



Evaluation of the Patients First Programme

Final report for the Foundation of Nursing Studies

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**Professor Dominic Upton
Dr Penney Upton
Dr Rosie Erol
Miss Charlotte Taylor
Institute of Health and Society
University of Worcester**

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Executive summary

Background: The Patients First practice development programme, launched in 2009, supports nurse-led projects focused on implementing and evaluating patient-centred improvements in healthcare settings across the UK. The programme is managed by the Foundation of Nursing Studies (FoNS), with funding from the Burdett Trust for Nursing. The programme has supported around 60 projects since its inception covering a wide range of clinical areas and settings, and using an established format of funding, workshops and facilitator support.

Aim: This evaluation aimed to assess the extent to which the aims of the programme had been achieved over the first three years of operation; the added value of the programme for individuals taking part, their practice and patient care; and the longer term outcomes and benefits of the programme.

Method: A mixed method approach was used for this evaluation. This included a review of programme documents and project reports; an online questionnaire for project leads, which generated 23 responses (response rate =50%); semi-structured interviews with key stakeholders and three case studies looking at the outcomes from the programme in more detail. A total of 15 interviews were conducted with 12 project leads and three FoNS staff members involved in the management and delivery of the programme.

Findings

Achieving programme aims: During the first three years, the programme has largely achieved its aims, although outcomes at project level have been more variable. The main programme outcomes have involved increasing the skills and confidence of nursing staff, and enhancing their ability to influence change within their working environment, thereby having a positive impact on patient care and clinical practice. Data from the questionnaire survey and interviews with project leads indicated that the programme is worthwhile.

The Patients First programme was viewed positively by all project leads. Most thought the programme had fully met their expectations in terms of accessing experienced practice development facilitators; learning new skills to support their ideas; and gaining external recognition of their project. The workshops and facilitator visits were seen to be particularly useful in implementing the projects. Specific aspects of FoNS support that were valued most included project management advice, practical assistance in implementing tools, facilitating staff engagement sessions during site visits, and having a creative approach to problem solving. For almost three quarters of the projects, the practice development work was undertaken as a direct result of the opportunity to apply for funding and support from FoNS through this programme. The funding, although seen to be limited, was mainly used to facilitate staff engagement in the project, and also to backfill staff time.

Implementation challenges included time and resource constraints, coping with organisational change, maintaining momentum and enthusiasm, and engaging unsupportive colleagues. Involving patients as partners in project development and implementation was also difficult; whilst project leads increasingly used different methods to help gain a greater insight into the patient experience, it remained a largely consultative process.

Adding value to project leads, practice and the care of patients: Areas of added value identified by project leads included assistance with reflective practice; feeling more engaged in talking and listening to patients; enhanced skills in practice development techniques; and greater confidence being able to use these skills effectively in different settings. The access to FoNS for advice for the duration of the programme was seen as an effective means of adding value to the projects. Added value at an organisational level was seen through better engagement between members of the project team, improved

collaboration and communication between nursing and medical teams, and empowerment of nursing staff to influence change within their workplace. This led to further benefits for patients and improvements in patient care such as an increase in the number of patients being treated and patients feeling like service provision met their needs, with an increased awareness amongst staff of issues around user involvement in care planning.

Longer term outcomes and benefits of the programme: Longer term benefits of the programme were evident, with around three quarters of individual projects resulting in changes in care that have, at least in part, been continued or mainstreamed. Whilst there was some need for on-going access to advice beyond the end of the programme, there was some reluctance to contact FoNS for advice once their programme cohort had finished and the final report submitted. Capacity and capability in implementing practice development approaches appear to have increased in a small number of areas, with several former project leads coaching their colleagues in practice development skills, and encouraging them to apply for later rounds of the Patients First Programme. Multiple projects have been funded in a few organisations, which may lead to an increase in ability to implement practice development projects internally without external support in the future.

Considerations for Future Development: A number of areas for consideration for future development have emerged from the evaluation:

- A follow-up event at the end of the programme could be made available to project leads to promote the sharing of good practice;
- FoNS may be able to assist project teams by using part of the final workshop day to develop a plan for sustaining individual

projects in the longer term. This could include inviting previous project leads to come back and share their experience of the programme and maintaining improvements in practice.

