Patients First: Supporting Nurse – Led Innovation in Practice

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

Year 2 Evaluation
2011-2012

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Table of Contents

1. Introduction
   1.1 About FoNS   2
   1.2 About Burdett   2
   1.3 The Patients First Programme   2

2. Overview of Year 2 of the Programme
   2.1 Recruitment process   2
   2.2 Project teams   3
   2.3 Facilitation   3
   2.4 Workshops   4
   2.5 FoNS Centre for Nursing Innovation   5

3. Evaluation of the Programme
   3.1 Aim of the evaluation   5
   3.2 Participants   6
   3.3 Data collection   6

4. Evaluation Findings and Analysis
   4.1 Overview of the workshop evaluation   6
      4.1.1 Findings from the workshop evaluation   8
      4.1.2 Summary of the findings from the workshop evaluation   10
   4.2 Overview of final reports   10
      4.2.1 Summary of the findings from the project reports   11
      4.2.2 Analysis of the project outcomes   14
      4.2.3 Challenges, opportunities and learning   14
      4.2.4 Stakeholder engagement   15
      4.2.5 Summary of the project reports   15
   4.3 End of programme questionnaire   15
      4.3.1 Analysis of questionnaire findings   16
      4.3.2 Summary of questionnaire findings   23
   4.4 Practice Development Facilitator field notes findings   23
      4.4.1 Summary of findings from the field notes   24
   4.5 Use of funding   24

5. Discussion
   5.1 Did the programme enable the development of the project leaders/facilitators and other nurses/healthcare practitioners involved?   24
   5.2 Did the programme enable the project leaders/facilitators to implement a strategy for developing, improving and evaluating practice?   25
   5.3 Did the programme enable project leaders/facilitators and other nurses and healthcare practitioners to work with and involve patients and other stakeholders?   25
   5.4 Did the programme enable improvement in the care patient’s received and their experience of care?   27

6. Recommendations   26
7. Conclusion   27
8. References   28
8. Appendices   30

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

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

1.3 The Patients First Programme
Both FoNS and the Burdett Trust for Nursing share a commitment to advancing nursing practice and improving patient care; FoNS through its support and involvement in a number of practice development initiatives and the Burdett Trust for Nursing through its grants to support a wide range of innovative projects. These shared purposes enabled FoNS to become one of the Burdett Trust for Nursing’s Funding Partners in 2009 and consequently launch the Patients First Programme, which offers support and facilitation to clinically based nurse-led teams over a 12 – 18 month period to help them to develop, implement and evaluate locally focused innovations that improve patient care in any healthcare setting across the UK.

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

2. Overview of Year 2 of the Programme
An outline of activities is shown in table 1. In Year 2, the programme embraced several changes following the recommendations from the Year 1 evaluation:

- The duration was increased from 12 – 18 months to provide support for report writing
- The development and support workshop content was refined
- A single cohort of 15 team was recruited

<table>
<thead>
<tr>
<th>Date of activity</th>
<th>Outline of activity</th>
</tr>
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<tbody>
<tr>
<td>September – October 2010</td>
<td>Recruitment of 15 nurse-led teams</td>
</tr>
<tr>
<td>November 2010</td>
<td>Programme commenced</td>
</tr>
<tr>
<td>December 2010</td>
<td>Workshops 1 and 2</td>
</tr>
<tr>
<td>March 2011</td>
<td>Workshop 3</td>
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<tr>
<td>July 2011</td>
<td>Workshop 4</td>
</tr>
<tr>
<td>December 2010 – February 2012</td>
<td>Site visits by FoNS Practice Development Facilitator/s</td>
</tr>
<tr>
<td>November 2011 – September 2012</td>
<td>Support with report writing</td>
</tr>
</tbody>
</table>
2.1 Recruitment process
The recruitment process involved a call for applications via the FoNS website and e-news (circulated to 5,000 recipients), nursing press, CNO bulletin and other funding information resources e.g. RDinfo. A sample application pack can be seen in Appendix 1. Prospective applicants were encouraged to contact FoNS to discuss their proposal. This helps ensure the team will meet the programme criteria and also provided an opportunity to explore ideas for strengthening their application. Whilst this process ultimately reduces the numbers of applications, it ensures that most are suitable for the programme. A total of 44 direct enquiries were dealt with and of these 22 went on to submit an application.

The applications were reviewed by the FoNS CEO and Practice Development Team using the following criteria:

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

The 15 teams were recruited and all applicants were informed of the outcome by email. The successful teams also received a letter with a Terms and Conditions document that needed to be signed by both the project leader and the Director of Nursing (see Appendix 2). Teams were provided with an overview of the programme, including aims and learning outcomes of the development and support workshop programme (see Appendix 3). The funding was released following attendance at the initial workshop.

2.2 Project teams
A list of the project focus and location for each team is provided below. Most teams were composed of one project lead who was working with clinical teams to develop and improve practice. They were often supported by steering groups and/or working groups.

- The quiet room: improving the acute care psychiatric environment: Whytemans Brae Hospital, Scotland
- Improving the patient journey within a minor injuries area: Hairmyres Hospital, Lanarkshire, Scotland
- Establishing an evening telephone review clinic for patients with inflammatory bowel disease: Causeway Hospital, Coleraine, Northern Ireland
- The introduction of intentional rounding to aid falls prevention in an acute stroke unit: Musgrove Park Hospital, Taunton
- Improving the patient experience of admission to an older persons acute mental health ward: promoting partnership working between patients/family, carers and the nursing team during admission: Churchill Hospital, Oxford
- Embedding excellent nutritional care practices on a large acute hospital ward: Nottingham University Hospitals, Nottingham
- The Early Start programme-Evaluating an intensive health visiting service for Blackburn with Darwen’s most vulnerable of families: Larkhill Health Centre, Blackburn
- Care home at night, evening and weekend- making residents choices happen: Park Lodge Care Home, Leeds
- Post discharge telephone follow-up after elective surgery: Improving the patient experience: Queen Elizabeth Hospital, Kings Lynn, Norfolk
• **Managing medicines on discharge**: King Edward V11 Hospital, London
• **Improving bowel care after stroke**: Charing Cross Hospital, London
• **Establishment of Heathfield healthcare centre in HMPS Wandsworth**: HMPS Wandsworth, London
• **Establishing a nurse-led respite ward within a hospice**: St Joseph’s Hospice, London
• **Improving the older persons experience of rehabilitation**: Learning from patient narratives: Victoria Hospital, Lewes, West Sussex
• **Supporting patients in their own homes**: Nightingale Surgery, Romsey, Hants

2.3 Facilitation
The FoNS Practice Development Facilitator provided external facilitation to project teams during the workshops, face-to-face in the workplace and also by email and telephone. The purpose of the facilitation was to:

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

On average, the FoNS Practice Development Facilitator provided one day a month contact time with each project team. The support provided varied between project teams and was dependent upon the individual needs, skills, experiences and challenges of the project leaders/teams. The support could vary from providing an email or telephone response to an ad hoc question to face to face visits and co-facilitating activities with the project leaders. Whilst some team were confident in seeking support, the Facilitator was also proactive in offering help and arranging visits. Field notes were maintained for each contact. Part way through the programme, in April 2011, the then FoNS Practice Development Facilitator left FoNS for a new role. Due to the lengthy resignation period, it was not until September 2011 that a new post holder commenced. During this five month period, facilitation was provided by two other facilitators at FoNS.

2.4 Workshops
The four development workshop days were refined based on feedback from year 1 participants and were structured and timed to pre-empt and inform specific aspects of:

- Practice Development
- Facilitation
- Context and culture
- Collaboration, inclusion and participation
- Gathering and using evidence
- Evaluation
- Action planning
- Reporting and disseminating

Project leaders were advised that these were an essential part of the development programme and were provided with an overview of the practice development workshops in the programme overview (see Appendix 3) which included themes, aims and learning outcomes of the workshops.

The core aims were focused on enabling participants to:

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

Table 2, provides a summary of the workshop content and the attendance by the project leaders.

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Focus</th>
<th>Total attendees</th>
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</thead>
<tbody>
<tr>
<td>Day 1 and 2</td>
<td>The workshop provided an introduction to the principles and methods of practice development. This included:</td>
<td>14 project teams (22 participants on day 1, 20 participants on day 2)</td>
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<tr>
<td></td>
<td>• identifying tools that could be used to support project development when engaging with stakeholders</td>
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<tr>
<td></td>
<td>• examining facilitation theory and exploring individual facilitation style</td>
<td>Bad weather disrupted the attendance of one team from Scotland and so a bespoke, local workshop was repeated for them</td>
</tr>
<tr>
<td></td>
<td>• considering ways of gathering and using evidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• starting to develop action plans that can be implemented back in the workplace</td>
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<tr>
<td>Day 3</td>
<td>The workshop built on knowledge and information provided at previous workshops, in particular relating to aspects of engaging stakeholders, patient involvement, facilitation and evaluation</td>
<td>All project teams (23 participants)</td>
</tr>
<tr>
<td>Day 4</td>
<td>Project teams were facilitated to critically reflect on:</td>
<td>All project teams (23 participants)</td>
</tr>
<tr>
<td></td>
<td>• the project journeys undertaken</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• the data they had gathered to date relating to practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• the processes used</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• patient involvement in the project design and implementation</td>
<td></td>
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<tr>
<td></td>
<td>There was also an opportunity to focus on report writing and dissemination</td>
<td></td>
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</tbody>
</table>

2.5 FoNS Centre for Nursing Innovation
The Patients First programme has a dedicated section within the FoNS virtual Centre for Nursing Innovation (see http://www.fons.org/programmes/patients-first.aspx). This provides project teams with information about the programme overall, the workshops and the projects and project teams. In addition, all project leaders were registered as FoNS Associates for the duration of their projects, enabling them to access the practice development resources in the Learning Zone and networking opportunities provided through the Common Room.

3. Evaluation of the Programme
FoNS is committed to formally evaluate all its programmes to provide insight into the effectiveness of the programme for both FoNS and the Burdett Trust for Nursing and to provide evidence that can be used to inform the development of the programme for future years. This evaluation has been conducted following the same process used for the year 1 evaluation.
3.1 Aims of the evaluation
The aims of the evaluation were:

3.1.1 To explore and determine the impact of the Patients First Programme on:
- The project leaders/facilitators and the other nurses/healthcare practitioners involved
- The practice of the project leaders/facilitators and the other nurses/healthcare practitioners involved
- The involvement of patients in activity to develop and improve practice
- The care and experience of patients

3.1.2 To explore and determine the effectiveness of the key elements of the programme including:
- The external facilitation
- The workshops
- The learning resources including website
- The funding

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

- Did the programme enable the development of project leaders/facilitators and the other nurses/healthcare practitioners involved?
- Did the programme enable the project leaders/facilitators to implement a strategy for developing, improving and evaluating practice?
- Did the programme enable project leaders/facilitators and the other nurses/healthcare practitioners to work with and involve patients and other stakeholders?
- Did the programme enable improvement in the care patients’ received and their experience of care?

3.2 Participants
The following people have participated in the evaluation:
- Project leaders/facilitators
- Members of the project teams who have been involved in the programme i.e. those who had attended workshops
- FoNS Practice Development Facilitators

3.3 Data collection
The following evidence was reviewed and analysed to answer the evaluation questions:
- Workshop evaluations
- Final reports in relation to project outcomes, processes and approaches used, stakeholder involvement and learning identified by project leaders
- End of programme questionnaires for project leaders
- FoNS Practice Development Facilitator field notes
- Use of funding

4. Evaluation findings and analysis
The key findings in relation to each of the evaluation questions are presented below.

4.1 Overview of workshop evaluations
At the end of each workshop, participants were asked to complete an evaluation exercise (see table 3). Included in this report is the full participant evaluation of all the workshops (see appendices 4, 5, 6 & 7).

The purpose of these evaluations was to inform the:
- Planning for subsequent workshops
- Overall evaluation of Year 2 of the programme
Only data relevant to this the second purpose will be included in this report.

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Evaluation activity</th>
</tr>
</thead>
</table>
| Day 1    | Participants asked to identify:  
|          | • What they liked most about the workshop  
|          | • What they liked least about the workshop  
|          | • One learning point from the workshop  
|          | • Any points from the workshop needing clarification |
| Day 2    | Participants asked to complete a ‘Doodle’ evaluation (see figure 1) |
| Day 3    | Participants were asked to write Haiku poem reflecting on their experiences. |
| Day 4    | Participants asked to identify:  
|          | • What they liked most about the workshop  
|          | • What they liked least about the workshop  
|          | • Learning point from the workshop  
|          | • Main actions for the project  
|          | • How the workshops could be improved |

**Figure 1: Example of a ‘doodle’ evaluation**
4.1.1 Findings from workshop evaluation data

The data from the workshop evaluations was typed up verbatim. The analysis and interpretation process was undertaken by the programme facilitator and reviewed by another facilitator to check the interpretations and challenge any assumptions. The overall themes that emerged were around:

- The experience of the participants of the workshops
- The content/structure how the workshops were facilitated
- How the workshops impacted on developing practice

The experience of the workshops

It was notable that the evaluations revealed no negative comments about the experience of the workshops. The participants highlighted how much they enjoyed meeting new people and hearing about their projects and ideas.

