will change and improve practice.”
5. What methods and approaches did you use?
A variety of methods and approaches were described as being used within the projects. Many were new to the teams and involved working creatively.

6. What were your outcomes in relation to:

Patient safety
- Participants better informed – prepared for birth and parenthood therefore less anxious, decrease risk of PN Depression and increased attachment

Patient experience
- Increase patient experience in educative aspect of project, improved insight into their illness, decrease incidents, decrease PRN usage, Lower costs more time with patients
- Better experience and patient journey when older people attend ED with a fall and are discharged. Developed a falls pathway. Clear guidance for staff how to manage falls
- The clients really enjoyed the yoga. Before starting exercises, we asked how they felt. Then after asked how they felt, they showed improvement. The exercises helped residents move better, gain better balance and were also eating better
- Participants value the activities (calming) – time with health professionals, each other
- Improved environment - info board, tv, eater bottles, efficient paperwork, implemented = analgesia, improved communication = piloting leaflets and FAQ, nurse designated to area – clearly defined roles
- Anecdotally – happier patients. Still to evaluate fully

Clinical effectiveness
- Difficult to quantify clinical effectiveness but decrease in anxiety has been shown to improve birth experiences and early parenthood
- Audit of school nurse referrals to plan future interventions and resources – recorded views of service users to influence service development

What are the outcomes of the projects and your involvement in Patients First?
This group presented the evaluation as a mini drama where each person presented the voice of patients, staff, and NHS. They also produced a poster which the following quotes were taken from.

- Staff and Patients
  - Improved patient experience. Voices of patients listened to and acted on

- Staff
  - I’m proud of grassroots staff projects. Happier patients = fulfilled staff

- NHS
  - Increased confidence, staff development, change management, facilitation, risk
<table>
<thead>
<tr>
<th>7. Tell us about conferences or plans to share and celebrate</th>
<th>How will you use and share what has been achieved with Patients First?</th>
<th>8. Tell us how you plan to use new skills/tools/resources in other aspects of your practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In house sharing</td>
<td>This group presented the evaluation in the form of a poem that was read out to the main group.</td>
<td>• Rolling out</td>
</tr>
<tr>
<td>• Publications / blogs</td>
<td>“The outcomes of Patients First are diverse,</td>
<td>• Increased creativity – new ideas</td>
</tr>
<tr>
<td>• Conference presentations and posters</td>
<td>We want to share them with the universe!</td>
<td>• Staff development – mentorship, continuing professional development, supervision</td>
</tr>
<tr>
<td>• Celebrations</td>
<td>From cradle to grave,</td>
<td>• Increased confidence for new projects, leadership skills, facilitation skills</td>
</tr>
<tr>
<td>• Newsletters and websites</td>
<td>With our ideas we’ve been brave.</td>
<td>• Perseverance – keeping going, seeing it through</td>
</tr>
<tr>
<td>• Forums</td>
<td>We have listened to patients’ voices</td>
<td>• Change management</td>
</tr>
</tbody>
</table>

The outcomes of Patients First are diverse, We want to share them with the universe! From cradle to grave, With our ideas we’ve been brave.

We have listened to patients’ voices And given them lots of choices. Results that we have made Have given us achievements we crave.

Keeping going with new ideas We hope to open others’ ears. Looking to change minds, Being supportive, being kind,

To patients, ourselves and each other In new ways still to discover We’ll use our new approaches and skills To hopefully reduce the use of pills!

Overcoming our fears To share our ideas. Our results we will unfetter, By sharing in publications and newsletters. We’ll talk to others who will also discover That Patients First is the best!”
9. What would you say about Patients First to colleagues?
   - Positive experience
   - Enjoyable
   - Highly recommended
   - Challenging but worth it
   - Just do it!

10. Patients First would be better if...
    - Technology aids to share information such as using skype or face time.
    - Involving senior personnel
    - Reduced costs, sharing travel, alternative venues
    - No improvement required

"The programme is what you make of it, don’t think we could have been better supported in any other way”
5.4.3 Summary of findings
The end of programme evaluation, with participants taking part both as subjects of the evaluation and also working in collaboration as evaluators, has highlighted that the main impact of the Patients First Programme has been positive; for patients, professional development and for practice. The different elements of the programme have resulted in teams feeling empowered and able to see different perspectives resulting in practice change and improvement. There have been outcomes in terms of improved patient experience, increased staff confidence and development of new skills in change management and calculated risk taking in terms of trying different methods and approaches. Going forward, after the programme, the teams talked about sharing and celebrating what they had achieved via publications, newsletters and dialogue with others. But they also talked about continuing to listen to patients and keeping going with new ideas and ‘new ways still to be discovered’. Finally, when asked what participants would say to colleagues about the programme, teams described a lot of positive outcomes from the programme for themselves which had helped them overcome difficulties and challenges in the workplace such as apparent lack of local resources and support and negativity from other staff and colleagues.