- Look at ways in which to develop continued support channels for project leads once their round of the Programme has ended to help sustain individual projects. This could include developing a peer support network/online forum to access shared advice from other project alumni and raising awareness that support via telephone and/or email is still available from FoNS for a limited period of time once their programme has finished.
- Look at adopting more robust measures of evaluation to better assess the longer term impact of the programme on patient care.
- Consider the feasibility of engaging project leads from previous years as mentors for current project leads, or those that have completed more recently, on an organisational or regional basis where possible.
- FoNS are considering developing a programme in the future which supports multiple projects in a smaller number of organisations. This would appear to be a good method to focus on increasing the capacity and capability within these organisations to implement innovative projects, once the idea has been piloted to gauge the level of support required and assess how this would work in practice. These organisations could then be encouraged to employ a member of staff in a supportive practice development role.

Professor Dominic Upton
Dr Penney Upton
Dr Rosie Erol
Miss Charlotte Taylor
Institute of Health and Society
University of Worcester

Introduction

This report outlines an independent evaluation of the Patients First programme conducted by a team from the University of Worcester on behalf of the Foundation of Nursing Studies (FoNS).

Developing a patient-centred approach and improving patient care have been the focus of a number of policy developments across the UK (Darzi, 2008) leading to publications such as NHS outcome measures (Department of Health, 2010) and quality statements by NICE (2012) around improving the patient experience of care and the NHS, particularly around treatment of patients within a healthcare setting, communication and shared decision making. This drive for high quality patient care is further reflected in the concepts of clinical effectiveness and evidence-based practice (EBP). Evidence-based practice has become increasingly important in health care in the UK since the mid-1990s, enabling practitioners to keep informed of developments in their field and serve as a framework for clinical problem solving (Upton & Upton, 2006a). The adoption and implementation of EBP can facilitate improvement in patient outcomes and the effectiveness of patient care in conjunction with reduced costs associated with health care (Upton & Upton, 2006b). However, recommendations from research evidence are not always accommodated into practice suggesting that other forms of knowledge such as that derived from clinical experience (tacit) need to be assimilated in conjunction with research evidence (Greenhalgh & Waringa, 2011). In a critique of EBP, Kemmis (2005) suggested that focusing solely on the practice of individual practitioners is not sufficient to transform clinical practice; improvement in practice requires an understanding of the context in which practice is situated, accounting for social and cultural influences, ideas which were reflected in The Francis Report (Francis, 2013). Practice Development is an alternative approach to EBP, and one that accounts for the wider contextual features of clinical practice.

Practice development is becoming more established as a discipline with a focus on the continuous development of innovative, collaborative approaches to person-centred improvements in health care (McCormack, Manley & Titchen, 2013). Understanding the processes and outcomes of practice development projects and the varying healthcare, organisational, geographical and policy contexts in which they are implemented, can

subsequently influence the longer term outcomes relating to patient safety and satisfaction (Manley, Crisp & Moss, 2011). This needs to be done in collaboration with relevant partners within the healthcare setting, emphasising the value of having well informed nurse leaders and managers to lead and promote innovative projects (McSherry et al., 2012). In contrast to service improvement, practice development typologies intend to address workplace culture (Shaw, 2013) and place the patient experience at the centre.

The Patients First practice development programme

The Patient First programme is a practice development programme that supports nurse-led projects over 12-18 months that aim to implement and evaluate innovative patient-centred improvement projects in healthcare settings across the UK. The programme was launched in 2009, funded through collaboration between the Foundation of Nursing Studies (FoNS) and the Burdett Trust for Nursing. Projects selected received funding of up to £3000, along with individual support from the FoNS team, the opportunity to attend development workshops and access to additional practice development and related resources through FoNS. Around 40 projects have been supported through this fund over the first three years of the programme, covering a wide range of clinical areas and settings.

The aims of the programme are to:

- Explore how nurse-led teams can work with patients and other stakeholders to develop practice.
- Identify areas of patient care which can be improved.
- Develop an action plan for a locally focused practice development project/innovation.
- Enable the implementation of a strategy for developing, changing and evaluating practice.
- Expand knowledge and skills regarding practice development and innovation.
- Enhance skills in facilitating and leading improvement/innovation through the development of self-awareness and critical reflection.
- Report on and share the work through local/national networks and publication.

An initial evaluation of the first year of the programme (Sanders & Calcraft, 2011) looked in detail at 15 funded projects and evaluated both the impact on key stakeholders and the

effectiveness of the support mechanisms put in place to assist the project leads in implementing the projects. The evaluation indicated that the programme was successful in achieving its aim of supporting clinically based nurses to improve patient care however the evaluation also identified a number of challenges of the programme and areas for further development. An evaluation of the second year of the programme (Odell, 2013) also identified a number of recommendations to develop the programme including: a greater understanding of how patients, families and other stakeholders can be involved in the development of practice, and specific elements of the programme that enabled participants to expand their knowledge, skills and confidence. This evaluation aimed to build on the evaluation findings of the first and second year of the programme and explored the longer term impact and sustainability of the Patients First programme.