“I found networking with others - seeing/hearing good news on the projects was most useful”

“I found meeting up with others and discussing ideas most useful”

“Insight into other challenges was really helpful!”

“Sharing ideas with others was most helpful”

Participants commented on the “thinking” space the workshop created for personal reflection. They also valued time to catch up with their own team members.

“It is really helpful having time to talk about the project with colleagues – there is minimal time at work”

“Having time to focus on our individual project away from the pressures of work”

“Time to think/ talk and plan is really useful”

“Challenge, reflect and engage” [taken from a poem]

The project teams expressed that it was useful to use the feedback from other teams as a measure of how they were doing with their own projects.

“How we are doing compared to others is really helpful”

“Insights into others challenges is useful”

The content and structure of the workshops

The participants commented on how much they enjoyed the content and structure of the workshops.

“Energetic, creative and fun”

“A motivated approach”

“I found all the sessions useful”
The participants also highlighted a variety of topics covered on the workshops that they found particularly useful.

“Users’ views a must!”

“Values and beliefs work”

“Look at organisational culture”

“Giving feedback - I feel, I imagine, I can see”

“Dissemination of project and sharing ideas”

The facilitation of the workshops was also commented on:

“Excellent facilitation”

The evaluation feedback revealed that for some participants, aspects of the content were less useful. This included:

“Use of educational and social jargon”

“There was a lot of time spent looking at evaluation and for some projects this was good use of time, but because we are quite well into our project we are quite clear where we are going and it was too much time”

“Heavy with information after lunch”

**How the workshops impacted on developing practice**

The participant feedback indicated that the workshops had motivated them with their projects.

“Looking forward to doing”

“Time to get things going now”

“Better understanding of the project”

“Buzzing with new ideas”

They also commented on how they were using some of the content in practice with their projects as time had progressed.

“To plan effectively”

“To assess”

“To encourage”

“How to disseminate knowledge I have learnt to staff and patients”

“Think about key people and processes”
Lastly, the participants commented on how the opportunity to reflect on how their project had progressed was helpful and encouraging.

“Exploring what has worked well and what we could do differently”

“To refocus. Realised we have done loads”

“To go back and press on with the service up and running well”

A small number of participants expressed the challenges of moving forward with their projects in practice.

“Overwhelmed with workload”

“Getting the ideas I have into practice, not getting lost in the work to be done”

4.1.2 Summary of the findings from the workshop evaluation
In summary, the feedback highlighted how much the participants enjoyed meeting new people; hearing about other projects and other ideas. They valued the “thinking” space the workshop created for personal reflection and the time to catch up with their own team members. It was also evident that the feedback the team were able to offer each other (through workshop activity) was a helpful way of individuals measuring their own progress. The participants also highlighted how much they enjoyed the content and structure of the workshops, the variety of topics and the facilitation provided by the FoNS facilitators. Two comments highlighted less useful areas and these were the use of jargon and time spent on some subjects, which while useful for some was thought to be tardy for one project team.

The workshops were a source of motivation for many participants and they were able to use what they had learnt in practice with their projects. The workshops created space for reflecting on progress and overall it appears that the workshops enabled not only the learning and development of the participants but also helped them to apply their learning to practice in between the workshop days. Whilst difficult to elicit completely if the workshop days were the sole influence in enabling the move from learning to action, it was clearly a strong contributing factor. A few participants also talked about the challenges of their projects in practice in relation to managing priorities, feeling overwhelmed at times and not getting lost in the work to be done.

4.2 Overview of the final reports
FoNS is strongly committed to support the spreading and sharing of knowledge from practice and therefore views the production of a final report from each project team as an essential component of the programme. The reports are a way of sharing the outcomes of the project (for patients, nursing and healthcare practice), but perhaps more importantly, describe and discuss the processes used to achieve improvement and change in practice, drawing out the key learning for others. All project reports are made freely accessible through the FoNS virtual Centre for Nursing Innovation (www.fons.org/library.project-reports.aspx).

For many nurses, report writing can be quite daunting and some have limited experience of having to put into words the processes and outcomes of practice development work they have undertaken. With this in mind, FoNS facilitators put a great deal of time into supporting the report writing process, for example, helping with development a report outline and providing feedback and critique on draft reports. Report writing has proved exceptionally difficult for year 2 participants and consequently has taken longer to complete reports. One reason for this may have been the change in facilitators during the programme and the impact that this could have had on building supportive relationships. For the future, a process for draft interim reporting has been introduced to encourage writing for earlier in the programme.
### 4.2.1 Summary findings from the project reports

All the project reports have been scrutinised by the FoNS facilitator and the outcomes, challenges, opportunities and learning, and evidence of stakeholder have been drawn out. Table 4 provides a summary of this information.

<table>
<thead>
<tr>
<th>Project</th>
<th>Outcomes</th>
<th>Challenges, opportunities and learning</th>
<th>Stakeholder engagement</th>
</tr>
</thead>
</table>
| The quiet room: improving the acute care psychiatric environment *Whytemans Brae Hospital, Scotland* | • The creation of a quiet room to care for patients in crisis  
• Reduced reliance of use of medication to manage patients in crisis | • Engaging all staff to work differently  
• Shortlisted for the Patient Safety Awards in Mental Health 2012  
• Presented at a local conference  
• Learning from the project transferred to enable further practice development initiatives | • Regular stakeholder project group meetings  
• Staff workshops  
• Patient log book |
| Improving the patient journey within a minor injuries area *Hairmyres Hospital, Lanarkshire, Scotland* | • Designated Minor Injury area  
• 50% improvement in numbers of patients seen and discharged by MINT nurses  
• Introduction of standardised case record sheets | • Development of a cohesive team and breaking down of professional rivalry  
• Patient survey prompting further developments around communication of waiting times and the patient journey | • Regular stakeholder project group meetings  
• Staff questionnaires  
• Patient satisfaction questionnaire |
| Establishing an evening telephone review clinic for patients with inflammatory bowel disease *Causeway Hospital, Coleraine, Northern Ireland* | • Introduction of a nurse led telephone review clinics for patients with IBD  
• Non-attendance rates at Outpatients have been reduced  
• Improved nurse-patient relationships | • Specialist Nurse maintaining a relationship with patient through a telephone consultation | • Patient questionnaires  
• Talking with local IBD support group |
| The introduction of intentional rounding to aid falls prevention in an acute stroke unit *Musgrove Park Hospital, Taunton* | • The introduction of two hourly intentional rounding  
• Raised staff awareness of the assessment of patients for falls | • Challenges of managing a project as a ward leader  
• Challenges of joining up with other work on intentional rounding going on in the rest of organisation | • Staff meetings  
• Staff workshops  
• Patients experienced gained by talking to inpatients on the ward |
| Improving the patient experience of admission to an older persons acute mental health ward *Churchill Hospital, Oxford* | • Introduction of a family and carer drop in session  
• Introduction of communication books for family and carers  
• Introduction of signs to show to the patient and family who their primary nurse is | • Challenges of ward leader changing four times over the period of the project  
• Challenges of completing the project despite role changes and a period of long term sickness | • Family and carer questionnaires and interviews  
• Staff questionnaires and interviews  
• Action learning sets for staff |
<table>
<thead>
<tr>
<th></th>
<th>• Improved partnerships between patient, family/carers and nurses</th>
<th>• To roll the learning out from this project to all other wards in the trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embedding excellent nutritional care practices on a large acute hospital ward</td>
<td>• A number of changes to meal time practices</td>
<td>• Patient satisfaction survey</td>
</tr>
<tr>
<td><em>Nottingham University Hospitals, Nottingham</em></td>
<td>• Increased and improved use of nutritional care plans, food and fluid charts and the MUST tool</td>
<td>• Nursing staff questionnaires</td>
</tr>
<tr>
<td></td>
<td>• Improved provision of nutritional care observed</td>
<td>• Nursing staff workshops</td>
</tr>
<tr>
<td></td>
<td>• Increased confidence of nursing staff in providing nutritional care</td>
<td></td>
</tr>
<tr>
<td>The Early Start programme: Evaluating an intensive health visiting service for vulnerable families</td>
<td>• An evaluation from a patient experience perspective of the early start programme</td>
<td>• Nursing staff questionnaires</td>
</tr>
<tr>
<td><em>Larkhill Health Centre, Blackburn</em></td>
<td>• Use of creative methods when working with families</td>
<td>• Staff away days</td>
</tr>
<tr>
<td></td>
<td>• Time taken to analysis data as this was carried out by an external agency.</td>
<td>• Parent focus group</td>
</tr>
<tr>
<td></td>
<td>• Staff away days</td>
<td>• Parent focus group</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>• Staff away days</td>
<td>• Parent focus group</td>
</tr>
<tr>
<td>Care home at night, evening and weekend- making residents choices happen</td>
<td>• Introduction of advanced care plans and Do Not Attempt Resuscitation decisions documented at early stage of patient’s admission</td>
<td>• Stakeholders project group</td>
</tr>
<tr>
<td><em>Park Lodge Care Home, Leeds</em></td>
<td>• Introduction of “Stop and Watch” tool to identify early deterioration of a patient’s physical condition</td>
<td>• Collected patient experiences by using “Tell me your story”</td>
</tr>
<tr>
<td></td>
<td>• Use of “SBAR” communication tool for nursing staff to articulate a patient’s condition</td>
<td>• Project lead has presented at two national conferences</td>
</tr>
<tr>
<td>Post – discharge telephone follow-up after elective surgery: Improving the patient experience</td>
<td>• Development and introduction of telephone review for all patients following elective hysterectomy</td>
<td>• Stakeholders project group</td>
</tr>
<tr>
<td><em>Queen Elizabeth Hospital, Kings Lynn, Norfolk</em></td>
<td>• Finding time to fit in the review phone calls along side other priorities</td>
<td>• Collected patient experiences by using “Tell me your story”</td>
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<tr>
<td></td>
<td>• Skills and confidence of staff to manage the phone review</td>
<td>• Staff focus groups</td>
</tr>
<tr>
<td></td>
<td>• Time and competing priorities for project lead</td>
<td>• Patient experience workshops</td>
</tr>
<tr>
<td>Managing medicines on discharge</td>
<td>• New drug chart design with discharge format.</td>
<td>• Medicines committee</td>
</tr>
<tr>
<td><em>King Edward V11 Hospital, London</em></td>
<td>• Time and competing priorities for project lead</td>
<td>• Staff training events</td>
</tr>
<tr>
<td>Improving bowel care after stroke</td>
<td>• Audit of bowel assessment documentation</td>
<td>• Staff questionnaire</td>
</tr>
<tr>
<td><em>Charing Cross</em></td>
<td>• Time and competing priorities for project lead</td>
<td>• Patient forum</td>
</tr>
<tr>
<td></td>
<td>• Audit of bowel assessment documentation</td>
<td>• Staff questionnaire</td>
</tr>
</tbody>
</table>
**Hospital, London**

- Introduction of nursing ward rounds led by senior nursing team members
- Raised awareness of continence issues amongst nursing team

**Establishment of Heathfield Healthcare Centre in HMPS Wandsworth**

- The establishment of a “walk-in centre” for prisoners in HMPS Wandsworth
- Development of nursing skills and introduction of the Advanced Nurse Practitioner Role

**Establishing a nurse-led respite ward within a hospice**

- The implementation of a nurse led respite service

**Improving the older persons experience of rehabilitation: learning from patient narratives**

- 20 patient narratives gathered.
- Thematic analysis of narratives to identify themes for action planning
- Development of knowledge and skills in collecting patient narratives

**Supporting patients in their own homes**

- Identification of vulnerable patients within the practice and creation of a data base
- Development of a resource for services available in the community
- Increased staff awareness of “Vulnerability”
- The development of a template to assess vulnerable patients on current home visits

**Patient interviews**

- Challenges of maintaining a focus on practice development despite a trust re-organisation
- Working in a custodial culture and context

- Nursing staff questionnaires and focus groups
- Prisoner forum and questionnaires
- Staff workshops

- Challenges of staff “shying” away from working in a respite situation

- Open consultation meetings
- Staff workshops
- Patient stories

- Trust reorganisation resulting in all project members leaving or redeployed
- As a result of the project a therapy team has been inspired to capture patient experience using photography

- Patient interviews
- Staff away days
- Project steering group

- To look at ways to assess vulnerable patients within current working practices
- The opportunity to use current home visits in a more holistic way

- Staff focus groups
- Patient focus groups
- Patient interviews

### 4.2.2 Analysis of project outcomes

It is evident that all the teams were able to achieve some positive outcomes for the patients they were caring for. This was against a backdrop of complexity for all the teams including demanding workloads, constant changing and competing priorities, staff changes and sickness.
Reviewing all the projects, the outcomes appear to fall within the following four themes:

- Care is more patient/carer focused
- Increased responsiveness of care
- Changing approaches to care
- Learning and/or developments that can be shared

**Care more patient/carer focused**
A greater focus on the patient was evident in all the projects in one way or another. Some particularly strong examples are the creation of a quiet room for patients with a mental health condition who were in crisis, as an alternative to medication use; two examples of nurse led telephone review services; the work in HMPS Wandsworth that introduced a nurse led primary care service for prisoners; the establishment of a nurse led respite ward within a hospice and the project that introduced nursing ward rounds. All of the teams leading these initiatives worked hard to understand and respond appropriately to the patient perspective.