5.4.4 Examples of projects completed
Below in table 9 are three examples of completed projects and what they achieved:

<table>
<thead>
<tr>
<th>Table 9: Showing three projects and what they achieved</th>
</tr>
</thead>
</table>
| **EIDDER: Early Intervention Dual Diagnosis Engagement and Recovery, North Staffordshire Combined Healthcare NHS Trust**  
The traditional approach within mental health services to caring for someone with a dual diagnosis, that is coexisting mental ill-health and substance misuse, is to focus on the mental health needs and impart health advice whilst making a referral to specialist services for substance misuse cessation/treatment. However clinical experience suggests this simple approach has limited impact in terms of the service users’ engagement with substance misuse treatment and the achievement of positive outcomes in terms of their substance misuse. During this 18 month project, the team worked with staff, service users and their carers/friends/families and revisited existing knowledge sources to develop an understanding of what supports better engagement and enhances the chances of a service user accepting specialist treatment options. Ultimately this has led to the team being able to describe and implement a range of treatment interventions. The range of options enabled the team to tailor care to the particular needs of the individual and to fully involve the service user. |  
| **Yoga for People Living with Dementia in Residential Care Settings Marlborough Court Care Home, Thamesmead**  
The aim of this project was to design simple yoga based sequences to use with people living with dementia, to test and refine these sequences and then to track the benefits in a care home setting. A key part of the project was to consider how the yoga sequences could be person-centered. A multi-disciplinary project team was formed made up of a yoga teacher, an activities coordinator, a healthcare assistant with considerable expertise of working with those living with dementia and a care home manager. This team worked together to establish the residents’ needs. The yoga classes were run twice a week as a trial period from May – October 2015 (and they have continued to run since). During this time, observations were made about the residents’ involvement in the yoga sessions and benefits. A number of benefits were found including residents reporting physical improvements, improved wellbeing and a greater sense of relaxation. |  
At the end of the project, evaluation interviews were carried out with a number of key project participants. Drawing from these interviews and an earlier evaluation, the project team concluded |
that specific yoga exercises are a successful intervention for providing people living with dementia with meaningful and beneficial activities in residential care settings.

A full report can be found here: https://www.fons.org/library/report-details?nstid=71167

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**Can we Talk? A Person-centred Approach to Medication Management in an Acute Psychiatric Ward, Holywell Hospital, Antrim**

The Tobernaveen Centre is in Antrim, Northern Ireland and falls under the Northern Health and Social Care Trust. It is a 14 bedded acute inpatient unit for patients over 65 yrs of age with functional mental illness and input is mainly from doctors, nurses, occupational therapists, physiotherapists, social work and advocacy. The impetus for this project was a growing realisation that current medication administration rounds were heavily influenced by rituals and routines and were lacking therapeutic or patient engagement, and that some staff were seen as ‘experts’ while others didn’t have the confidence to do the medication rounds. It was recognised that medication management could be a time for therapeutic engagement to help prevent relapse and readmission.

The team listened to patients’ beliefs and values and combined them with staff values in order to work with patients in a more harmonious environment and engage more authentically with patients. This all helped staff in working toward the provision of holistic care using shared decision making. Each nurse now administers the medication for their own patients, which means they can use this time as an opportunity to interact therapeutically and asses the patient’s mental state. Patients are able to interact with their named nurse many more times during the day and there has been a reduction in the use of ‘emergency’ PRN medication. Some patients report that they can now recognise triggers that would be indicative of a deterioration in their mental health and are able to report these to their named nurse sooner thus preventing relapse of their illness, and they are more confident with their medication regime.

A PowerPoint presentation can be found here: https://www.fons.org/library/report-details?nstid=71796

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5.4.5 Were participants’ hopes, fears and expectations realised?

As described in section 5.3, at the beginning of the programme, the ‘average’ participant may be described as enthusiastic and optimistic, though lacking in confidence about their own abilities in terms of changing practice. Generally, participants are hoping to improve the patient experience and for specific successful outcomes for the project. There is an expectation that they will develop knowledge and skills, however their main fear is failure, having enough time and their ability to motivate colleagues. On day five of the programme this exercise was not revisited with participants because in past evaluations, this has elicited little new information. However is there any evidence from this evaluation that would support the belief that these hopes, fears and expectations were realised? There is certainly evidence of improved specific patient experience and outcomes of projects with patients’ voices at the heart of this (section 5.4.3). There is also clear evidence to demonstrate participants’ increased confidence, knowledge and skills (5.3.1). Participants’ main fear, namely ‘lack of time and lack of engagement’ is evidenced in the ‘challenges’, however, the programme is designed to help participants work with this and the success of the projects are testament to this.