Aims of the research

The evaluation aimed to assess the extent to which:

- The aims of the Patients First programme were achieved.
- The programme added value to the individuals taking part, their practice and patient care.
- The programme achieved longer term outcomes and benefits.

Method

A multi-method strategy incorporating both quantitative and qualitative methods was employed in order to provide a rich and informative evaluation study.

Design

The evaluation of the programme was explored at different levels: for the individual and teams involved, for each organisation, and the programme overall, beginning with a review of documents relating to the development and implementation of the programme and previous reports and evaluation studies. The views of key stakeholders involved in the programme were also gathered through an online questionnaire survey and telephone interviews which led to the development of case studies highlighting examples of good practice. A realist evaluation approach was adopted to understand not only what aspects of the individual projects worked well and to what extent, but also why it worked, and the contextual factors which facilitated this.

Measures

Questionnaire survey

An online questionnaire, using Survey Monkey was developed to explore: the support provided by the FoNS practice development facilitators, the impact of the practice development workshops and issues around the sustainability of the projects (See Appendix 1). The questionnaire consisted of 30 items including rating scales, multiple choice and free response formats.

Interview schedule: project team members

An interview schedule was developed to guide the semi-structured interviews with project team members (see Appendix 2). A funnelling approach was adopted to elicit not only participants' general views about the Patients First programme but also to explore more specific issues. Three main areas were identified to be explored throughout the course of the discussion: a) whether the aims of the programme were being met, b) the extent to which the programme adds value to those taking part, their practice and patient care and c) are the long term outcomes and benefits of being involved in the programme. Initial prompts were drafted and subsequently refined to ensure neutrality, avoid assumptions and increase an open discussion by the use of open rather than closed questions.

Interview schedule: members of the FoNS team

An interview schedule was also developed to guide the interviews with members of the FoNS team (See Appendix 3). The interviews focused on: a) the process of setting up the Patients First programme, b) administering and managing the programme and c) sustainability of the programme. Initial prompts were also drafted and subsequently refined.

Procedure

Questionnaire survey

The online questionnaire was sent to 46 project team members via email. An information sheet providing additional details of the project was also attached (see Appendix 4). Standardised instructions were outlined on the front of each questionnaire survey, describing the purpose of the evaluation and confirming that all data would remain anonymous and confidential. A follow up email was sent two weeks after initial contact to remind project team members to complete the survey.

Semi-structured interviews

Semi-structured interviews were conducted with 12 project team members (11 by telephone and one face-to-face) and 3 members of the FoNS team (two by telephone and one face-to-face). Interviews were arranged at a mutually convenient time for both the participants and researchers. Each interview with project leads lasted between 15-20 minutes, and for FoNS staff this was around 40 minutes. All interviews were digitally recorded and transcribed in full.

Case studies

Three case studies were identified, to look at the impact of the Patients First programme in more detail. One case study was identified from each year of the programme. Potential case studies were identified from questionnaire respondents agreeing to be considered to take part in the process. The final selection was made by the research team to include a range of clinical settings, and was dependent on the on-going development of the project. Data for the case study was gathered through the interview with the project lead, who also provided additional information about their project. In two cases, the evaluation team made site

visits to the case study project, to meet other project team members and also patients where possible.

Analysis

Quantitative data from the questionnaire survey were analysed using the Statistical Package for the Social Sciences (SPSS, version 20) to obtain descriptive statistics. Transcripts from semi structured interviews with project leads and members of the FoNS team were analysed using Ritchie and Spencer's (1994) Thematic Framework approach. This method enabled a detailed exploration of the experiences and perceptions of each group whilst providing a systematic and rigorous framework within which the researcher was able to carefully rework ideas as the analysis developed.

Ethics

This evaluation was classed as an audit therefore ethical approval was not required from the National Research Ethics Service (NRES) (Wade, 2005). However, the research team were cognisant of the need to ensure that the standards of audit in terms of design, data collection, and analysis should be at least as high as for research. Thus whilst there was no requirement in terms of research governance to seek ethical approvals from the NRES, the project gained ethical approval for the evaluation from the University of Worcester ethics committee. All data generated by the evaluation was treated confidentially, reported anonymously and stored in accordance with the Data Protection Act (1998).

Overview of Patients First Projects

A detailed review was conducted of the projects funded by FoNS for the first three years of the programme. The aim of the review was to identify the contextual, process and outcome information for each project including:

- Context specific information (relating to when the project was being implemented, and the current context, if appropriate).
- Process lessons learned.
- Implementation issues.
- Extent of patient involvement in the project.
- Methods used to evaluate the project.
- Key benefits of the project.
- Key challenges faced by the project.
- Evidence of impact on patient care.
- Plans for sustainability.