**Increased responsiveness of care**
Several projects developed practice in a way which responded more efficiently to the needs of patients. For example, the nurse-led minor injuries service increased the number of people treated by 50%. The care home that introduced advanced care plans to ensure patients’ wishes were adhered to, also established a “stop and watch” tool to observe for early signs of deterioration of a patient’s physical condition. These along with the ward introducing two-hourly intentional rounding all required the active engagement of staff to achieve the desired outcomes.

**Changing approaches to care**
Thinking and adopting different ways of working was a feature of the project that introduced family and carer drop in sessions to allow support for families and better access to information about Older Mental Health services. Another team introduced innovative ways of looking at improving the nutritional care within an acute ward. An evaluative approach within a GP practice involving “difficult to access families” revealed better ways to identify vulnerable patients. All these projects worked hard to overcome challenges of traditional ways of working to enable an alternative approach that would better meet the needs of patients and clients.

**Learning and/or developments that can be shared**
Through the process of practice development many of the teams gained learning that can be shared and applied to future work internally and externally. One common issue can be that original ideas and proposals are affected by contextual factors. For example, the team at HMPS Wandsworth initially wanted to introduce a well man clinic but various changes in organisational context led to the introduction of a nurse led primary care service for prisoners. The resulting outcomes were positive, including a reduction in primary care waiting times from three weeks to 24 hours.

### 4.2.3 Challenges, opportunities and learning

Bearing in mind the nature of healthcare practice, it is not surprising that all the teams experienced challenges with some aspect of their project. These included trying to engage with staff to enable them to work differently; developing the skills and confidence of staff; working in an organisation that had constantly changing priorities and was subject to reorganisation; change of leadership during the project; managing the competing priorities in terms of roles and responsibility and managing time.

For several teams, undertaking a project offered opportunities. This included expanding the work to other areas of organisation or extending the scale of initial projects to include further development. Or as in the case of two teams, achieving recognition, one team being selected as a finalist in the National Patient Safety Awards (Mental Health) 2012 and one team winning a 2013 BNJ Award.
Both individuals and teams gained new insights and learning. These included using more creative methods, especially when engaging with stakeholders and feeling confident to work differently. The overall benefits and learning of several projects have been widely shared with teams presenting their work locally and nationally.

4.2.4 Stakeholder engagement
A variety of methods were used to engage with stakeholders and to collect evidence of current practice and care experiences from the perspective of stakeholders. The approaches used included:

- Patient/staff questionnaires
- Patient/staff focus groups
- Patient stories
- Observations of practice
- Values clarification exercise (Warfield and Manley, 1990)
- Context Assessment Index (McCormack et al., 2009)
- Claims, concerns and issues (Guba and Lincoln, 1989)
- Representatives on steering groups and working groups
- Stakeholder events
- Team away days

This evidence from stakeholders provided more focused information for project plans that complemented other data and evidence collected routinely within the organisation such as patient satisfaction surveys, complaints, medication use and falls.

A central role of the Patients First Programme is to promote patient and family involvement in care and innovation. Achieving this is not easy and the teams demonstrated varying levels of success in not just involving patients but all stakeholders in their projects. The extent to which stakeholders were involved appeared to correlate with the success of the projects. For example, the nutritional care project in Nottingham achieved wide nursing team engagement by holding two dedicated team away days. The project team believe that this enabled the progress of the project in the longer term as it was possible to discuss the purpose of the initiative, concerns and issues were aired and support and practical actions identified. In comparison, another team identified that lack of stakeholder involvement at the outset had been a hindrance to the implementation of their intentional rounding.

The nature of the stakeholder involvement also influenced the project outcomes. Many projects opted for a more consultative approach to finding out about patients’ experiences using questionnaires and focus groups. Others moved beyond this to achieve a level of involvement which represented partnership working with patients. For example, the early start project used focus groups and in-depth interviews to evaluate this new service. Both the Lewes and Care Home project collected patient narratives which offered detailed and rich insight regarding people’s experiences.

4.2.5 Summary of project reports
In summary, the project reports identified that all the teams developed, changed or improved care or services. There was evidence of these being more focused on the patient and more responsive to their needs. Teams were challenged to work differently and all gained some learning and development from this. Stakeholder involvement was possibly the more difficult aspect but those able to move from consulting to partnership probably reaped greater benefits in terms of outcomes.

4.3 End of programme questionnaire
An online questionnaire (Survey Monkey) was developed for evaluation of the Year 1 programme and this was refined for use with this cohort. The project leaders were invited to complete the questionnaire and to
share this with their project teams. Initially, participants were given 14 days to respond, however despite email reminders, the response rate was low; the deadline for responses was therefore extended. Following individual email requests at the final closing date, 13 responses were received which represented an 86% response rate.

The questions had a quantitative component which required the participants to provide rated responses. These responses were collated using the tool provided by the online questionnaire host and presented in graph format (see Appendix 8). Participants were also invited to provide written comments/narratives to explain their rated response (see Appendix 8). This invitation was taken up by a number of but not all the participants. The verbatim comments were extracted and then read initially to get a sense of the content. Key themes were then identified and these were then checked against the data by another FoNS facilitator. Results of the questionnaire are noted below.

4.3.1 Analysis of the questionnaire findings
The first three questions provided contextual information about the programme participants including their name, job title and role in relation to their project. This helped with interesting responses and understanding their experiences of the programme. The majority of respondents were project leaders.

Question 4, focused on the impact the programme had had on them as practitioners (see figure 2). The majority of respondents reported a significant individual impact, however, one person reported little impact and another no impact at all.

Figure 2: Impact of programme on practitioners

Narrative responses were provided to this question by 12 participants (92%). The main themes emerging from these responses realted to how the programme and the practice development facilitator enabled the participants to develop knowledge, skills and confidence in leading and facilitating change and overcoming challenges along the way. This included:

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

The following quotes exemplify these:

“I now have a better understanding of changing the ward culture and engaging staff, organising and running a small project, being realistic about setting time frames and not underestimating the work involved”

“Helped me to develop a greater understanding of the principles of practice development”

“Better awareness of methods for collecting patient’s stories”
“Working in a prison environment is difficult at the best of times, without FoNS support there is a strong possibility that the project would have been overwhelmed and discontinued”

However one of the respondents that noted no or little impact commented:

“The opening of the respite ward was a project commenced by the hospice and was going ahead regardless of achieving the FoNS grant so the impact of the actual programme was minimal, though gratefully received”

Question 5 asked participants about the extent to which taking part in the programme had had an impact on their practice (see figure 3). The majority reported a moderate to significant impact on practice and two reported little impact on practice.

![Figure 3: Impact of programme on practitioners’ practice](image)

Examples of the impact on practice were provided by 12 participants (92%). These showed that in terms of ‘practice’ the participants had focused on their role as leaders and facilitators of improvement and change. They felt that they had gained an increased understanding of practice change, methods and approaches and involving stakeholders. There was a sense that they felt better equipped to lead and facilitate practice development and improvement in the future as the quotes below exemplify.

“Patient/service user consultation is now an integral part of my role”

“I realised that I have ideas relating to clinical practice but the project has given me confidence in myself to lead initiatives in a positive way involving staff i.e. the claims, concerns and issues, helps staff feel involved and supports debates about clinical issues and patient care”

“I have learned and implemented practice development methodology and methods”

“It has emphasised to me as a foundation the importance of patient/staff involvement in any project that is being undertaken. Personally, it has also brought home the need for regular evaluation along the path as the end goal may change and we should not be afraid to re-visit and re-structure our plans”

The two participants rating the programme as having little impact on their practice did not provide written responses.

Question 6, focused on the extent to which the programme had impacted on the involvement of patients and/or carers in activity to develop and improve practice (see figure 4).
In response to this question, four respondents (31%) stated that patients and/or carers had been fully involved in activity to develop and improve practice, eight (62%) stated that patients and carers had been moderately involved, and one (7.6%) said that there had been little impact. In addition, 12 respondents (92%) provided examples of this involvement.

“I now would always consider approaching clients as part of service development”

“We have developed innovative ideas to involve service users, stimulated by the programme”

“Involved at a focus group stage and also in feeding back thoughts following some pilot visits”

“At this point in the project some impact, but the plan is around a more moderate impact in the future”

Question 7, focussed on the possible impact the programme had had on the care and experience of patients (see figure 5).

In response to this question, six respondents (46%) reported that their project had had a significant impact on the care and experience of patients, while four (30.7%) reported a moderate impact and three (23%) little impact. Twelve respondents (92%) provided comments to support their responses. The quotes below offer some specific examples of the impact on care:

“Little impact as yet but I feel this will increase with time as the plan is put into place”

“Inappropriate hospital admissions became a rarity and staff felt much more comfortable approaching advance care planning issues with residents and relatives”

“By the time the project is completed it will have focused on a communication tool that will be beneficial, safer and more user friendly in managing medication on discharge for elderly people”
Moving on to question 8, participants were asked to rate the usefulness of specific elements of the programme (see figure 6).

**Figure 6: Usefulness of support and resources provided by the programme**

The responses indicate that the support from the external facilitator, the workshops and funding were identified as being most useful to respondents and their projects. Nine participants (69%) added comments to support their responses.

“Attending workshops helped with support and sharing with others to promote confidence and enthusiasm to move onto the next stage”

“Access to an experienced and knowledgeable facilitator to help with challenging issues”

“External facilitator to come in and facilitate the morning session of our induction day was welcome as we could then be part of the experience of devising a vision”

“Funding was essential to allow staff time to carry out surveys, write reports, and fund diversional therapy for waiting area in A/E department”

A significant number of respondents also found the workplace resources for practice development CD, website resources and networking with other participants useful.

“Networking-sharing of good practice is always valuable and facilitated learning from other professionals”

“The website resources are brilliant and I am always looking at new articles”

“Meeting other project teams allowed networking within different spheres of nursing, and recognising what good work is being driven forward by individuals and teams”

In question 9, participants were invited to identify which of the support or resources they found most useful and were asked to clarify their answer. Eleven respondents (85%) entered comments, some providing more than one choice. Again, the support of an external facilitator, the workshops and the funding were highlighted as the three most useful resources, as reflected in the following comment, however the website was also mentioned.
“The external facilitator helped us think our project through in detail and supported a workshop with us, which gave us the confidence to run our own workshops thereafter. The funding allowed us some freedom to manage the project in the most appropriate way and allowed us to provide extra support hours and refreshments at workshops, which we otherwise couldn’t do. The workshops gave us time out to learn more about practice development principles and develop our project ideas.”

Question 10 asked participants to rate their knowledge and confidence as a result of their programme (see figure 7).

**Figure 7: Impact of programme on knowledge and confidence**

The areas that the respondents highlighted as being knowledgeable and confident in were:

- Collecting multiple forms of evidence
- Working with and involving patients
- Enabling collaboration
- Leading a practice development initiative

The areas that the respondents highlighted as having some knowledge and growing more confident in were:

- Writing reports
- Assessing culture and context
- Using practice development methods
- Knowledge of practice development processes.

In response to this question, six respondents (46%) added comments to support their responses. When these comments were considered along with previous remarks it was clear that the programme had provided the opportunity for participants to develop new knowledge and skills, reflect on previous experiences and enable new learning that could be used in future work.
Question 11, gave participants an opportunity to identify any other resources that they thought might have been helpful. There were 11 responses (85%), half of which (n=6, 55%) could not identify anything further resource requirements.

‘No. I feel very satisfied with the progress of the project and the outcome’

‘Not really - FoNS was very supportive with lots of access to resources’

Of the other responses, three related to extra time with the external facilitation and more workshop days, and two further responses made suggestions about how the content and resources for the workshop days might be developed.

“An extra couple of workshops near the end”

“Some of the practice development principles were very new to me, and whilst I understood them at the workshop I struggled to know how they might be used in my project. External facilitation helped with this, but more time to do this at the workshops themselves, when the principle was introduced would have been more helpful”

Finally, participants were invited to provide any other feedback of their experience of the Patients First Programme and its impact and effectiveness in supporting nurses and nurse led teams to work with patients to make improvements to care (Question 12). Because of the ‘free text’ nature of these comments they have not been themed, however, the responses (n=11) were overwhelming positive in nature (see box 1). One respondent did make reference to the loss of the dedicated facilitator for a period of time during the programme.
Box 1: Additional Comments From Participants About the Patients First Programme

“It has been a really useful experience for myself, the lead and the nursing staff and I think the patients who have been involved also got a lot from being involved in the project and it certainly has improved the quality and effectiveness of care for future patients.”

“Been great experience and support has been good. Funding has supported creating capacity to undertake the project. The challenge is sustaining and ensure the staff are engaged.”

“Really enjoyed undertaking the project and gave the nursing team an opportunity to do something we would not have been able to otherwise which will hopefully make a difference to patients.”

“Useful in improving profile of work done in less ‘well regarded’ areas such as care homes. For these areas a slightly more structured approach e.g. templates re what evidence to collect etc might make the process more appealing /less daunting.”

“Thank you for an excellent experience - we feel that as a team we have been given the opportunity to develop our service further. Although the patient experience is always on our agenda as an integral part of our new and innovative service, we could not have provided this service in the way that we were able to without the funding and support of FoNS.”