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5.5 The value of workplace visits by the Practice Development Facilitator (from progress notes)

Teams received visits, phone calls and email support throughout the length of the programme. Both teams and the FoNS Practice Development Facilitator initiated contact. The content of visits, calls and emails are largely determined by the team. Information about all visits, emails and phone calls
are kept as part of the team’s notes and the following is based on theming of those notes (see Appendix 2).

The Practice Development Facilitator workplace visits are a unique part of the support provided by the FoNS Patients First Programme. Project teams and leaders clearly need support in what, for many, is their first time at innovating in practice. But the FoNS facilitator also needs to challenge project teams, both in terms of questioning assumptions and fostering independence. At the start of the programme, the Practice Development Facilitator visits provide a reflective space for the project leaders and teams to talk through their action plans but also to reflect on what is going well and not so well in their projects and related practice. The Practice Development Facilitator may ‘demonstrate’ activities, approaches and methods or co-facilitate with the team members. As the programme progresses and participants start to build their facilitation skills and confidence, the Practice Development Facilitator acts as a co-facilitator in workplace events such as workshops for staff or focus groups with patients. Towards the end of the programme participants have gained significant confidence in the new methods and approaches and are able to facilitate these independently, at this stage the facilitator acts as a sounding board for checking out ideas and approaches, providing support with abstracts for conferences and support with project evaluation write up.

6. Discussion
The aim of this evaluation, as stated in section 4 (p 6 above) was to answer the following questions:
• What has the impact of the Patients First Programme been?
• How have the elements of Patients First enabled the participants and practice change?
• What are the outcomes of the projects and participants’ involvement in Patients First?
• How have/ will participants use and share what has been achieved with Patients First?
• What would participants say to colleagues and FoNS about Patients First?

6.1. What has the impact of the Patients First Programme been?
Broadly, the impact of the Patients First Programme falls is in three main areas, namely impact on patients, impact on participants as professionals and their professional development and impact on practice.

6.1.1 Impact on patients
The programme benefits and impacts on patients in many different ways. First and foremost, the programme enables the development and implementation of a sustainable locally focussed innovation in practice. These changes in practice are all, in some way, a response to an issue or difficulty for patients/service users. These are innovations which improve practice and so benefit and impact on patients. In a broader sense, these innovations add to the growing realisation of the importance of meaningful collaboration with patients/service users. Participants have ‘listened to patients’ voices’ (poem, p 16).

6.1.2 Impact on professionals and their professional development
The first and biggest impact on the participants is that they have real, concrete experience of implementing a locally focussed innovation in practice. They, firstly have been successful in getting a place on this competitive programme, which is a challenge and is valuable learning. They have then seen the innovation through from ‘paper’ to ‘practice’, and this is reported in participants own self rating on at workshop 5 (Section 5.3.1, pp 10-11).

Participants have also become accomplished facilitators. The FoNS Practice Development Facilitator’s progress notes show that in the early stages, participants need much more ‘hands-on’
guidance and the opportunity to see how things are done. But by the end of the programme, the facilitator is simply observing (section 5.5, pp 19-20).

Participants have gained a range of skills and methods which they can use in future innovations in practice. The PDF field notes give examples of the various methods and activities that participants use in their practice, as do the final reports. The participants recognise this too, as shown by their self-reported improvements in ‘Knowledge and skills in relation to developing or changing practice’ (Table 6, p 11) where scores more than double.

Confidence is another area where participants, as professionals, develop under the Patients First Programme. The end of day feedback from day 2 already suggests that the workshops build confidence (section 5.2.2, p 8). And the self-reported improvements in ‘confidence about working with developing or changing practice’ show another big improvement (Table 6, p 11).

6.1.3 Impact on practice
All the projects were able to demonstrate a change in practice. These varied depending on the area of the project and the initial aim of the project. The outcomes were recorded under the headings of Patient Safety, Patient Experience and Clinical effectiveness (p 15). Three examples of projects are highlighted in section 5.4.4 and all project evaluations are stored in FoNS online library https://www.fons.org/library/project-reports as a record of what was achieved but also to inspire others wanting to change similar areas of practice.

6.2 How have the elements of Patients First enabled the participants and practice change?
‘Change ultimately comes from the people involved – FoNS – has empowered people – it has brought about change through inspiring and motivating people/staff to see things differently and to develop an idea into practice change that will change and improve practice’ (End of programme evaluation, p 14 above)

The different elements of the programme, namely the workshops, workplace facilitation, the bursary and the FoNS website have provided different benefits at different times.