The projects were reviewed using the final project reports, where available (n=32), the project summaries and, for year 3 projects, the initial applications to the Patients First programme. Table 1, Table 2 and Table 3 provide a summary of the projects funded by FoNS from Year 1 (commencing 2009), Year 2 (commencing 2010) and Year 3 (commencing 2011) respectively.

Contextual information

The projects were spread across the United Kingdom (UK). Of the 40 projects from the first three years of Patients First, just over three quarters (n=31) were based in England. There were four in Northern Ireland, four in Scotland, with one based in Wales.

The projects all covered a variety of contexts, with a wide range of clinical areas and settings. These included establishing or changing practice within a nurse-led clinic and a range of projects based within acute hospital settings and in the community (see Table 4).

Table 1. Summary of Year 1 projects funded by FoNS

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

Table 2. Summary of Year 2 projects funded by FoNS

	Project Title	Location
Year 2	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 Darwent'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	

Table 3. Summary of Year 3 projects funded by FoNS

	Project Title	Location
Year 3	An Anxiety Self-Management Programme for Women with Gynaecological Malignancies	Northern Gynaecological Oncology Centre, Queen Elizabeth Hospital, Gateshead
	An Explanation of the Lived Experience of Patients and Staff Involved in Supportive Observations Within a High Secure Environment	Ashworth Hospital: High Secure Services, MerseyCare, NHS Trust, Liverpool
	Developing a Culturally and Ethnically Sensitive Family Assessment Tool	Dementia UK
	Developing a Pain Management Strategy to Manage Complex Pain Issues	Manchester Royal Infirmary, Manchester
	Improving Patients' Experiences of Discharge from an Adult Intensive Care Unit	Royal Brompton Hospital, Royal Brompton and Harefield NHS
	Integrated Lower Limb Cellulitis Service	University Hospital of North Staffs NHS Trust, Stoke on Trent
	Intentional Rounding - Single Room Perspective	Golden Jubilee National Hospital, Glasgow
	Nurse Led Clinics for Patients with Liver Disease: Developing the Nurse Patient Partnership to Improve Quality	Royal Free Hospital NHS Trust
	Developing a supportive care service for people following cardiac percutaneous intervention	County Hospital, Pontypool
	St Johns Hospice holistic admission assessment	St Johns Hospice, London

Table 4. Clinical context/setting of the projects

Clinical area/setting	Number of projects
Nurse led/outpatient clinic/minor injuries clinic	8
Emergency/acute ward	7
Mental health	5
Stroke care	4
End of life/respice care	4
Oncology	3
Learning disability	3
Paediatrics	2
Community support for vulnerable groups - older people, new parents	2
Hospital (district general/acute independent)	2

According to the project reports, there were a number of different ways in which the practice issue to be addressed was identified. One quarter of the projects (n=10) were initiated after a review of current practice, or critical evaluation of the service provision by the project team. A further ten projects, were a response to observations or concerns raised by the project facilitator or members of the nursing team. For six projects, the practice issue to be addressed was identified through either formal or informal feedback from patients, with a further three resulting from concern from families and carers. Three projects focused on areas of practice development resulting from research findings and identification of good practice. Two projects cited multiple reasons for the development of the project, including staff observations and feedback from patients. In one case, the opportunity to change practice was addressed during a change in organisational structure, and another was initiated under the direction of the Nurse Director.

Patient involvement

Information about the level of patient involvement was provided by the majority of the 32 projects which had submitted a final report to FoNS. Questionnaires with patients or carers were used in over half of these, with others gathering additional patient input in the form of focus groups and interviews. Other means of gathering information about the individual patient experience included patients' stories, diaries and photographs. In addition to this, a small number of projects included patients in the design or evaluation of material intended for patient use, and also in the design of rooms or wards aimed at particular patient groups.

Carers and families were also involved in a small number of projects, including invitations to attend events or open days.

Project outcomes

All of the projects set aims and objectives at the outset, and the majority did manage to achieve some of the intended outcomes. However, not all the projects had been formally evaluated by the time the project report was submitted. The main types of outcomes across the projects, according to the review of the project reports have been summarised as follows:

- Increased confidence of nursing staff in dealing with particular circumstances/issues.
- Development of facilitation skills amongst project staff.
- Improved documentation and information for patients and carers.
- Development of patient assessment tools and improved identification of vulnerable patients.
- Establishment of new nurse-led clinics or clinical practice, and increase in take-up of particular clinical approaches.
- Better follow up care for patients.
- Greater understanding by staff of patient issues and experience.
- Improved communication between staff groups.
- Reduction in complaints from patients.