“My experience has been fantastic as a learning journey. I so enjoyed the workshops and will miss them. The staff have all been very supportive and I cannot praise them highly enough. They are truly committed to pushing forward the agenda in order that nurses should publish. It has inspired me to carry on with other projects. There have been a few challenging times during the project but I have been really well supported.”

“Provides a great opportunity to link with clinical and practice and academic. Both benefit.”

“A wonderful experience. Challenged the way I worked with staff and helped to motivate me during the project.”

“Really good programme which I would recommend to my colleagues.”

“It was useful to have time out to work on the project by attending the workshops - it allowed us breathing space away from the clinical input.”

“At the start of the project, unfortunately due to inclement weather conditions this team were unable to attend the first workshop days. This without a doubt delayed the start of the project and to some extent we lost some of the drive for the programme. On hind sight I think it would have been more beneficial for us to have delayed the start of the project and commenced with the next group of FoNS projects. Also having the initial project facilitator leave during the project and having no dedicated leader for a few months also affected the drive and commitment of the team. However the appointment of the new facilitator was of great benefit to this team, given that she had a recognised background in A/E nursing was a great bonus for us. Carrying out the programme has given the project lead drive and vision to continue to improve the care and support delivered within the Minor injury area of the department.”
4.3.2 Summary of the questionnaire findings.
In summary the programme was perceived by the majority of respondents as having:

- Significant impact on the care and experience of patients
- Significant impact on the practitioners (personal/professional development)
- Moderate impact on the practitioners practice (how they worked)
- Moderate impact on patient and carer involvement

When asked about the usefulness of support and resources provided by the programme the top three elements identified as being most useful to respondents and their projects were:

- Support from the external facilitator
- The workshops
- Funding

The areas in which respondents felt knowledgeable and confident as a result of the programme were:

- Working with and involving patients
- Enabling collaboration
- Leading a practice development initiative
- Collecting multiple forms of evidence

4.4 Practice Development Facilitator field notes findings
A further form of data collected throughout the programme was the FoNS Practice Development Facilitator field notes. These recorded accounts of the facilitator’s contact with the project teams including site visits. The field notes were reviewed and the following key themes identified:

- Participants’ view of the FoNS Practice Development Facilitator role
- How the participants engaged with and used the FoNS Practice Development Facilitator
- Working within the timescales of the programme
- Providing support with report writing

Participants’ view of the FoNS Practice Development Facilitator role
At the start of the programme it was apparent that the project teams viewed the FoNS facilitator as having a supervisory and checking function. The facilitator noted that some teams felt that they were being judged, for example, teams sought approval with questions such as ‘are we doing alright?’ As the programme progressed, this began to change with the facilitator noting that participants more readily sought help when needed and were more confident about visits.

How the FoNS Practice Development Facilitator was used
During the programme, the project teams used and interacted with the FoNS Practice Development Facilitator in a range of ways. The facilitator was often used as a sounding board as teams talked through the challenges they were experiencing. These challenges commonly related to managing competing priorities related to their core role and work and their role in and commitment to the project. There were also a range of workplace issues such as changes in staff, clinical pressures and sickness and absenteeism. The teams appeared to use the facilitator to help them work through these issues and to find solutions. The facilitator was also able to offer practical support for example, helping to co-facilitate activities with and for project teams, offering advice about tools and resources and, providing challenge and critique. One of the areas where this practical onsite help was useful was in relation to working with and involving patients and families.
Whilst review of the field notes identified consistency relating to the support and help available from the FoNS Practice Development Facilitator, it was also clear that how the teams used this varied. Some teams were quite independent whilst others sought out help on a regular basis. However, from the field notes, it was evident that the facilitator’s availability and proactive approach enabled engagement and progress.

**Working within the timescales of the programme**

The facilitator noted that the specific time frame for the programme (1 year) became a significant pressure for some of the teams. Several of the records from visits indicated that the facilitator needed to encourage the teams to slow down their actions plans and encourage them to give more time to evidence gathering and stakeholder engagement.

**Providing support with report writing**

Towards the end of the programme, the challenge of report writing came to the fore. It became evident that many individuals lacked confidence and experience with report writing and significant help was required. In addition to a workshop session on report writing and detailed written guidance, the facilitator noted that many of the project leaders needed one to one support with several drafts before the report could be finalised. Whilst the end results were positive, the process was quite stressful for the teams and time consuming for the FoNS facilitators.

4.4.1 **Summary of findings from field notes.**

In summary, the field notes enable the FoNS Practice Development Facilitator to trace her role with the teams and reflect on how the role supported their progress. Whilst initially seen as a supervisory or checking role, over time the teams used the facilitator for support and became more comfortable with being challenged about how they were working. Teams recognised the expertise of the facilitator and used this in a variety of ways. At times, the facilitator acted as a ‘brake’ and helped the teams to take time to understand more about what was needed rather than rushing ahead with limited evidence or stakeholder involvement. Finally, the notes highlighted the difficulty report writing presented and the significant support required to enable this process.

4.5 **Use of funding**

All teams were asked to provide feedback on how they had used the funding provided. Full details are provided in Appendix 9. The most common ways in which the funding was used are:

- Backfill to release staff for project activity or attendance at workshops
- Facilitating involvement of service users e.g. travel costs, room hire, refreshments, vouchers
- Engaging with staff and other stakeholders e.g. stakeholder events
- Sharing project outcomes e.g. posters, conferences
- Travel costs to attend workshops

5. **Discussion**

Overall, it is evident from the data that the three main aspects of support the programme offers, namely, the external facilitator, the funding and the workshops days are valued by the participants and make a difference to the outcomes of the projects. To look at this in more details, it is useful return to the evaluation questions identified on pages 17-24.

5.1 **Did the programme enable the development of the project leaders/facilitators and other nurses/healthcare practitioners involved?**

Overall, the programme appeared to enable the development of the project teams and others, although arguably it was the project leaders and facilitators and immediate team members who benefited the most. The workshop days were found to create very good learning opportunities related to practice development, including facilitation skills, enabling involvement, action planning and evaluation. This learning benefitted
the projects led by the teams but many also recognised how they could use their new knowledge and skills for other activities and beyond the life of the projects.

A number of key learning points in relation to the facilitation of practice development and change were highlighted by the project teams in their final reports. These included the impact that different styles of facilitation had on the engagement of staff with activities relating to the project; acknowledgement that leadership and facilitation have a key role in enabling stakeholder engagement; and a recognition of the need to identify key roles and responsibilities when working collaboratively.

The findings in relation to this question are very similar to those noted in the Year 1 evaluation, both of which support the view of McCormack et al. (2007) that external support systems have a positive impact on teams engaging in practice development.

5.2 Did the programme enable the project leaders/facilitators to implement a strategy for developing, improving and evaluating practice?
The review of the project reports shows that all the teams were able to develop and implement a strategy for improving an aspect of their services, practice and/or patient experience. Whilst all had given some consideration to evaluation, progression with this was more variable with some teams not having the time during the programme to fully evaluate new activities.

The knowledge and skills developed through the workshop programme enabled participants to develop strategies which incorporated a range of methods (McCormack et al., 2007) to develop and improve practice. Whilst this can make for a more ‘dynamic’ and ‘creative’ approach (McCormack et al., 2007) starting out, it can feel quite challenging (Manley and Webster, 2006) and this was clearly true for some participants. Many practitioners were new to practice development and found it was as Garbett and McCormack (2001) and Bellman et al. (2003) described, more demanding and intense than anticipated. Using multiple methods was for some extra work and time consuming (Clarke and Procter, 1999; Stickley 2004; Flood et al. 2006) and the uncertainty created by doing something new and involving more stakeholders did cause some anxiety (Dewing and Traynor, 2005). The project reports outline other personal challenges (Barrett et al., 2005) related to effectively engaging with staff, working within a constantly changing context, managing priorities and time as a project leader. However, despite all this, as McCance et al. (2013) found in their practice development programme evaluation, using practice development processes that enable participation and prioritise working collaboratively with a range of stakeholders promote shared ownership and consequently have a positive impact on relationship building and team effectiveness.

As aforementioned, several teams did not fully evaluate the processes and outcomes of their work during the timescales of the programme. Whilst the impact of the time limits for the programme should be revisited there were also other factors which influenced the time pressures the teams experienced. For example, making a commitment to wider stakeholder engagement was more time consuming for some of the teams, albeit ultimately beneficial as developments and improvements better reflected the needs of the patient. Other teams experienced significant contextual changes which impacted on progress.

However, the strong focus on evaluation within the programme is a strength and seemed to enable many to work more systematically and purposefully (Manley et al., 2008). Through the programme, the workshops and with the support from the FoNS Practice Development Facilitator, the teams did develop evaluation strategies that are continuing to inform their work.

5.3 Did the programme enable project leaders/facilitators and other nurses /healthcare practitioners to work with and involve patients and other stakeholders?
There was evidence within the reports that all teams engaged with staff, patients, service users, carers and relatives, however, the level of involvement achieved varied from project to project. To an extent it could
be argued that this was influenced by the purpose of involvement. For example, for many the predominant purpose was to gather evidence from service users to inform developments rather than enable service users to be true partners in all the decision making processes.

Within the workshop programme, team leaders/facilitators were encourage to explore ‘what participation looked like’ within their projects drawing on Arnsteins’ ladder of citizen participation (1969) and the work of Beresford (2010). Whilst many shifted their intentions from a simplistic consultative, consumerist (Beresford, 2010) approach to one which could lead to service users having a real say (Beresford, 2010) in how services developed or practice changed, turning this into reality was more difficult.

From a review of the reports, whilst many felt they had achieved a moderate level of service user involvement, the approaches used such as focus groups and questionnaires indicate that the level was still consumerist. There were several factors influencing this including participant confidence with working with service users along with organisational barriers to achieving more meaningful engagement. However, there were examples activity that are consistent with a more democratic approach (Beresford, 2010) such as the sure start project that interviewed parents and carers who were traditionally harder to reach due to their vulnerability and class disadvantage; the care home project that used an appreciative approach to invite the older people to “Tell their Story” as part of the development of advanced care planning to enable clients’ wishes to be followed in the event of an emergency and; where patient forums were set up, such as in the prison setting.

Taking account of the specific commitment of this programme with regard to patient involvement, there is food for thought for FoNS with regards to how the programme can enable the participants to better understand and overcome the barriers to the concepts of involvement, engagement and participation.

5.4 Did the programme enable improvement in the care patients received and their experience of care?
The programme, through its support to the project teams, did enable improvements in the care that patients receive as shown in the outcomes listed in table 4, pages 12-14. These can be summarised as:

- **Enhanced patient/carer focused care**, including the HMPS Wandsworth project team that introduced a nurse led primary care service for prisoners that reduced waiting time for prisoners from three weeks to 24 hours.
- **Enhanced responsiveness of care**, including that achieved by the Hairmyers hospital project team that increased the number of minor injury patients seen and treated by nurses by 50%.
- **Alternative approaches to care**, including the ward team at Nottingham Hospitals that introduced a number of innovative ways of looking at improving the nutritional care within an acute ward.

Furthermore the learning and/or developments from many of the projects have been shared through local and national conferences. One team from Whytemans Brae Hospital was shortlisted for a Patient Safety Award in Mental Health and the team from Nottingham won a BNJ award for their nutrition project.

The responses to the end of programme questionnaire showed there has been a significant impact on the care and experience of patients as a result of the projects and even those who have experienced slow progress were able to maintain some action which it is anticipated will realise benefits at a later point.

6. Recommendations
The evaluation has highlighted a number of areas which FoNS will consider to further enhance the programme:

- **Development and support programme**
  To continue to refine the workshop programme, this appears to be highly valued by participants
• **FoNS Facilitator**
  To continue the high level of commitment and direct support offered by the FoNS Practice Development Facilitator

• **Involvement, engagement and participation**
  Further review of the workshop programme is required to enable greater understanding of how patients, families and other stakeholders can be involved in the development and improvement of practice

• **Programme timeline**
  To consider extending the programme to 12-18 months to enable greater opportunity for evaluation and report writing

• **FoNS facilitator post**
  To explore ways to retain the dedicated FoNS facilitator for the life of the programme and take further steps to ensure any transition to a new post-holder does not impact on the programme

• **Report writing**
  To strengthen the focus on and support for report writing

Furthermore, as the programme progresses into its third year, there would be value in understanding in more detail how participants have developed and what specific elements of the programme contributed to their expanded knowledge, skills and confidence.

7. Conclusion

Drawing together the learning from this evaluation comes at a time of great challenge in healthcare. Shaw (2012) argues that recent reporting and publicity of poor practice has indicated that to significantly improve practice, activities must address the fundamental issues of values, attitudes and culture (Francis, 2013). Such work must be initiated in the front line and be led by the work of clinically based teams (Bevan, 2010; Kings Fund, 2012). Taking this into account, this evaluation of year two of the Patients First Programme provides evidence that suggests that the programme was largely successful in achieving its aim of helping ‘clinically based nurses to lead local innovations that will develop nurses, nursing and healthcare practice to improve patient care in any healthcare setting across the UK’. The elements of the programme identified by the participants as the most useful were the external support/facilitation, the workshops and the bursary. The singular element of expert and ‘enabling’ facilitation (Shaw et al., 2008) provided by FoNS to support participants to develop as facilitators themselves, who are able to engage and work with others, appears to be of key value and arguably sets the programme apart from other similar initiatives.