6.2.1 Workshops
Participants clearly value the workshops. The workshops are important learning opportunities. The feedback/evaluation at the end of each workshop shows that participants have come away with new tools, activities and understanding that they can use in practice, and have seen and participated in these activities themselves. The workshops are also an opportunity to learn from and network with the other teams. Participants find it motivating to hear about the successes of others, to find out that they share values and beliefs with nurses and healthcare professionals from different sectors and geographical locations. Workshops are ‘away days’ and so they provide opportunities for reflection, something which nurses in practice don’t often get, and it’s clear from the end of day evaluations that this is important (End of workshop evaluation, pp 8-9).

6.2.2 Workplace facilitation
The role of the workplace facilitator is fundamental to the success of the Patients First Programme. The visits dovetail with the workshops in order to reinforce, practice and individualise the workshop learning, to support the project team and offer opportunities to reflect and discuss the project. The facilitator offers a ‘high support, high challenge’ approach which fosters learning and increases confidence leading to independence. Participants highly value the individualised workplace visits and the 12 months of dedicated support that enables them to circumnavigate the complex world of health care. One participant wrote:
‘Invaluable! Keeping things in perspective within the project, helping to focus and keep us on track and supporting us to share the project with the team’

6.2.3 The bursary
The bursary is used to pay for travel and accommodation to London for the workshops as well as other project related expenses. Previous evaluations suggest that the bursary is a motivating factor in applying and also gives ‘validity’ to projects. As one participants said this year ‘Couldn’t have done without it’.

6.2.4 The FoNS website www.fons.org
The FoNS website is used to provide resources, share good practice through the project reports and the International Practice Development Journal and provides varied information in relation to topics, different areas of practice and from geographically diverse areas. There is a sense that participants use the website initially a lot when preparing their original application and then not so much during the programme until such times as they are completing their own project evaluation. However as with all the elements of the programme some are more important at different times, depending on the practice challenges.

6.3 What are the outcomes of the projects and participants’ involvement in Patients First?
Participants were able to highlight outcomes in relation to patient safety, patient experience and in some cases clinical effectiveness (see section 5.4.1., question no 6, p 13). There are three examples of project evaluations (section 5.4.4) which demonstrate some very positive outcomes. Each team is encouraged to write up their project evaluation and then this is published on the FoNS website as a record of what is achieved. Each team was also able to demonstrate a variety of methods and approaches that were taken within their project.

6.4 How will you use and share what has been achieved with Patients First?
Participants were able to highlight a variety of ways in which they will use their new skills and knowledge in other areas of their practice. These include using creative approaches with patients and staff, increased confidence which would transfer to new projects and more confident leadership/improved facilitation skills which would transfer to other areas of their work life. Participants also highlighted that they had plans to share their projects at in house events, conference presentations and poster presentations. In fact a number of teams have already presented their work at national conferences. One project team leader Jaqueline Jones was named as the Community Nurse of the Year award at the RCN Wales awards on the 16th November 2016 and she was also a finalist in the Nursing Times awards celebrated on the 26th October 2016 in London. Below is the link to her project report [https://www.fons.org/library/report-details?nstid=72255](https://www.fons.org/library/report-details?nstid=72255).
6.5 What would you say to colleagues and FoNS about Patients First?
Participants highlighted that they had gained knowledge, skills and confidence which had enabled good outcomes for patients in terms of experience and changes in practice. They highlighted what a positive and enjoyable experience it was to take part in the Patients First Programme. They also said that it was a challenging but worthwhile experience. Areas that were suggested to enhance the programme would be the increased use of technology for dialogue and conversations between teams and FoNS. Some of the teams did use this but there were technical issues in the workplace that made this difficult. Another area was to involve more senior staff. This is often a challenge. In the initial application, the Director of Nursing has to sign the application and the terms of conditions when a team is accepted onto the programme, however, this doesn’t always seem to translate into on-going support. A last suggestion was to hold the workshops regionally. The advantage of this would be to reduce travel and accommodation costs for some teams, the disadvantage would be a dilution of the workshop days (if the teams don’t all meet) but this may be something to consider moving forward.

In conclusion one person identified:

‘The programme is what you make of it, don’t think we could have been better supported in any other way’

7. Conclusion
In conclusion this evaluation demonstrates that the Patients First programme (Year 6) has had a real impact on patients, the professional development of participants (change in participants themselves – empowered) and practice (happier patients and more empowered staff). One of the strengths of the Patients First Programme is the combination of learning methods/approaches, developing skills (eg facilitation skills/listening) and confidence building. Participants develop transferrable skills/ build capacity and by using new methods and approaches, have a positive impact on other areas of their work.