Key benefits of the projects

Three quarters of the project reports highlighted benefits resulting from participation in the Patients First programme, for both patients and staff. Key benefits described in the project reports are summarised as follows:

Benefits for patients:

- More opportunities for one-to-one discussion with nursing staff – patients perceived that staff had more time to listen to them.
- Reduction in medication for patients, and improved feeling of patient safety.
- A more robust referral system was developed, resulting in better access to services for patients.
- Improved communication opportunities between carers and nursing staff.

- Improvements in service noted by patients.

Benefits for staff/organisation:

- Good engagement with the project from the nursing team, helping staff to focus on positive aspects of care rather than negative, and engaging in reflective practice.
- Challenged assumptions of healthcare staff about patient needs, and increased awareness amongst staff of issues around service user involvement in care planning.
- Empowered nursing staff to make changes and refine processes, leading to enhanced job satisfaction.
- Improved collaboration and communication between team members, and between nursing and medical staff, and greater involvement of nursing staff in multidisciplinary team meetings.
- Improved relationships with senior management team.
- Increased number of patients being treated.
- Applying learning and experience of the project to different clinical settings.
- More systematic implementation of practice development projects.

Challenges to implementation

Despite the success of many of the projects in addressing the practice development issue at the focus of the Patients First project, there were many challenges that arose, in terms of implementing and evaluating the projects. The most frequently cited challenge was the lack of time and resources to spend on the project due to competing priorities (n=11). This was followed by difficulty in engaging staff in the project (n=8), securing patient or carer involvement (n=6), coping with staff changes or sickness (n=4); and organisational changes (n=4). Other challenges faced included difficulties in facilitating the stakeholder groups, frustration with IT systems, getting support from senior staff and maintaining the momentum of the project due to unforeseen delays.

Overcoming challenges

Whilst many of the projects did encounter problems and challenges in implementing their projects, there were many examples of how the project team was able to respond to the challenges they faced, and look for alternative methods of managing the work or engaging

stakeholder groups. Examples of overcoming challenges from three projects include the following:

Working in Partnership with Patients and Families on a Dementia Assessment Unit to Improve Care

“The project team quickly realised that they would have to implement the action plan within their existing time resources and that was extremely challenging. After a shaky start the project team regrouped and considered how this could be achieved. While the volume and diversity of the work initially seemed daunting they found that developing interest groups was an effective means of managing this appropriately.”

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

“It became clear to the project team there would be some challenges in gaining this feedback from family and carers, as they appeared reluctant to complete questionnaires. Undeterred by the lack of response to the questionnaires the project team decided to take a different approach to gain feedback from families and carers. It was felt that a more personal approach may yield a greater response. The project lead therefore approached families and carers who visited the ward to conduct short informal discussions. In total fifteen carers and members of patients’ families were able to take part in these discussions.”

Critical to Care: Improving the care to the acutely ill and deteriorating patient

“The Critical to Care project has been a major challenge due to the continual changes and restructuring that took place within the Emergency Admissions Unit. The project has been through different stages in the process of establishing the framework for delirium identification and reporting. Although this has been frustrating, the positive elements the team have contributed to the ward area have been rewarding. The ability to keep the project team and plan together through this adversity has given all members of the project team an understanding of how difficult it can be to implement a development in practice and keep momentum within a project. Overcoming these challenges and developing a patient centred approach to recognising delirium has been invaluable.”

Sustainability

The majority of project reports indicated that there were plans to sustain the projects or the changes that had been implemented. The only two projects with no future plan were those where the units in which they were implemented had changed management or no longer existed. For two further cases, whilst the project itself had come to an end, plans for conducting further practice development work in other areas were discussed. For over half of the projects (n=18) the future plans focused on sustaining the changes made through the project, within the same clinical context, with a number of these (n=7) indicating that further audits and evaluations would be planned. A further seven projects outlined plans to continue with practice development following on from the project, and introduce further changes. Three project reports discussed plans to roll out the practice development changes to other patient groups.

Potential challenges to sustainability and future development were highlighted in around one third of the project reports. These challenges included:

- Limited resources and staff time to support future development.
- The potential impact on workloads of rolling out the initiative.
- Problems in recruiting new members to a carer support group.
- Constraints on budgets and the need to access additional funding.
- Maintaining levels of improvement seen during the project, and the risk of reverting back to previous practice.
- High staff turnover.
- Needing to get the project re-prioritised at an organisational level.

Summary

The project reports contain a wealth of information relating to how the practice development issue was identified, how plans were made to address the issue, what challenges were faced in implementing the projects and how these were overcome, the benefits of undertaking the projects and planned measures to sustain and build on improvements made. Many of the reports are detailed and provide a useful insight of the practical issues associated with implementing practice development projects for others considering adopting a similar approach.