Some final comments from participants which sum up the experience of the Patients First Programme:

“A wonderful experience. Challenged the way I worked with staff and helped to motivate me during the project”

“Thank you for an excellent experience -we feel that as a team we have been given the opportunity to develop our service further. Although the patient experience is always on our agenda as an integral part of our new and innovative service, we could not have provided this service in the way that we were able to without the funding and support of FoNS”

“It has been a really useful experience for myself, the lead and the nursing staff and I think the patients who have been involved also got a lot from being involved in the project and it certainly has improved the quality and effectiveness of care for future patients”

“Been great experience and support has been good. Funding has supported creating capacity to undertake the project. The challenge is sustaining and ensure the staff are engaged”
References


Appendices

Appendix 1: Sample Application Pack
Appendix 2: Terms and Conditions Document
Appendix 3: Patients First Programme Overview
Appendix 4: Evaluation of Workshop 1
Appendix 5: Evaluation of Workshop 2
Appendix 6: Evaluation of Workshop 3
Appendix 7: Evaluation of Workshop 4
Appendix 8: End of Programme Questionnaire
Appendix 9: Use of Funding
Appendix 1: Sample Application Pack

‘Patients First’

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

Call for Applications: September 2010
Closing date for applications: November 2010

Application and Guidance Pack

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

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

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

- Help to keep a central focus on the patient and/or service users and the issues that matter to them the most
- Advice on developing effective project plans/proposals
- Encouragement to identify and make links with people who may be able to offer support locally
- Access to practice development tools and resources
- A workshop programme of support and development that will bring together the nurse-led teams to explore and enable effective strategies for developing and changing practice and provide opportunities for networking and sharing
- Facilitation in the workplace to enable the development of knowledge and skills in leading and facilitating sustainable changes in practice and improvements in care
Peer mentorship linking up team leaders with those who have completed similar initiatives
Support with publishing and active dissemination
Funding of up to £3000

**Who should apply?**

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

- Developing a greater understanding of the practice issues by using a variety of approaches to inform and evaluate the development of practice and improvement of care. These could include:
  - Essence of Care benchmarking tools
  - Observation of care
  - Focus/discussion groups with staff and patients
  - Patient interviews/stories
  - Documentation review
  - Culture and context questionnaires, leadership style questionnaires etc.

- Learning in and from practice through critical reflection
- Working in ways that enables the inclusion and participation of patients and other key stakeholders in all aspects of the project
- Using a systematic approach to development and improvement

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

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

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

**Before submitting an application**

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

**Successful applicants**

All the applications will be reviewed using the criteria outlined in this application and guidance pack to inform the process. Successful applicants will be contacted (usually within 14 days of the closing date) by a FoNS Practice Development Facilitator to arrange a suitable time to discuss:

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

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

**CLOSING DATES FOR APPLICATIONS: November 2010**

Notes:
1. The ultimate purpose of the Foundation of Nursing Studies (FoNS) is to improve patient care. FoNS aims to achieve this by enabling and supporting nurses and nurse led teams working in any healthcare setting UK-wide to develop themselves and their practice. FoNS values and can offer expertise in:
   • Working with nurses and all stakeholder groups in ways that enable collaboration and participation
   • Using evidence from a variety of sources to inform developments in practice
   • Learning in and from practice through critical reflection
   • Ways of working that focus on the processes of enabling change as well as the outcomes
   • Sharing the learning and successes of others

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

3. The Burdett Trust for Nursing is an independent charitable Trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN. Nurses, midwives, health visitors and the allied health professions make up the majority of the healthcare workforce and play a pivotal role in direct care to patients. The Trust targets its grants at projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment. For further information visit: [http://www.burdettnursingtrust.org.uk/](http://www.burdettnursingtrust.org.uk/).
Patients First: Supporting Nurse-led Innovations in Practice Application Pack Part 1 – Contact Details

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

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

<table>
<thead>
<tr>
<th>Title of project:</th>
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<tbody>
<tr>
<td>Name &amp; job title of lead applicant(s)/project facilitator(s):</td>
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<tr>
<td>Name &amp; job title of co-applicant(s)/team member(s):</td>
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<td>Name and job title of person approving/supporting application:</td>
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<td>Director of Nursing, Chief Nurse</td>
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<td>Statement of support from person approving application:</td>
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<td>Ethics committee approval sought: Please state Yes or No as appropriate and provide additional information/approval letter where relevant.</td>
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<td>Total funding requirement: £</td>
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The Foundation of Nursing Studies periodically sends out information (usually via email) about small project and other funding opportunities, practice development projects, nursing awards, conferences etc.

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

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

If you do NOT want to receive information from other nursing organisations please tick here ☐
Patients First: Supporting Nurse-led Innovations in Practice
Application Pack Part 2 – Workplace Profile

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

<table>
<thead>
<tr>
<th>Please describe your ward/unit - this should include staffing levels and vacancies, bed occupancy, length of stay and any other significant/relevant features of the ward/unit:</th>
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<tbody>
<tr>
<td>Please describe the style of leadership and team-working in your workplace:</td>
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<tr>
<td>Please describe the opportunities that there are for learning and development, particularly those that are in and from practice:</td>
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<tr>
<td>Please describe the ways in which clinical practice, performance and systems are currently evaluated:</td>
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<tr>
<td>Please describe any previous involvement in practice development work:</td>
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<td>Please outline your anticipated support and development needs:</td>
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Patients First: Supporting Nurse-led Innovations in Practice
Application Pack Part 3 – Project Outline

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

**Summary of project proposal:** Please provide a brief overview of your project:
- an outline of the practice issue/problem
- the significance of the issue for patients
- what you are going to do and why

**Aims and objectives of the project:**
**Aim:** What are you trying to achieve? The aim should identify the improvement in patient care that you are intending to achieve.
**Objectives:** What will you do to achieve your aim? The objectives should outline the activities that you propose to carry out to achieve your aims.

**Evidence use:** Please tell us about the evidence that you have drawn upon to identify the practice issue and your ideas for practice development and improvement in care including:
- evidence of current practice
- evidence of best clinical practice
- evidence of patients views

**Project outline:**
This section should provide your ideas about:
What methods and approaches you will use to:
- explore and understand current practice
- identify and overcome influences on and barriers to care
- develop action plans
- facilitate changes/developments in patient care and practice
- evaluate changes/developments in patient care and practice
Dissemination plan: Please give details of how you intend to publicise and share information about the project and its outcomes.

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

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

Patients First: Supporting Nurse-led Innovations in Practice

Guidance Notes

Outline of process for submitting an application

Stage 1: (Strongly recommended)
Discussion of your proposal with one of the Practice Development Facilitators at FoNS. This ensures that, in principle, your idea/proposal fits with the focus of the programme and provides an opportunity to discuss the support and facilitation that is available from FoNS. At this stage FoNS can provide support with developing ideas into project proposals and/or help you to identify people who may be able to support you locally.

Stage 2:
Submission of full application (see pages 4-11 of this pack). Please ensure that Part 1 is completed in full and note that it is an essential requirement that your Director of Nursing or Chief Nurse signs the application form and writes a statement of support. The FoNS Practice Development Facilitators are happy to offer help and support with completing Part 3 of the application form on request. **N.B. Only one copy of the application form (i.e. Part 1, 2 and 3) is required.** This should be sent by post to the address on page 14.

Stage 3:
Each application is carefully considered and all applicants will be notified of the outcome of their application within 14 days of the closing date.

Stage 4:
Successful applicants are required to confirm acceptance onto the programme (by email, phone or post) to ensure that they are ready to commence their projects on 1st March 2010. Please also note that you will need to be available to attend the initial workshops that will support development and implementation of your practice development projects on March 23rd and 24th 2010.

General terms and conditions for successful applicants
Successful applicants will be expected to sign a document accepting the following conditions of the programme:

- Actively communicate with the FoNS Practice Development Facilitator to enable:
  - you to explore your support and facilitation needs and negotiate an appropriate plan of involvement with FoNS
  - ongoing review of the progress and development of the project
- Participate in the workshop programme and ongoing networking and information sharing activities
- Allow FoNS to publicise the project in newsletters, annual reports, websites etc.
Be actively involved with FoNS in the wider dissemination of the project for example, information sharing and conference presentations

Acknowledge the support from FoNS with any publications/materials produced as a result of the project. The following wording is suggested: “...supported by the Patients First Programme (a partnership between FoNS and the Burdett Trust for Nursing)”

Submit a final report to FoNS within 3 months of completing the project. This will be edited as appropriate and may be published as part of the FoNS’ ‘Developing Practice Improving Care’ Dissemination Series

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

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

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

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

The following will not be funded:

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

Suggested sources of supportive reading/resources


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


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

Requests for further information and submission of applications to:
Diana Calcraff
Practice Development Facilitator
Foundation of Nursing Studies
32 Buckingham Palace Road
London
SW1W 0RE
Tel. 0207 233 5750
Email: diana.calcraft@fons.org

Website: www.fons.org/ahcp_pffunding.asp
Appendix 2: Terms and Conditions

Patients First Programme: Supporting Nurse – led Innovations in Practice
A partnership between FoNS and The Burdett Trust for Nursing

Terms and Conditions

Project Leader(s)/Facilitator(s)
Location/Address:

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

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

Agreed and signed by:
Project Facilitator(s)
Print Names(s)
Director of Nursing
Print Name:

Date:
Appendix 3: Programme Overview

The Foundation of Nursing Studies (FoNS) in Partnership with the Burdett Trust for Nursing

‘Patients First’

Supporting Nurse-led Innovation in Practice

Programme Overview

November 2010
Dear Participant

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

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

Enclosed is an overview of the programme for the development and support workshops. The workshops will provide resources and guidance for your role as facilitators of the practice development initiative you will be undertaking.

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

- RCN Resources for Practice Development. Phone RCN Direct on 0345 7726100. The code for the folder is 003533 and costs £60

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


The FoNS Centre for Nursing Innovation (www.fons.org) provides information about completed projects; access to tools and resources that may be helpful as you progress through the workshop programme and develop your project; and opportunities to network and share with others. You will be provided with login details so that you can access all areas.

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

Kind regards

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

The Foundation of Nursing Studies (FoNS)

FoNS is a small independent charity that uses a unique approach in supporting and enabling nurses to lead innovation in the workplace that improves the care of patients and health service users.

Our activities and support are centred around:
- Giving nurses easy access to information, resources and networking opportunities
- Working directly with nurses in practice, helping them to develop skills that can enable change
- Sharing the learning and successes of others and building on that to improve practice
- Collecting and evaluating data in ways that support replication and practice development by others

FoNS values and offers expertise in working with nurses and all stakeholder groups in ways that enable collaboration and participation.

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

Diana Calcraft: diana.calcraft@fons.org
Theresa Shaw: theresa.shaw@fons.org
Kate Sanders: kate.sanders@fons.org
Jayne Wright: jayne.wright@fons.org

Administration
The FoNS Team Administrator, Rebecca Hellmuth is responsible for the programme administration, for example, organising the workshops and visits.

Contact details:
Email: rebecca.hellmuth@fons.org

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

Website: www.fons.org

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

“It matters that we never lose sight of fragility of person-centredness and realise that without continuous and systematic approaches to the altering of practice and pattern, person-centredness fails to exist” (McCormack, 2009 p.162).

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

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

- enables individuals and teams to develop a deeper understanding of healthcare practice and patient care through reflective critique
- underpins activities towards achieving the continuous development of person-centred cultures

We acknowledge that identifying and understanding practice problems can be challenging and implementing change and/or getting evidence into practice can be a complex process. FoNS are therefore dedicated to working with nurses and healthcare teams to develop and share innovative ways of improving practice; thereby enabling them to provide care that is high quality; evidence based and meets the needs of patients.


Patient First Programme

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

- Explore how nursing teams can work with patients and other stakeholders to develop practice
- Identify areas of patient care which can be improved
- Develop a proposal for a locally focused practice development project/initiative
- Enable the implementation of a strategy for developing, changing and evaluating practice

To achieve this we provide:

- One-to-one support in the workplace and via email and telephone
- Practice development workshops
Overview of the Practice Development Workshops
The development and support workshop days are underpinned by the principles of adult learning theories and active learning processes. As participants, you will be invited to participate in a range of activities including presentations, critical dialogue, experiential learning and reflective practice.

There are 4 workshop days over the course of the programme. These are an essential part of the development programme and the core project team will be expected to attend all 4 days. The workshops are structured to help you to build on and enhance your knowledge and skills relating to leading and facilitating practice development as you move through the project you are undertaking. Details of the workshops are below and prior to the workshops there will be preparation work and reading for the participants to undertake. The workshops run from 09.00-16.30.

Each workshop has specific aims and learning outcomes. However, there are core aims that span all the workshops.