The King’s Fund report (2016) Improving quality in the English NHS, A strategy for action suggests that one of the best ways to improve quality is to:

‘support clinical leaders through education and training in quality improvement methods, and developing organisational cultures where leaders and staff focus on better value as a primary goal’

Don Berwick (2017) more recently discussed in a blog, after visiting the Vanguard sites, that ‘the grassroots leadership by GPs, nurses, frontline managers and others is palpable. The NHS five year forward view presents a top-down vision, and this is real bottom-up movement towards that vision’.

At this time of extreme pressure in all health and social care services, the Patients First Programme which takes a ‘grassroots and bottom up approach’ provides front line clinicians the knowledge, skills and understanding in quality improvement and practice development methodology in practice. The unique combination of support elements (workshop days, expert workplace facilitation and bursary) designed around the participants and their needs, provides the essential external support to enable participants to experience and learn from putting a change into practice. The Patients First Programme has been proven to enable nurse led teams to navigate the ‘messy and complex world’ of health and social care and bring about an innovation/ quality improvement in collaboration with other staff and service users/ patients.

References
### Appendices

#### 1 Impact of PF on you and your learning
- Hearing about other people’s projects
- Coming away as a group, coming together as a group
- Safe place for expression
- Open out minds to being creative
- Understand delivery still gets results
- Leadership skills
- Project a spoke in a wheel of many parts
- Developing skills in group facilitation
- increased motivations and energy
- less frustration
- increased confidence
- developed reflective practice

- Through using cycle of change in our project made us reflect on how this also reflects in practice
- Parallel processing
- Learning how to create change with our service users we have learnt how to create change in ourselves and our team
- Support not an individual stand alone worker trying to push forward change
- Must be team players – help and support from all grades
- Confidence collaboration leadership assertiveness personal and professional growth
- An understanding of the theory behind practice development and how it support one another
- Support and recognition

**Summary:**
In a safe supportive environment the impact on learning has been development of personal and professional skills including:
- Confidence
- Leadership
- Team collaboration
- Facilitation
- Change management

#### 2 Impact on Involving and Engaging Patients

**Sticky notes:**
- Made you realise the principle of practice development
- That doing ‘simple things’ can be more effective
- Doing what is good for the patient – to make the patient experience more enjoyable and to empower them to have more ‘say’ in their care and treatment
- Challenged us to listen to patients, involve them – equal collaboration, group discussions
- Positive impact in terms of the value placed on gaining the views of pupils and staff regarding the current and future service, confidence to use a person-centred approach
- Value service users input
- More aware of how to use open ended questions
- Courage to develop this role as we want – patient-centred
- Patient diaries
- verbal feedback
- patient focus group

**Parallel processing**
- Listening to patient stories/concerns
- Flexible inter-personal approach – person-centred
- Ownership of group and their own pregnancies and relationships
- A multidisciplinary approach
- Developing a new role
- Wouldn’t have been possible without the Patients First Programme. Changed the activities to take into account the patient’s needs. Beneficial to clients
- Personalised choice – all patient centred – offered a wider choice of diet, extended breakfast and protected meal times

**Summary:**
Patient centred
- Listening to patient → feedback from patients
- Patient voice

#### 3 Impact on your project and change in practice

**Sticky Notes**

**Themed: Collaboration and involvement**
- Recognising the importance of team work collaboration with other disciplines and stake holders
- Skills acquired
  - Leadership in change ethos
  - Participation in the workshop – more confidence sharing of ideas in the workshops
  - Without the patients first, this project wouldn’t have gone ahead. Learnt how to involve different levels of staff

**Skills**
- Provide the skills required to bring about change
- Creative approaches
- Information and skills provided through workshop days
- Involvement of staff within the wider school nurse team using the approaches learnt through the PFP

**Time and resources**
- Link to FoNS gave project gravitas, able to attract high levels of staff to project
- Allowed us time, funding, learning, challenged us, enthusiasm
- Give us a voice, facilitated change, gave focus and kept us on track, bursary unlocked doors to support new ideas and creativity
- Perseverance – finishing a project, seeing it through

**Focus**
- Kept a focus, provided the impetus and kept it going

#### 4 Different elements and how they enabled you and your project

**Bursary**
• Couldn’t have done without it travel – accommodation workshops – staff patient workshops
  • Bursary – allowed to attend workshop and provided resources to coffee shop to attract staff attendance
  • Resourceful
  • Ability to provide refreshments and reward vouchers to pupils participating in focus groups
Resources for school nurse teach to continue to raise profile in a professional way
Instrumental for travel
Bursary paid for yoga teacher time and workshop with staff and equipment
Would not have been funded otherwise
  • Enabled us to come up here to these workshops and funds for workshops in our workplace
  • Helped to finance. However, the costs climbed and ended up costing the hospice a lot of money
  • Enabled creativity, information, support, travel
  • Collection of data initially