Questionnaire survey

Background information

The online questionnaire survey was developed to explore the support provided by the FoNS practice development facilitators, the impact of the practice development workshops and issues around the sustainability of projects. A total of 23 Patients First programme participants completed the online survey (50% response rate). The sample consisted of 3 males (13%) and 20 females (87%). The majority of respondents were based in England (83%) and were the project lead (91%). There were a similar number of respondents from each year of the programme, see Table 5. The respondents represented a total of 21 projects, just over half of the total number of Patients First projects.

Table 5. Questionnaire survey respondent characteristics

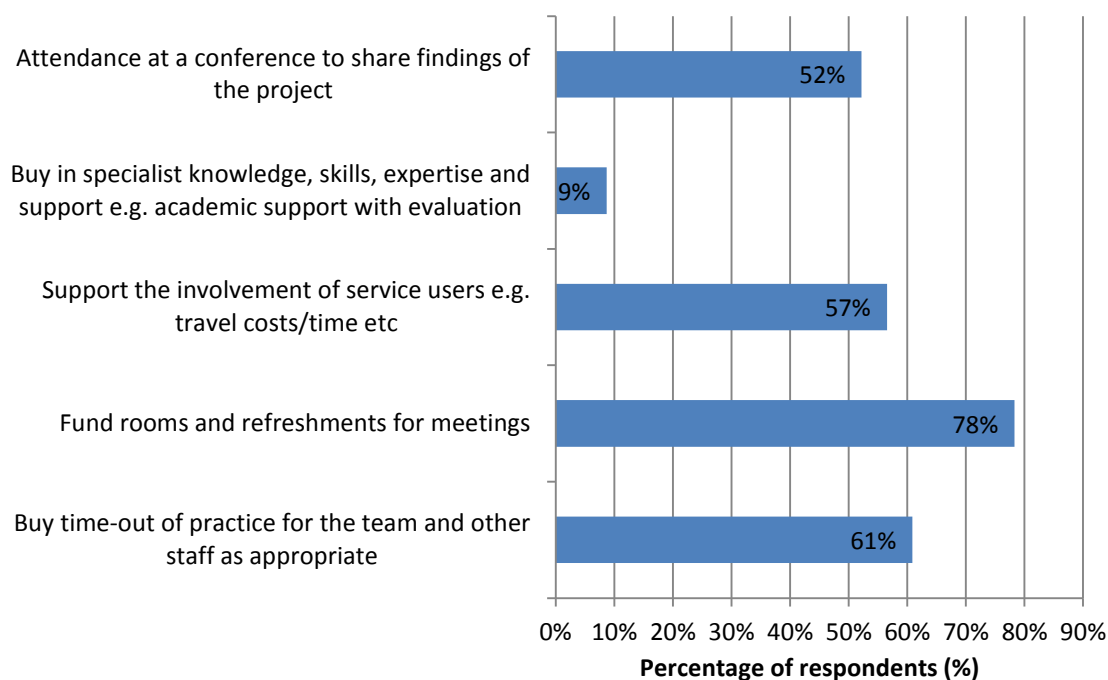
		Number of respondents (%)
Sex	Male	3 (13%)
	Female	20 (87%)
Location	England	19 (83%)
	Northern Ireland	2 (9%)
	Scotland	1 (4%)
	Wales	1 (4%)
Year	Year 1	8 (35%)
	Year 2	7 (30%)
	Year 3	8 (35%)
Role within the project	Project lead	21 (91%)
	Project team member	2 (9%)

Project information

As shown in Figure 1, the majority of respondents (78%) used the funding awarded by FoNS for room hire and refreshments for meetings, followed by buy-out of staff time (61%) and to support service user involvement, e.g. time/travel costs (57%).

When asked whether the project would have been possible without the funding from FoNS, the majority of respondents (74%) stated that the FoNS funding was vital to the delivery of the project.