Workshop Themes, Aims and Learning Outcomes
Practice Development
Aims:
- To provide an introduction to practice development
- To explore the relationship between practice development, evidence based practice, service improvement and research
- To understand how practice development can enable the development of person centred cultures

Learning outcomes:
Participants will be able to:
- Describe what they understand by practice development and its relevance alongside other activities to person centred care
- Demonstrate an understanding of the other relevant frameworks such as the Promoting Action Research in Health Service (PARIHS) and their influence on changing practice
- Use appropriate practice development methods

Facilitation
Aims:
- To explore the role of enabling facilitation in practice development
- To use facilitation theory to enable participants to explore their own facilitation style
- To enable the development of facilitation skills

Learning outcomes:
Participants will be able to:
- Demonstrate knowledge and understanding of being an enabling facilitator of practice development
- Reflect on their own facilitation style and its impact on other individuals and practice
- Demonstrate skills of enabling facilitation

Context and Culture
Aims:
- To introduce the concept of an effective workplace culture
- To enable participants to explore how workplace culture and context impacts on practice, care and opportunities for change and development
• To explore and evaluate methods and tools for developing a deeper understanding of workplace context and culture

Learning outcomes:
Participants will be able to:
• Articulate the characteristics of an effective workplace culture
• Articulate how workplace context and culture influences what happens in practice
• Critique their own workplace context and culture, both individually and with their teams
• Identify how to make necessary contextual and/or cultural changes with their team and other stakeholders

Collaboration, Inclusion and Participation
Aims:
• To develop an understanding of the principles influencing collaboration, inclusion and participation of patients, service users and other stakeholders in practice development
• To identify and critique the enablers and hindrances to effective collaboration, inclusion and participation within their project
• To identify, use and evaluate methods of involving people and groups in practice development with particular emphasis on working with patients and service users

Learning outcomes:
Participants will be able to:
• Demonstrate an understanding of the principles influencing collaboration, inclusion and participation of patients and other stakeholders in practice development
• Critique the enablers and hindrances to effective collaboration, inclusion and participation within their project
• Demonstrate the collaboration, inclusion and participation of patients, service users and other stakeholders in their projects

Gathering and Using Evidence
Aims:
• To consider the different forms of evidence that can be used to inform practice
• To explore the different methods of gathering evidence from practice
• To critique the evidence and consider what this illustrates in relation to practice and the potential for change
• To explore the ways in which multiple forms of evidence can be used to inform the development of project plans and evaluation

Learning outcomes:
Participants will be able to:
• Demonstrate an understanding of the different forms of evidence that can be used to inform practice
• Demonstrate an understanding of the different methods of collecting evidence from practice
• Appraise and analyse evidence about current practice
• Show how multiple forms of evidence have been used to inform the development of project plans and evaluation

Evaluation
Aims:
• To explore theoretical and practical approaches to evaluation
• To enable project teams to identify the key components of an effective evaluation strategy for their projects
To enable project teams to develop an effective evaluation strategy for their projects

Learning outcomes:
Participants will be able to:

- Demonstrate an understanding of different approaches to evaluation
- Develop an effective evaluation strategy for own project
- Enhance the opportunity for collaboration, inclusion and participation of stakeholders

Action Planning
Aims:

- To explore the principles of action planning
- To enable participants to use a systematic approach to action planning for their project/initiative
- To evaluate the effect of action planning on project progress and outcomes

Learning outcomes:
Participants will be able to:

- Demonstrate understanding of the principles of action planning
- Develop a systematic action plan
- Show how action planning has influenced the progress and outcomes of their project

Reporting and Disseminating
Aims:

- To develop understanding of the components of good quality project reports
- To enable project teams to write a good quality report using the report writing guidelines
- To enable participants to explore all possibilities for disseminating their work including publications and conferences

Learning outcomes:
Participants will be able to:

- Complete a six month interim report that can be used for dissemination on the website
- Prepare a final report that contains all the components identified in the report writing guidelines
- Disseminate their work at conferences and through publications
What happens next?
There is a lot to think about and take in when starting anything new. With this in mind, we have created some frequently asked questions that you might find helpful when setting up and planning the beginning of the project.

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

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

Q. Do I need to worry because we don’t have a clear project plan?
Don’t worry as sometimes it’s best to let the project emerge as the programme develops.

Q. Do I have to attend the workshops?
Yes, the workshops are a compulsory and essential part of the programme as they underpin the development work by taking the team, step by step through the process of undertaking a practice development project. The workshops will give you an opportunity to network and share with others and to gain additional learning and support for your projects.

Q. How do we get our money?
We need you to return a signed copy of your terms and conditions. Then you will need to provide us with the details of an account for the money to be transferred into that is ‘ring fenced’ so that the money is secure for your project. We will email you a form to complete and return that contains these details. Once you have completed the necessary forms and attended the two introductory workshop days we can release your grant money.

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

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

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

Q. How do I access the FoNS Virtual Centre for Nursing Innovation?
All project leaders will be registered as FoNS Associates (usually £40 per year) for the duration of their project. Your project leader will receive information from the FoNS administrator once their account is set up.
Active Learning

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

Active learning involves:

- Critical reflection
- Dialogue with self and others
- Engaging in learning activities that make use of the senses, multiple intelligences

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

What is expected of me?

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

Appendix 4: Workshop 1 Evaluation

Participants were invited to offer evaluation feedback with regards to:

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

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

What did you like most about the workshop?
- Energetic
- Creative
- Group work
- Meeting new people
- Hearing about other projects
- Clarifying stakeholders
- Sharing ideas
- Having a chance to work through activities
- Meeting FoNS team
- Session on Evaluation planning
- Cementing what FoNS can offer
- Excellent Facilitation

Like least
- Evaluation Plan
- Overwhelmed with workload
- Heavy with information just after lunch
- Lots of work and little opportunity to think

One learning point
- Evaluate at the earliest opportunity
- Values and beliefs work
- How to facilitate person centred service
- Better understanding of the project
- The emancipatory approach was clearly demonstrated
- The understanding of patient centred care
- How I practice as a manager
- How to disseminate knowledge I’ve learnt to staff/patients
- Use of website
- To involve all stakeholders
- Contextualising projects

Any areas for clarification
- Times and dates of next study days
- Need to think about clarification
Appendix 5: Workshop 2 Evaluation

Participants were invited to offer evaluation feedback with regards to:

- What they liked most/ found most useful about the workshop
- What they didn’t find helpful about the workshop
- Identifying one learning point from the workshop
- How the workshops had made raised participants awareness
- Any unanswered questions.

Feedback was written on the doodle evaluation (see page 8 for example) anonymously.

I liked/ found most helpful
- Group Work
- Listening
- Group work
- Sharing ideas
- Group work
- Theming
- Rebecca
- Food/Coffee
- All the facilitators
- A really good day, thanks you
- Meeting others
- Learning what others are doing/Issues
- All the info
- Sharing/networking
- Collages were fun and really helpful despite my initial reservations
- Situational Facilitation
- Sharing Info
- All the workshops
- Everything

I didn’t find helpful
- Use of educational and social jargon
- Nothing x 7
- I found all sessions helpful and informative
- Lengthy sessions without short breaks. I struggle to concentrate for long period of time
- Brain breaks would be good
- Effective workplace culture- It felt overwhelming and I think I needed time to consider within my own context

I have learnt
- To plan effectively
- Action planning
- Involve the right people
- How project might look
- Ensure everyone feels involved
- To evaluate
- To assess
- To encourage
- Look at organisational culture
• Similar situations and similar issues
• Understanding theory and how helps move initiatives forward
• Action plan
• Include stakeholders
• Culture change
• Giving feedback- I feel, I imagine, I can see
• Think about evaluation at the beginning
• Facilitation
• Evaluation
• Importance of thinking about evaluation from day 1
• Need for action plans
• Action plan and need for systematic approach
• Dissemination of project and sharing ideas

The workshops have made me more aware
• My role within the team
• How to interact with colleagues
• What my personality and skills are
• How to effectively carry out change in practice
• How to facilitate
• Take project forward
• Sustain change
• Engaging other stakeholders
• Buzzing with new ideas
• Amount of work involved
• Being organised in my approach
• Engaging stakeholders- how important
• Reflection
• Culture and context
• Evaluation methods
• Leadership
• Moving forward
• Listening to others
• Values clarification
• Developing an evaluation plan
• Action plan
• Good planning in advance
• Data collection
• Staff involvement
• Values and beliefs
• Action planning

Unanswered questions
• Facilitation
• Developing evaluation questions at a later stage of project
• None. Day 2 pulled all of day 1 together. Felt confident to ask questions. So enjoyed all sessions which were informative and well produced. Enjoyed the creative aspects
• Getting the ideas I have into practice, not getting lost in the work to be done
• Action plan, we have devised this and would like continued support. Patient focused benchmarking
Appendix 6: Workshop 3 Evaluation

Haiku Feedback Patients First Workshop 30.3.11

Participants were invited to write a haiku based on today for the first line with the second line moving towards the third line which was about tomorrow

Discuss and network
We are actually on track
Be clear about aims

Challenges from the heart
Follow the magical orbit of discovery
To journey into a sapphire

Share learning for fun fun
Leads on to a project done
Patients First Oink Oink

Meeting new challenges
Sharing ideas with others
Going home enthused

Lots to take on board
Tomorrow back to patients
Has been fun. Amen

Catching up is fun
But hard work needs to be done
Let’s uncork the wine

Users views a must
Evaluate all the way
Face the boss Friday

Lots to think about
Looking forward to doing
Take project forward

Ideas, exchanging thoughts
Putting vision into action
Supporting, Striving

Opportunities....
Time to get things going now
Let’s make it happen

A thought provoking day
A motivated approach

Up easily, busy
Ideas shared, arrived
Tomorrow work sit

I listened and learned
I will reflect and so on
From bud to blossom

Positive input
Challenge, reflect, and engage
Think positive FONS

Share with minds alike
Inject a positive vibe
And with heads held high

Share thoughts and learning
All can be carried forward
To another day

Today:
Positive learning
Are you up for the challenge?
Don’t forget to call

Tomorrow
It is good to share
It is all in the balance
Making difference

Working hard today
Plan to get on with actions
Improved care patients

A lot of learning
Lots of doing to be done
To help our patients
Appendix 7: Workshop 4 Evaluation

Participants were invited to offer evaluation feedback with regards to:

- What they liked most about the workshop
- What they liked least about the workshop
- Identifying one learning point from the workshop
- Any actions as a result of the workshop
- How the workshops could be improved

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

<table>
<thead>
<tr>
<th>What did you find most useful?</th>
<th>Mapping the project journey. It allowed us to focus, understand what we had done and where we are going</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time- to think/talk/plan project mapping- clarifying</td>
</tr>
<tr>
<td></td>
<td>Mapping our journey from the start to now</td>
</tr>
<tr>
<td></td>
<td>Having opportunity to talk about project with colleagues- minimal time at work</td>
</tr>
<tr>
<td></td>
<td>Coming together again going through things networking</td>
</tr>
<tr>
<td></td>
<td>Good opportunity to reflect on the journey of past year-progress made</td>
</tr>
<tr>
<td></td>
<td>Chance to evaluate the project so far and follow where the discussions led without too great a time constraint, but with a structure</td>
</tr>
<tr>
<td></td>
<td>Mapping exercise. Reflecting on process and development of project so far. Identifying action points</td>
</tr>
<tr>
<td></td>
<td>Identifying what needs to be done</td>
</tr>
<tr>
<td></td>
<td>Networking with others. Seeing/Hearing good news on most of the projects. Getting time to discuss programme with others on my project</td>
</tr>
<tr>
<td></td>
<td>Time and opportunity to catch up and plan with co-facilitator</td>
</tr>
<tr>
<td></td>
<td>Time to catch up with colleagues to talk to another group who had done a similar thing</td>
</tr>
<tr>
<td></td>
<td>The whole thing. Mapping was so helpful and enabled me to focus and get back to where I started</td>
</tr>
<tr>
<td></td>
<td>Networking opportunities</td>
</tr>
<tr>
<td></td>
<td>Getting other people’s ideas</td>
</tr>
<tr>
<td></td>
<td>Meeting up with others/discussing ideas</td>
</tr>
<tr>
<td></td>
<td>Reading other reports was very useful. Discussing other projects and how they are doing to date</td>
</tr>
<tr>
<td></td>
<td>Being able to spend time to plan with team</td>
</tr>
<tr>
<td></td>
<td>Being able to discuss progress so far and planning journey</td>
</tr>
<tr>
<td></td>
<td>Collage of our journey-reflection on our work so far and clarified our vision</td>
</tr>
<tr>
<td></td>
<td>Spending the time with the other members of the team</td>
</tr>
<tr>
<td></td>
<td>All of today was useful</td>
</tr>
<tr>
<td></td>
<td>Having time to focus on our individual project away from pressures of work. Time to talk to my own project team without work interrupting</td>
</tr>
</tbody>
</table>
| What did you find least useful? | • All of it  
• Some of the activities we had done as preparation  
• Some time wasted in afternoon however this could be due to only one facilitator available  
• Nothing  
• No comment  
• Nothing  
• There was a lot of time spent looking at evaluation and for some projects this would be good use of time, but because we are quite well into our project we are quite clear where we are going it was too much time  
• Nothing. All useful  
• All useful  
• A lot of the same today- might have been better to stagger the sessions with some variety |
| What did you learn or get out of this workshop? | • The way forward from here  
• How far we have come in our journey  
• Report writing  
• I had done more than I thought- pulling everything together. Next step  
• Insight into other groups challenges  
• Chance to evaluate  
• Sharing experience with others. Reflecting a journey so far. Exploring what has worked well and what we could do differently  
• How we are doing compared to others. Value of thinking about how we know Stakeholder participation in effective seeing other projects written up  
• Recognised need for more team involvement  
• Writing pre-work- we could see we were progressing well  
• Able to think and reflect on journey of project thus far  
• About all the other projects going on successfully. About report writing. About drawing our journey and seeing how much we had achieved  
• Networking, focusing and basically clarifying things  
• How to structure report  
• Read written reports and got to know patient relative feedback  
• Networking  
• It has helped to structure the report. Enjoyed hearing how the other projects are progressing and feel very proud of the innovations and improvements being made  
• Structure for report writing-mapping how we got to this point  
• An action plan and understanding of writing project reports  
• Plan for report  
• The need to work with the wider team more  
• Great to review the project journey. Think about key people and processes  
• To re-focus. Realised that we have done loads! Good to think about the process |
| What are your main actions following this workshop? | • Make identified changes  
• Continue with our plan. Get on with some of the new ideas we’ve thought of. Share mapping of project with team and the notice board  
• To read the journeys on the FoNS website. Put a timeline in place for visitors to be completed  
• Beginning to consider how to write report and structure. Bringing thoughts together  
• Getting organised setting targets for myself |
- Collect data to compare with old data in order to produce evidence of improve practice
- Re-evaluate our vision with staff who developed it. Ask patients if our vision meets their vision for their respite
- Meeting with charge nurses. Raising profile of project with referrers to ward and senior managers
- Meet with charge nurse. Clarify roles. Identify blockers
- Patient satisfaction survey. Audit practice pre/post implementation of structured case sheet
- Have managed to re-group and prioritise action plan. Now clearer again as to what needs to be done
- To go back and press on with the service is up and running well
- To start writing up my notes
- Keep on track...keep momentum going
- Do things differently from the way we have done previously
- Refinement final documents. Print up in folder format. Some more data collection. Plan launch day. Start thinking about write up
- Continue with our work on patient questionnaires and collect data then start to compare the report
- Start writing! Undertake remaining interviews. Include others in undertaking interviews
- Follow journey we created. Look at other reports. Start to consider report-project only half way at present but can put together aims/objectives and other details
- To make specific time with the team to identify issues and concerns. To work with physios to develop patient plan more
- Feel confident about writing a report
- Record progress to date/ start to making notes as we go

