'Knowing Why We Do What We Do' – Establishing a Unit Practice Council to Improve Evidence Based Nursing Practice in Acute Medicine using Appreciative Inquiry

Project background

Nottingham University Hospitals NHS Trust's busy medical assessment unit (MAU) had, in January 2012, 90 whole time equivalent nurses, 16 of whom had been qualified for less than a year. This large number of newly qualified nurses had minimal experience of caring for acutely ill patients, resulting in a skill mix that increased the stress reported by staff, and the potential to reduce the quality of care for the patients. There was a keen desire within all levels of the nursing team on the MAU to take a leading role in decisions affecting nursing practice, including the development of all staff in order to enhance the care they provide for acutely ill patients.

Shared governance (SG) is a style of nursing management which empowers frontline staff to be involved in the decisions made about their practice. One way in which this can be realised is through the development of a unit practice council (UPC). Senior nurses at the Trust were keen to support the development of a UPC on the MAU as a pilot project in advance of extending SG to enable transformational change across the whole organisation.

Aim and objectives of the project

Initially the aims of the project were to establish and evaluate the impact of the UPC, however, early into the project it was decided that the aim should be to focus on the formation of the UPC, exploring the key elements required for its successful development and sustainability. To achieve this aim, the following objectives were identified. To:

- Establish the UPC using the principles of appreciative inquiry (AI) and co-production with UPC members
- Create a forum to enable frontline staff and managers to work together to improve the quality of patient care, safety and experience on MAU
- Identify key UPC roles and responsibilities, terms of reference and meeting structure
- Ensure a clear understanding of the UPC
- Use this project as a pilot ward on which to base a wider trust implementation of UPCs and SG

Key activities and outcomes of the project

AI was chosen as a guiding framework for the project as it provided a foundation on which to explore what was working well and being achieved on the MAU and building on this, rather than taking a traditional problem-solving approach.

All ward staff were invited to the initial meeting of the UPC and 10 attended. This meeting focused on establishing ways of working; developing a shared understanding of SG and using AI to appreciate the best of shared decision making on MAU; creating a vision for the UPC and terms of reference; identifying stakeholders who could support and influence the UPC; and creating a communication plan to facilitate their engagement.

All UPC members were invited to self-nominate for role as first UPC Chair. There was one volunteer, an enthusiastic, newly qualified nurse who accepted the position. Early meetings of the UPC discussed feedback from observations of practice; discussed formal roles and responsibilities of the group and its members; developed a logo for the group; and organised a launch event to publicise the group and to gain feedback about what was good on the ward.

Having prioritised the development of the UPC as the project's main aim, an encouraging number of positive outcomes for staff and patients can be reported 18 months after the start of the project. These include:

- Improving patient experience by developing a patient leaflet explaining the patient journey from MAU and also working with staff to address noise issues.
- Improving transparency by working with the ward management team to create a larger performance board which is updated monthly to include compliments and complaints, dashboard results, and the UPC's agenda.
- Supporting staff development by developing a new starter pack containing information highlighted by both junior and senior staff and creating a resource room.
- Improving staff experience by improving the staffroom facilities to create a more pleasant space for breaks.

As a consequence of the project, there is now a shared governance lead in the Trust who is working to roll out SG to other areas.

Implications for practice:

- Shared governance through a unit practice council can be a powerful way of empowering staff to make patient care better
- Supportive and confident leadership is vital in allowing junior members of staff to lead on decision making
- Even with enthusiastic staff, innovations take a considerable time to become self sustaining

A full project report including references can be accessed from: http://fons.org/library/report-details.aspx?nstid=59959