Figure 1. Use of funding from FoNS



Implementation

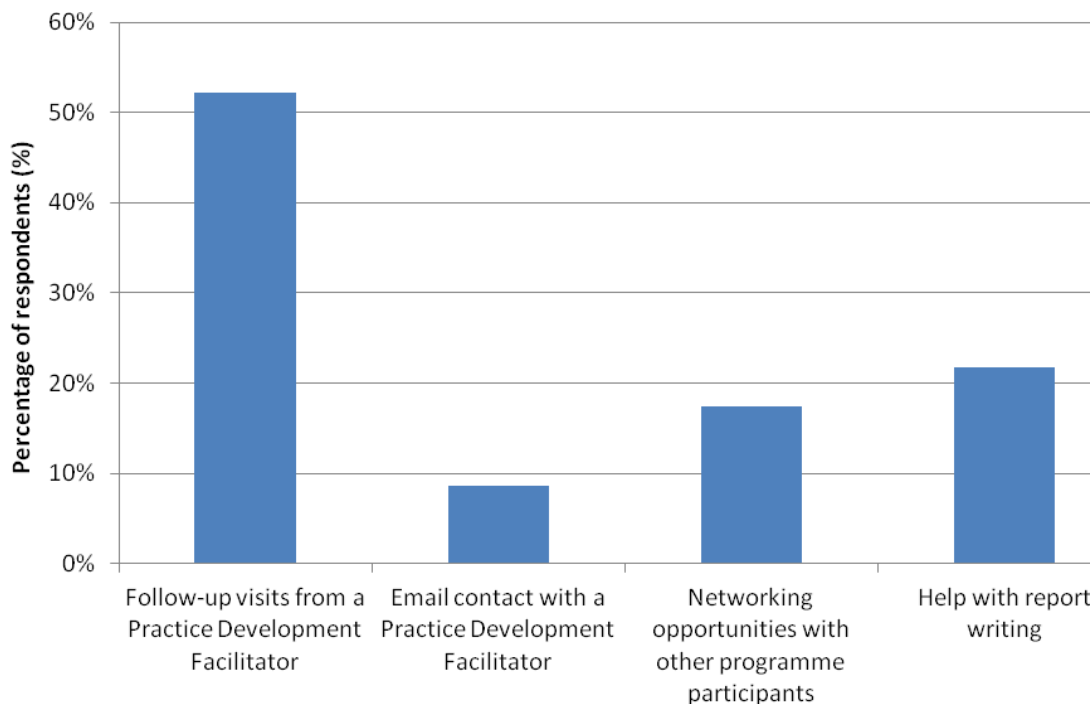
To explore the process of project implementation, respondents were asked a number of questions relating to the support available from the FoNS team. As indicated in Table 6, all of the Patients First project participants surveyed reported receiving multiple forms of support from FoNS. All the respondents received support via email contact from a Practice Development Facilitator, with subsequent follow-up visits from a Practice Development Facilitator to their place of work (96%).

Table 6. Type of support received from Patients First project participants

Type of support	Percentage of respondents (n)
Initial visit from a Practice Development Facilitator to discuss how FoNS could support you during the programme	83% (19)
Follow-up visits from a Practice Development Facilitator to your workplace	96% (22)
Email contact with a Practice Development Facilitator	100% (23)
Networking opportunities with other programme participants	91% (21)
Help with report writing	91% (21)
Dissemination	57% (13)
No support	0% (0)

Respondents were subsequently asked which of these support mechanisms was the most helpful (see Figure 2). Just over half of respondents indicated that follow up visits from the practice development facilitator was the most helpful aspect of support (52%), followed by ‘help with report writing’ (22%). None of the project team participants surveyed reported the initial visit from a Practice Development Facilitator or dissemination as being the most helpful aspects of the support provided from FoNS.

Figure 2. Most helpful aspect of the FoNS project support



The majority of respondents (91%, n=21) reported that their project was implemented as planned. Respondents were also asked to identify the three main challenges to implementation, as summarised in Table 7.

Table 7. Challenges to project implementation

Challenge	Percentage of respondents (n)
Time management	65% (15)
Maintaining momentum and enthusiasm	39% (9)
Staff engagement	30% (7)
Organisational support	17% (4)
Stakeholder engagement	17% (4)
Changing culture of care	13% (3)

As shown in Table 7, the three main challenges to project implementation were identified as: time management, maintaining momentum and enthusiasm, and staff engagement. Other challenges to project implementation included organisational support, wider stakeholder engagement and changing the culture of care. Respondents were subsequently asked what additional support from FoNS would have been useful during project implementation. Over half of respondents (57%) stated that they could not think of any additional support that they might have required. Areas of additional support from FoNS that were suggested included increased provision of meetings, and information sharing. One other area of concern was due to the staff changes within FoNS midway through the project.

Practice Development Workshops

Respondents were asked to rate each of the five practice development workshop days. As shown in Table 8, all five of the workshops were rated as being very useful by the majority of Patients First programme participants.