<table>
<thead>
<tr>
<th>How could the workshop have been improved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
</tr>
<tr>
<td>More active- mostly sitting</td>
</tr>
<tr>
<td>Less duplication from preparation work</td>
</tr>
<tr>
<td>Another facilitator</td>
</tr>
<tr>
<td>Very happy that it fitted in well with our project and had provided the time and facilitation to move forward. Thank you</td>
</tr>
<tr>
<td>It couldn’t- today was a perfect end and very useful day/ Thank you.</td>
</tr>
<tr>
<td>Nothing- a great day! Food/catering was excellent. Many Thanks, Kate and Rebecca. Sabina</td>
</tr>
<tr>
<td>A little more time dedicated to writing the report. Though it was useful and informative this section of the workshop</td>
</tr>
<tr>
<td>Can’t think of anything immediately</td>
</tr>
<tr>
<td>Variety of methods used. Group feedback- not a lot of discussion with the whole forum</td>
</tr>
<tr>
<td>No suggestions really good day</td>
</tr>
</tbody>
</table>
Appendix 8: End of Programme Online Questionnaire

FoNS Patients First Programme Evaluation Year 2
Part A.

1. Please tell us your name
Answered question 13
Skipped question 0

Julia Slark 10/4/2012 11:48
Lucy Scrugg 2/3/2012 12:04
Catherine Brant 28/2/2012 19:34
Louise Taylor 27/2/2012 17:22
Helen Jameson 27/2/2012 13:04
Suzanne Luxton 21/2/2012 16:04
Sabina Kelly 14/2/2012 12:25
Angela Dickinson 7/2/2012 11:44
Paul Smith 25/1/2012 11:26
Ream 20/1/2012 12:38
Diane Laverty 17/1/2012 7:26
Jan Miller 14/1/2012 19:33
Sue Wilson 13/1/2012 15:14

2. Please tell us your job title
Answered question 13
Skipped question 0

Senior Clinical Nurse Specialist 10/4/2012 11:48
Head of Nursing: Cardiovascular Medicine (previously Modern Matron) 2/3/2012 12:04
Senior Practice Nurse 28/2/2012 19:34
Home Manager 27/2/2012 17:22
Team Leader 27/2/2012 13:04
Ward Sister 21/2/2012 16:04
Patient Liaison Sister and Discharge Sister 14/2/2012 12:25
Senior Research Fellow 7/2/2012 11:44
Clinical Nurse Educator 25/1/2012 11:26
Dietician 20/1/2012 12:38
Nurse Consultant in Palliative Care / Consultant Lead for Respite 17/1/2012 7:26
Team Leader 14/1/2012 19:33
Practice Development Facilitator 13/1/2012 15:14
3. Please tell us what your role was in relation to the project you were involved as part of the Patients First Programme

Answered question 13  
Skipped question 0

- To support the project lead in the implementation of the project. 10/4/2012 11:48
- Implementation of programme, monitoring progress and evaluation. Communication re the programme. Completing the report 2/3/2012 12:04
- Project lead 28/2/2012 19:34
- Applied for funding and facilitated the project 27/2/2012 17:22
- Team Leader to the Early Start Team- an intensive health visiting programme for vulnerable families.  
  My role was to lead the project and facilitate the organisation of a focus group and patient interviews.  
  Also to coordinate the work with our academic partners. 27/2/2012 13:04
- Project lead 21/2/2012 16:04
- Discharge coordinator 14/2/2012 12:25
- Providing research/practice development/project management/facilitation support/guidance to ward staff and Tom Stamp. Report drafting with Tom 7/2/2012 11:44
- Project leader 25/1/2012 11:26
- Project lead 20/1/2012 12:38
- Consultant lead for the respite ward. Lead for project 17/1/2012 7:26
- Project Lead 14/1/2012 19:33
- I have worked along with Tracey Shewan on a project in HMP Wandsworth, initially the aim was to establish a well man clinic, due to organisational changes the focus was re-directed mid programme to a 'Walk In Centre'. 13/1/2012 15:14

PART B

5. To what extent if any has taking part in the Patients First Programme had an impact and/or made a difference on you as a practitioner?

Answered question 13  
Skipped question 0

- It has been really useful to have the structure of the patients first programme to perform the project and Jo has been really helpful in helping us with the implementation of the project and how we analyse it. 10/4/2012 11:57
- Better awareness of methods for collecting patients stories 2/3/2012 15:33
• Increased awareness of potentially vulnerable patients and a system to address this being developed 28/2/2012 19:36
• Found appreciative enquiry approach helpful, invited to speak at couple of national conferences and some elements of project picked to be explored further in Dept Health funded 5 year project 27/2/2012 17:30
• Awareness of patient/user consultation. PPI work. 27/2/2012 13:06
• I now have a better understanding of changing the ward culture and engaging staff, organising and running a small project, being realistic about setting time frames and not underestimating the work involved 21/2/2012 16:13
• It has been a great challenge to lead and drive forward a project to improve patient care 14/2/2012 12:29
• Not sure I can answer this as not a practitioner- questionnaire forced a response- so ignore above 7/2/2012 11:51
• Helped me to develop a greater understanding of the principles of practice development. Has helped to maintain my motivational levels and has improved my knowledge base of practice development principles 25/1/2012 11:30
• The opening of the respite ward was a project commenced by the hospice and was going ahead regardless of achieving the FoNS grant so the impact of the actual programme was minimal, though gratefully received. 17/1/2012 7:38
• Working with the facilitators from FoNS allowed me to recognise the wider implications of the problems within the unit. They also assisted me in developing the team culture within the unit which has seen significant improvements in patient flow, experience and has also impacted on the cohesiveness of the Minor injury team 14/1/2012 19:43
• Working in a prison environment is difficult at the best of times, without FoNS support there is a strong possibility that the project would have been overwhelmed and discontinued. As it is, it has been recognised as not only improving care but being cost effective. Support from FoNS has encouraged us to think creatively and boost us in our project when spirits have been flagging. 13/1/2012 15:48

5. To what extent if any has taking part in the Patients First Programme had an impact on the way you practice?

Answered question 13
Skipped question 0

• Taking part in the project has influenced the way we all approach patients regarding continence issues and it has been really useful to involve patients/carers in our service development 10/4/2012 11:57
• Some impact in looking at evaluation methods 2/3/2012 15:33
• As above 28/2/2012 19:36
• Have applied appreciative enquiry to many different situations 27/2/2012 17:30
• Patient/service user consultation is now an integral part of my role. 27/2/2012 13:06
- I realised that I have ideas relating to clinical practice but the project has given me confidence in myself to lead initiatives in a positive way involving staff ie the claims, concerns and issues, helps staff feel involved and supports debates about clinical issues and patient care. 21/2/2012 16:13
- I have been able to improve patient centred care. 14/2/2012 12:29
- Project has been difficult at times due to management difficulties on ward, but you learn from these experiences- but hard to know how better to support junior staff when you’re not employed by organisation- outsider- other than listening, thinking and supporting thinking of ways around the problem, trying to raise issue with managers? 7/2/2012 11:51
- I have learned and implemented PD methodology and methods. 25/1/2012 11:30
- I am not sure the programme has changed / altered / affected the way we practice. The project was well thought out and ready for action prior to the FoNS programme. The involvement of patients was our primary concern in order to make the unit a success. 17/1/2012 7:38
- It has allowed me to lead a team of enthusiastic staff ~ and to utilise visioning and role modelling while carrying this out. 14/1/2012 19:43
- It has emphasised to me as a foundation the importance of patient/staff involvement in any project that is being undertaken. Personally, it has also brought home the need for regular evaluation along the path as the end goal may change and we should not be afraid to re-visit and re-structure our plans. 13/1/2012 15:48

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

Answered question 13
Skipped question 0

- It has really helped to focus on how we involve patients in our service development. 10/4/2012 11:57
- At this point in the project some impact, but the plan is around a more moderate impact in the future. 2/3/2012 15:33
- Involved at a focus group stage and also in feeding back thoughts following some pilot visits (4 patients). 28/2/2012 19:36
- Unfortunately the progress made across a number of sites was curtailed by the demise of SCHC, prior to that from one site in particular relatives had been very supportive and involved. 27/2/2012 17:30
- I now would always consider approaching clients as part of service development. 27/2/2012 13:06
- I undertook appreciative enquiry on the ward asking patients and relatives about their experiences whilst the project was ongoing during there in patient stay, and although overall the feedback was very positive some of the feedback will give us things to take forward after the project has finished and will
be ongoing work for the staff to improve communication and involvement of the patient and relatives. 21/2/2012 16:13
• The project was initiated by a patient suggestion. 14/2/2012 12:29
• Probably did not get as far as we would have liked in the time, due to problems on the ward, and then Tom leaving for new post. Changes can take a lot of time- and important to look beyond the funded period. However, it looks like the impact will continue and new manager keen to build on the groundwork we have done to continue the support groups- and consider doing this as a unit, and maybe developing further work based on this- possibly applying for additional external funding. 7/2/2012 11:51
• We have developed innovative ideas to involve service users, stimulated by the programme. 25/1/2012 11:30
• As above, the primary concern of the unit was always concentrated on the patient and carer. 17/1/2012 7:38
• Patients were involved during the study as we carried out patient satisfaction exercise ~ the results from this study allowed us to target areas of concern which patients had regarding the department and its communication with patients and carers. 14/1/2012 19:43
• We have taken full heed of offender comments in the planning of the project, as the Walk In Centre is not yet operational it is difficult to assess the impact, initial thoughts are that it should have a very positive influence on patient care and nursing skills. 13/1/2012 15:48

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

Answered question 13
Skipped question 0

Significant Impact- Significant change and improvement to the care and experience of patients
Moderate Impact- Moderate change and improvements to the care and experience to patients
Little Impact- Little change and improvement to the care and experience of patients
No Impact at all- No change and improvement of the care and experience of patients

• I think the project has influenced the way staff approach patients about incontinence and ultimately ensured better care and management of incontinence in acute stroke. 10/4/2012 11:57
• Again at this point in the project some impact but longer term the scope is increased improvement. 2/3/2012 15:33
• Little impact as yet but I feel this will increase with time as the plan is put into place. 28/2/2012 19:36
• Inappropriate hospital admissions became a rarity and staff felt much more comfortable approaching advance care planning issues with residents and relatives. 27/2/2012 17:30
• Some ideas are being implemented into practice 27/2/2012 13:06
• Introducing intentional rounding has been a very positive experiences for both patients and staff ie accuracy of fluid balance charts increasing patients fluid intake and promoting patient safety. 21/2/2012 16:13
• By the time the project is completed it will have focused on a communication tool that will be beneficial, safer and more user friendly in managing medication on discharge for elderly people. 14/2/2012 12:29
• See above. 7/2/2012 11:51
• Reduced as required medication and improved feelings of safety. 25/1/2012 11:30
• I am not sure if this is particularly related to the FoNS programme - as explained previously. 17/1/2012 7:38
• Communication and explanation of patient flow is now more explicit for patients and this work is still ongoing. 14/1/2012 19:43
• As yet, as the Heathfield Health Centre is not yet open. 13/1/2012 15:48