**Workshops**
  • Re-focused and re-energised us
  • Pt and staff workshop opportunity
  • Confidence
  • Creativity
  • Enthused us, open to new ideas, creativity, empowerment
  • The FoNS workshop enabled the team to get to know each other, ways of working and best ways to implement the project
  • Learning opportunity
  • Helped momentum for change, helped team, opportunity to learn from other teams, lifelong learning
  • Exposure to creative ways of extending thinking
Motivational, good to see other groups progressing and facing struggles
  • Good to hear about other projects and problems encountered
  • Skills
  • Sharing practice
  • Skills, confidence and motivation, time away from workplace to focus on project. Ideas and good practice from other project teams. Raising school nurse profile among other practice areas
  • Started us thinking creatively, importance of independent thought, importance of collaboration
  • Made you aware of new project ideas
  • Networking, learning from others, allowed us to explore and push boundaries

**Practice Development Facilitator**
  • Jo provided guidance, help, support and was always available
  • Opens thinking when feeling stuck
  • Invaluable! Keeping things in perspective within the project, helping to focus and keep us on track, supporting us to share project with the team
  • Support and guidance
  • Inspiration, courage, support, appreciation
  • Helpful, supportive, new techniques
  • Helped with anxieties, made us see things from a different angle/visit to workplace, couldn’t have done without Jo
  • Great support, help, workshops feedback
  • Jo very supportive and encouraging quietly but confidently. Good advice given
  • Encouraging

**Website**
  • Website provided more information regarding PD – up to date
  • Resources
  • Learning tool
  • Easy to access – lots of information
  • Interesting resources, lots of really useful information
  • Education, information, good examples, email also very useful updates
  • Sharing good practice
  • Good to look at past projects. Good resources food for engaging stakeholders
  • Looking at previous project to help with final report
  • Access to education
  • Resources and sharing of ideas, report writing, we could have used it more

5 What methods and approaches did you use?

**Sticky Notes**
  • All aspects of learning – questionnaires, memory board, CCI, team meetings, business advocacy meeting, V&B, peer support, supervision
  • Evoke cards, CCI, patient stories (open-ended questions), V&B
  • Enabling, Evoke cards, CCI, participatory, fun, data reports, patient diaries, touchpoints, care and support of each other in the team
  • Facilitation, Evoke cards, collages, stories, workshop, V&B, sound bites
  • Observational, visual: photos, posters, collages, questionnaires, team briefing, report writing and data analysis for questionnaire results, focus groups
  • Workshops, V&B, CCI, creative tasks
  • Ethical approval challenge
  • Ghant charts
  • Staff timeout sessions, regular meetings with dieticians, welcome feedback from colleagues, collaborative working and information gathering, staff training, education, observational audit, FoNS workshop
  • CCI, Evoke cards, reflective practice/Gibbs, stakeholder engagement, mapping exercise
  • Focus group, questionnaire, Facebook page, texting, stakeholder meeting, external evaluation, paper in peer reviewed journal (reviewers are +ve critical)
  • Evoke cards, timeline – where the residents were
  • Evoke cards, CCI, reflective practice/Gibbs, stakeholder meeting, external evaluation, paper in peer reviewed journal (reviewers are +ve critical)
  • Evoke cards, timeline – where the residents were
  • Evoke cards, CCI, reflective practice/Gibbs, stakeholder engagement, mapping exercise

**Themes**

**Patients:** Stories, diaries, residents, where they XXXXXX
**Motivators:** CCI, V&B, Care????, Fun!
**Staff:** Engagement, stakeholder meeting, collaborative,
Main theme: Fun!
6. What were your outcomes in relation to:
   • Patient safety
   • Patient Experience
   • Clinical effectiveness

**Themed sticky notes:**

**Clinical effectiveness**
- Difficult to quantify clinical effectiveness but decrease in anxiety has been shown to improve birth experiences and early parenthood
- Audit of school nurse referrals to plan future interventions and resources – recorded views of service users to influence service development
- Better experience and patient journey when older people attend ED with a fall and are discharged. Developed a falls pathway. Clear guidance for staff how to manage falls
- Patient remains engaged - reduces risk improves opportunity
  - skill building
- Patient safety: participants better informed – prepared for birth and parenthood therefore less anxious, decrease risk of PN Depression and increased attachment
- Patient satisfaction – increase patient experience in educative aspect of project, improved insight into their illness, decrease incidents, decrease PRN usage, Lower costs more time with patients