PART C

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

Answered question 11
Skipped question 2

![Chart showing the usefulness of different resources](chart.png)

- Jo really helped to keep us focused throughout the project and in the writing up of the report. 10/4/2012 12:01
- Attending workshops helped with support and sharing with others to promote confidence and enthusiasm to move onto the next stage. 8/2/2012 19:48
- Really appreciated support of facilitator but to be absolutely honest looking back we did initially get side tracked from our main focus by some suggestions made. Workshops helpful, especially hearing other experiences. 27/2/2012 17:51
• Funding allowed us to facilitate group and patient interviews, and to fund academic support to interpret the data independently. Workshops made the experience make sense and directed us to practice development issues well. Networking sharing of good practice is always valuable and facilitated learning from other professionals. 27/2/2012 13:13
• An external facilitator was excellent for keeping one on track when feeling a bit lost. I learnt loads from the workshops. The website resources are brilliant and I am always looking at new articles. 14/2/2012 12:44
• I think the workshops were useful especially to Tom and good to meet other people and share their successes and difficulties. Funding good as it gives resources but also impetus to do something without funding and responsibility of accounting for it and Kudos associated with it would probably not have got anywhere! 7/2/2012 11:58
• Access to an experienced and knowledgeable facilitator to help with challenging issues
25/1/2012 11:35
• External facilitator to come in and facilitate the morning session of our induction day was welcome as we could then be part of the experience of devising a vision. 17/1/2012 7:45
• Funding was essential to allow staff time to carry out surveys, write reports, and fund diversion therapy for waiting area in A/E department. Meeting other project teams allowed networking within different spheres of nursing, and recognising what good work is being driven forward by individuals and teams. Having external facilitator who was always willing to support, advise and direct as necessary was essential to the final outcome of the work. Due to the extensive content within the Workplace resource ~ It was at times very difficult to find relevant sections ~ however resources were utilised within the study period. Website resources were accessed infrequently ~ however when accessed did appear to be useful. Networking with others was large part of the process during the project ~ and will hopefully keep up communication with others once project complete. 14/1/2012 20:19

9. Thinking about your responses to the last question. Please choose and list the three that have been most useful to you and describe why?

Answered question 11
Skipped question 2

• Support of the external facilitator , workshops, funding 10/4/2012 12:01
• Workshops, funding ,support of external facilitator 2/3/2012 15:58
• Funding - would not have been able to do the project without the funding support of external facilitator - helped with facilitation of focus groups and email support and visiting the practice Workshops - as above 28/2/2012 19:48
• Introduction to appreciative enquiry, useful tool for many situations, more positive response to issues links to other organisations facilitated by involvement in the programme have opened up opportunities to join other projects etc funding made it possible to complete documentation etc in a more professional way. 27/2/2012 17:51
• As above. 27/2/2012 13:13
• 1. It was very useful to engage with other members on the workshop and listen to their projects and how they were progressing. 2. It was also good to see what challenges they had met. 14/2/2012 12:44
• Funding, External facilitator, workshops. 7/2/2012 11:58
• Funding-enabled purchase of furnishings and materials. Workshops-learn new ways of working. Website resources-access to evidence based approaches and other PD projects 25/1/2012 11:35
• The external facilitator helped us think our project through in detail and supported a workshop with us, which gave us the confidence to run our own workshops thereafter. The funding allowed us some freedom to manage the project in the most appropriate way and allowed us to provide extra support
hours and refreshments at workshops, which we otherwise couldn’t do. The workshops gave us time out to learn more about practice development principles and develop our project ideas. 20/1/2012 12:46

- Support of external facilitator, Workshops - useful to hear about the foundations of practice development & develop ways to consider alternative means of communication with relevant partners in care. 17/1/2012 7:45
- Support from external facilitator ~ as described above ~ always happy to assist and support ~ giving relevant direction as required Networking ~ seeing other projects develop and being implemented within health care Funding ~ which allowed workplace study to occur and giving project team time to get together and drive project. 14/1/2012 20:19

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

Answered question 11
Skipped question 2

- I enjoy writing reports but find the time to do this difficult, I enjoy project work. 28/2/2012 19:48
- Participation in the project has led to contact with a number of organisations both in UK and overseas, including being asked how best to engage care homes in research and development, some of the strategies from workshops etc have been useful tools to pass on to them. 27/2/2012 17:51
- More confidence in the issue of practice development and able to share with colleagues. 27/2/2012 13:13
- I have used the above for all parts of the project. 1. meetings with stakeholders 2. collecting data 3. working with patients, as stated it was a patient initiated project. 14/2/2012 12:44
- There is always more to learn! Dangerous to think we’re experts in everything! 7/2/2012 11:58
- Having never carried out audits or studies which involved patients ~ I found this method of improving practice ~ and improving patient care a worthwhile and satisfying method of improving care for
patients. Feel the project team we were working with should have been much larger ~ involving many more individuals ~ however I did not have the confidence to drive this part of the project to its full potential Have written many academic essays ~ however have never written a report ~ I found this type of writing difficult to adjust to ~ however with advice from practice educators did eventually manage to fulfil this requirement. 14/1/2012 20:19

11. Thinking about your responses to the last question do you have any suggestions for any other support or resources that would have helped you with your learning and development?

Answered question 11
Skipped question 2

• No. I feel very satisfied with the progress of the project and the outcome. 10/4/2012 12:01
• Additional time for support to spend in workplace. 2/3/2012 15:58
• Not really - FoNS was very supportive with lots of access to resources. 28/2/2012 19:48
• n/a. 27/2/2012 17:51
• Update of useful websites might be useful as an ongoing part of the course. 27/2/2012 13:13
• No. 14/2/2012 12:44
• No. 7/2/2012 11:58
• An extra couple of workshops near the end. 25/1/2012 11:35
• Some of the practice development principles were very new to me, and whilst I understood them at the workshop I struggled to know how they might be used in my project. External facilitation helped with this, but more time to do this at the workshops themselves, when the principle was introduced would have been more helpful. 20/1/2012 12:46
• None. 17/1/2012 7:45
• Perhaps having presentations in workshop 1 from some of the previous project teams would give other teams an idea of the amount of work which is required of the new project teams, this would also let new teams see what is achievable with the support and guidance from FoNS. 14/1/2012 20:19

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

Answered question 11
Skipped question 2

• It has been a really useful experience for myself, the lead and the nursing staff and I think the patients who have been involved also got a lot from being involved in the project and it certainly has improved the quality and effectiveness of care for future patients. 10/4/2012 12:01
• Been great experience and support has been good. Funding has supported creating capacity to undertake the project. The challenge is sustaining and ensure the staff are engaged. 2/3/2012 15:58
• Really enjoyed undertaking the project and gave the nursing team an opportunity to do something we would not have been able to otherwise which will hopefully make a difference to patients. 28/2/2012 19:48
• Useful in improving profile of work done in less 'well regarded 'areas such as care homes. For these areas a slightly more structured approach e.g. templates re what evidence to collect etc might make the process more appealing /less daunting. 27/2/2012 17:51
• Thank you for an excellent experience- we feel that as a team we have been given the opportunity to develop our service further. Although the patient experience is always on our agenda as an integral
part of our new and innovative service, we could not have provided this service in the way that we were able to without the funding and support of FoNS. 27/2/2012 13:13

- My experience has been fantastic as a learning journey. I so enjoyed the workshops and will miss them. The staff have all been very supportive and I cannot praise them highly enough. They are truly committed to pushing forward the agenda in order that nurses should publish. It has inspired me to carry on with other projects. There have been a few challenging times during the project but I have been really well supported. 14/2/2012 12:44

- Provides a great opportunity to link with clinical and practice and academic. Both benefit. 7/2/2012 11:58

- A wonderful experience. Challenged the way I worked with staff and helped to motivate me during the project. 25/1/2012 11:35

- Really good program which I would recommend to my colleagues. 20/1/2012 12:46

- It was useful to have time out to work on the project by attending the workshops - it allowed us breathing space away from the clinical input. 17/1/2012 7:45

- At the start of the project ~ unfortunately due to inclement weather conditions this team were unable to attend the first workshop days ~ this without a doubt delayed the start of the project and to some extent we lost some of the drive for the programme. On hind sight I think it would have been more beneficial for us to have delayed the start of the project and commenced with the next group of FoNS projects. Also having the initial project facilitator leave during the project and having no dedicated leader for a few months also affected the drive and commitment of the team. However the appointment of the new facilitator was of great benefit to this team ~ given that she had a recognised background in A/E nursing was a great bonus for us. Carrying out the programme has given the project lead drive and vision to continue to improve the care and support delivered within the Minor injury area of the department. 14/1/2012 20:19
## Appendix 9. Use of Funding

<table>
<thead>
<tr>
<th>Project</th>
<th>Total funding (£)</th>
<th>Uses of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quiet room: improving the acute care psychiatric environment.</td>
<td>£3,000</td>
<td>Decoration of room and equipment for room. Backfill for staff release Refreshments</td>
</tr>
<tr>
<td>Whytemans Brae Hospital, Scotland.</td>
<td></td>
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<tr>
<td>Improving the patient journey within a minor injuries area.</td>
<td>£3,000</td>
<td>Backfill for staff Poster generation Travel costs Conference presentation</td>
</tr>
<tr>
<td>Hairmyres Hospital, Lanarkshire, Scotland.</td>
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<tr>
<td>Establishing an evening telephone review clinic for patients with</td>
<td>£3,000</td>
<td>Backfill for staff release Documentation development</td>
</tr>
<tr>
<td>inflammatory bowel disease. Causeway Hospital, Coleraine, Northern</td>
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<tr>
<td>Ireland.</td>
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<td></td>
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<tr>
<td>The introduction of intentional rounding to aid falls prevention in an</td>
<td>Nil spent</td>
<td>Returned to FoNS</td>
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<tr>
<td>acute stroke unit.</td>
<td></td>
<td></td>
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<tr>
<td>Musgrove Park Hospital, Taunton.</td>
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<td></td>
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<tr>
<td>Improving the patient experience of admission to an older persons</td>
<td>£3,000</td>
<td>External facilitation Refreshments Back fill for action learning sets.</td>
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<tr>
<td>acute mental health ward: promoting partnership working between</td>
<td></td>
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<tr>
<td>patients/family, carers and the nursing team during admission.</td>
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<tr>
<td>Churchill Hospital, Oxford.</td>
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<tr>
<td>Embedding excellent nutritional care practices on a large acute</td>
<td>£2597.74</td>
<td>Refreshments Training DVD Backfill for project lead.</td>
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<tr>
<td>hospital ward.</td>
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<tr>
<td>Nottingham University Hospitals, Nottingham.</td>
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<tr>
<td>The Early Start programme- Evaluating an intensive health visiting</td>
<td>£3,000</td>
<td>External consultancy for patient interviews and analysis by University of Central Lancashire.</td>
</tr>
<tr>
<td>service for Blackburn with Darwen’s most vulnerable of families.</td>
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<tr>
<td>Larkhill Health Centre, Blackburn.</td>
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<tr>
<td>Care home at night, evening and weekend- making residents choices</td>
<td>£3,000</td>
<td>Documentation development Stop and watch literature Venue, refreshments Travel</td>
</tr>
<tr>
<td>happen. Park Lodge Care Home, Leeds.</td>
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<tr>
<td>Post –discharge telephone follow-up after elective surgery: Improving</td>
<td>£3,000</td>
<td>Backfill for staff release Venue and refreshments for staff sessions Development of documentation.</td>
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<tr>
<td>the patient experience. Queen Elizabeth Hospital, Kings Lynn, Norfolk.</td>
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<tr>
<td>Managing Medicines on discharge.</td>
<td>£3,000</td>
<td>Refreshments Netbook for use with patients Facilitation of clinical supervision sessions x 12</td>
</tr>
<tr>
<td>King Edward V11 Hospital, London</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>Funding</td>
<td>Details</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improving bowel care after stroke. Charing Cross Hospital, London.</td>
<td>£3,000</td>
<td>Refreshments Backfill for staff to attend workshops Specialist continence courses</td>
</tr>
<tr>
<td>Establishment of Healthfield Healthcare Centre in HMPS Wandsworth.</td>
<td>£3,000</td>
<td>Three day bespoke training course for nurses working in walk in centre.</td>
</tr>
<tr>
<td>Establishing a nurse-led respite ward within a hospice. St Josephs</td>
<td>£3,000</td>
<td>Catering Development of vision poster Focus group for carers Administration time for evaluation data</td>
</tr>
<tr>
<td>Hospice, London.</td>
<td></td>
<td>collection and analysis</td>
</tr>
<tr>
<td>Improving the older persons experience of rehabilitation: Learning</td>
<td>£3,000</td>
<td>Venue hire Refreshments Back fill to interview patients</td>
</tr>
<tr>
<td>from patient narratives. Victoria Hospital, Lewes, West Sussex.</td>
<td></td>
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</tr>
<tr>
<td>Supporting patients in their own homes. Nightingale Surgery, Romsey,</td>
<td>£3,000</td>
<td>Venue and refreshments focus groups Backfill for home visits Refreshments for patient focus group.</td>
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<tr>
<td>Hants.</td>
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</tbody>
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