**Patient Satisfaction**
- Anecdotally – happier patients. Still to evaluate fully
- The clients really enjoyed the yoga. Before starting exercises, we asked how they felt. Then after asked how they felt, they showed improvement. The exercises helped residents move better, gain better balance and were also eating better
- Participants value the activities (calming) – time with health professionals, each other

**Optimism**
None so far, really looking forward to getting started

**Practical Environmental Changes**
- Improved environment - info board, tv, eater bottles, efficient paperwork, implemented = analgesia, improved communication = piloting leaflets and FAQ, nurse designated to area – clearly defined roles
- Protected mealtimes, coloured crockery, red tray system, out of hours stock cupboard

7. Tell us about conferences or plans to share and celebrate
**Sticky notes**
- Presented to [PF] Yr 7 group
- Presented to patient experience conference
- Presented to practice education team
- Planning to publish

**Planning trust celebration event**
- Journal club
- Practice development forum
- Mental health newsletter
- Northern Trust newsletter
- Clinical update – regular education training for patient volunteers companions
talk given to board of trustees on project
- EIT celebration event – commissioners, present and various other stakeholders
- Nursing conference
- National EI workshop
- Here and care homes forum recently
- Trust’s Chairman’s awards
- Staff website
- Team meetings
- Staff training
- Staff news (NTSCT newsletter)
- RCM conference ’15
- Unite and HVPCA conference ’15
- Enhancing Practice Edinburgh (Aug)
- Bournemouth Uni collaboration
- Presentation at Swansea University to specialist community public health nurse students and lecturers
- Planning celebration event within Hywel Dda SN team and partners in community
- IPDC Edinburgh 2016
- NHS Board – soon
- Plan to publish
- Publication in Journal of Health Visiting

**Themes**
- In house sharing
- Publications / blogs
- Conference presentations and posters
- Celebrations
- Newsletters and websites
- Forums

8 Tell us how you plan to use new skills/tools/resources in other aspects of your practice
**Sticky notes**
- Mentorship training
- New staff induction
- As part of everyday nursing
- Recovery/wellbeing
- Rolled out throughout hospital
- Will use the new skills in any future PD work, team development and development of my own skills
- To encourage others on similar projects to continue the project
to have the confidence for new projects
- Will use facilitation skills and project management skills
- Nutritional assessment tool now in practice
- Clinical updates
- Audit tool
- Yoga activities is going to continue in the activities weekly agenda. Hopefully, discuss with other homes and spread the events
- School come in every week and join in more confidence in what we say and do
• Keep going with work – parent and child group
• Challenge poor practice
• Support other staff in rolling out project within the SN team
• Transfer the knowledge of how change is created in everyday practice facilitation and reflective practice skills – set up supervision settings

**Themes**
• Rolling out
• Increased creativity – new ideas
• Staff development – mentorship, continuing professional development, supervision
• Increased confidence for new projects, leadership skills, facilitation skills
• Perseverance – keeping going, seeing it through
• Change management

9 What would you say about Patients First to colleagues?

**Sticky notes:**
• Would highly recommend it – enjoyable, networking, sharing ideas, learning new skills
• Challenging but also rewarding working to improve the patient’s experience huge learning curve very enjoyable and creative
• Enthusiasm! Sharing the project with team
• Go for it!
If you want to implement change, you have to work at it
• They should get an idea and a group together and do it
• Valuable experience in helping to implement change/new project
• Fully recommend the programme, go for it!
Will help change and develop thoughts and ideas in a fully supported way
• Being involved in the Patients First Programme is exciting. Had knowledge and evidence – felt confident and at ease to spread the results. Yoga would be ideal in other homes, would highly recommend others apply or the Patients First Programme
• Do it!
• Apply! Don’t doubt yourself if the idea is good and you are keen

**Themes**
• Positive experience
• Enjoyable
• Highly recommended
• Challenging but worth it
• Just do it!

10. Patients First would be better if...?

**Themed sticky notes:**

Technology aids to share information:
Appendix 2: Visits and phone calls

<table>
<thead>
<tr>
<th>January – March 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What happened at the visits/phone calls?</strong></td>
<td></td>
</tr>
<tr>
<td>Introducing, practising and reinforcing techniques/methods:</td>
<td></td>
</tr>
<tr>
<td>• Claims, concerns and issues</td>
<td></td>
</tr>
<tr>
<td>• Evoke cards</td>
<td></td>
</tr>
<tr>
<td>• Values activity</td>
<td></td>
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<tr>
<td>Discuss progress so far/suggestions for the future</td>
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<tr>
<td>Clarification around what practice development is and ways of working</td>
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</tr>
<tr>
<td><strong>How are participants feeling?</strong></td>
<td></td>
</tr>
<tr>
<td>Unsure what to make of the meetings – anxious about visit</td>
<td></td>
</tr>
<tr>
<td>Some very positive but others facing obstacles and challenge of motivating colleagues and trying new things</td>
<td></td>
</tr>
<tr>
<td>Participants are worried that the project work may be perceived by colleagues as criticism or there may be conflict within the team</td>
<td></td>
</tr>
<tr>
<td><strong>What is the Practice Development Facilitator’s main role?</strong></td>
<td></td>
</tr>
<tr>
<td>Confidence building</td>
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<tr>
<td>Advice/suggestions – these are clearly very personalised</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>April – June 2015</th>
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<tbody>
<tr>
<td><strong>What happened at the visits/phone calls?</strong></td>
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<tr>
<td>The content of the visits/calls can be themed into 3 broad groups.</td>
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<tr>
<td>• The biggest, group is meetings/calls to review the progress of the project and plan for the future: ‘the issues that emerged were around planning for the timings and rest of the project, managing priorities and engaging staff’, ‘[they] wanted to discuss involving staff, creating time and supporting the staff to make the changes’,</td>
<td></td>
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<tr>
<td>• The second theme is help to plan specific future events: ‘we talked through a plan for the 2 hours together’, ‘we battened around a few ideas and then settled on structuring the questionnaire around a CCI’.</td>
<td></td>
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<tr>
<td>• The final theme is where the practice development facilitator facilitates a particular workshop or event, to role model facilitation styles: ‘visit to facilitate the nutritional support workers workshop’, ‘following a clinical incident I offered to visit to facilitate a reflective session involved’.</td>
<td></td>
</tr>
<tr>
<td><strong>How are participants feeling?</strong></td>
<td></td>
</tr>
<tr>
<td>The practice development facilitator’s notes describe a mix of feelings among participants at this time.</td>
<td></td>
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<tr>
<td>• The is a noticeable increase in difficulties expressed ‘disharmony in the team’, ‘growing concern of not getting enough action going’,’.</td>
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<tr>
<td>• There is also growing awareness of the complexity of implementing changes in practice ‘starting to see the whole web, which is both terrifying and exciting at the same time’.</td>
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<tr>
<td>• Finally some of the teams are experiencing positive developments and noticing that things are going well ‘feeling more relaxed and are working better together’.</td>
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<table>
<thead>
<tr>
<th>July 2015 – December 2015</th>
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<tbody>
<tr>
<td><strong>What happened at the visits/phone calls?</strong></td>
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<tr>
<td>• Many of the visits and phone calls involve planning or carrying out project related workshops and events: ‘We discussed how we could co-facilitate the session together. We ran through the programme and agreed to keep this the same’, ‘We repeated the workshop with rest of nursing staff from the ward today. Project lead and myself as co-facilitators’,</td>
<td></td>
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<tr>
<td>• The other main purpose of visits and calls is more general planning, progress updates for the projects: ‘I took a different approach and invited the team to write on stickits the steps that they have taken so far. I then asked them to order them into a path or journey. They were able to demonstrate small and noticeable changes in their practice’, ‘We sat down to reflect on her project, what she had achieved so far and what she wanted to achieve from now.’</td>
<td></td>
</tr>
<tr>
<td><strong>How are participants feeling?</strong></td>
<td></td>
</tr>
<tr>
<td>The feelings of participants are mixed, some anxious and some comfortable.</td>
<td></td>
</tr>
<tr>
<td>• ‘All expressed feeling very anxious about what the patients would say and how they would behave’</td>
<td></td>
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<tr>
<td>• ‘At this time there was a certain frustration from the project leader as to my facilitative approach. She clearly articulated that she wanted me to tell her how the group would run and to take a more directive approach’</td>
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</tr>
<tr>
<td>• ‘Team feedback that time well spent and helped them focus on what had been achieved and what steps left to take’</td>
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</table>

**What is the Practice Development Facilitator’s main role?**

The role of the practice development facilitator ranges over a continuum from actual hands-on facilitation of events and workshops, to a supportive/mentoring role, which might involve challenging the project leader, as the following excerpts show:
• ‘Facilitated first workshop’
• ‘I sat back and watched and was available in case of any dissention’
• ‘I finished by feeding back that the project leader had facilitated the session well’
• ‘I felt that this method went against all their other methods of collaboration and engagement. We were able to discuss this further and concluded that providing/creating spaces for dialogue with staff may be more useful’
• ‘We discussed these questions at length and formulated a lot of ideas’
• ‘The project leader and I sat down to reflect on her project, what she had achieved so far and what she wanted to achieve from now’
• ‘Lastly the project leader asked me for feedback on how I thought the project was going. I was able to explain that all projects are different and that learning about practice development through a project change, enables teams to learn from doing’