Table 8. How useful programme participants found the Practice Development Workshops (percentage of participants)

	Very useful	Somewhat useful	Not so useful	Not at all useful	N/A Did not attend
Workshop 1: Practice development theory and overview	66%	30%	0%	0%	4%
Workshop 2: Practice development theory and overview	74%	26%	0%	0%	0%
Workshop 3: Participation, inclusion and collaboration	70%	26%	4%	0%	0%
Workshop 4: Creating person centred cultures	66%	30%	4%	0%	0%
Workshop 5: Evaluation and report writing	57%	39%	4%	0%	0%

Respondents were also asked to state the extent to which they applied the learning from the practice development workshops to both their practice and other practice development projects. In terms of their practice, 61% of respondents stated that they applied learning to a great extent, and 39% to a moderate or some extent. In relation to other practice development projects, 39% of respondents stated that they had applied their learning to a

great extent, with 56% applying their learning to a moderate or some, with 4% (n=1) not applying this to other projects at all.

Sustainability

To explore the sustainability of the projects, respondents were asked whether they had developed their project since submitting their final project report. The majority said that they had developed their project (83%). However, only 3 respondents (13%) reported that they had applied for funding to continue their project either from their own organisation or from external organisations.

Project impact

All respondents stated that their project had a very significant impact on patients care, their organisation and themselves as a practitioner. Respondents described their own personal development opportunities resulting from their participation in the Patients First programme. The development of new skills in facilitation and practice development theory was seen to be beneficial for the current project and could be transferred to other areas of work:

“I have been able to use the skills on other projects I am involved in and teach the tools to other staff”

Developing confidence was also an area of personal development identified by the respondents, for example, applying for funding and project management:

“Certainly given me confidence in the management of other projects, the confidence to continue to work at projects and think creatively how obstacles can be overcome”

Respondents were asked to provide any further comments or suggestions about the Patients First programme. Twenty respondents added comments, which reflected the support of the Practice Development Facilitators and how the programme had made a difference to practice and patient care:

“It’s an excellent way to develop a patient centred project with excellent support from the practice development facilitator. It gives you space and time to reflect on what you are doing and that then impacts on your whole role. It also enables you to share practice development tools with others nurses. I would recommend it to my colleagues”

Respondents also emphasised how participating in the Patients First programme had enabled them to make changes to their practice and patient care:

“I found this project very useful and challenging personally but this allowed a change in patient care within the ward to support the patient experience. It allowed me to look at wider project management and introduce appreciative inquiry as a tool to explore patient and relatives views of their care. It supported nursing care and support safer ways of working for the team”

Analysis of interviews

Interviews with project leads

Background information

Semi-structured interviews were conducted with leads from 12 projects funded through the Patients First programme. As shown in table 9, half of the projects were conducted during year 3 of the Patients First programme, and the majority were based in England. A variety of job roles and titles were covered by the project leads, including nurse consultant, lead nurse, nurse specialist, head of research in nursing, practice development matron, practice development facilitator and nurse educator. At the point of interview, the majority (n=10) were still in the same role as they had been when the project was being implemented.

Table 9. Project Interviewee characteristics

		Number of interviewees (%)
Sex	Male	1 (8%)
	Female	11 (92%)
Location	England	11 (92%)
	Wales	1 (8%)
Year	Year 1	4 (33%)
	Year 2	2 (16%)
	Year 3	6 (50%)

The key themes covered in the interviews were awareness and expectations of the Patients First programme, issues around implementation, impact of the programme, and sustainability of the project.

Awareness and expectations of the programme

Most people had clear ideas at the outset of what they were trying to achieve through the project ideas submitted to Patients First, although for some initial expectations changed once the programme was underway. In a couple of cases, the project lead did not know what to expect at the outset.

Initial expectations and reasons for applying

The initial expectation for one team was that the programme would provide the opportunity to reflect on the best approach to implementing the project:

"We felt that the programme would offer us the opportunity to take some time out and reflect and learn some kind of methodology to help us implement the programme" (1-01)

For others, the reason for applying was to gain access to an experienced practice development team to assist with facilitation of their project, and having the external support available to offer help and discuss ideas where necessary, and help maintain momentum of the project:

"My expectations were that it would be supportive, innovative, a resource and not necessarily so much of a physical presence, just somebody to bounce ideas off, whether it's clearly with their experience and their background used to projects that might run into difficulty and providing guidance in working through them" (2-13)

"The reason that I applied was because the project that we were doing we needed to do anyway and I thought that they would help maintain momentum more than anything else really. I mean there was definitely the support level as well, but it was just that kind of having somebody with the experience to be able to help you keep moving" (3-04)

Although the project leads set aims and objectives as part of the application process, a few did refocus the direction of these once the programme was underway and their awareness of practice development and patient involvement increased:

"I think when we first put the proposal in we actually thought that someone would support us to do that, to achieve those aims, whereas actually once we started on the project and realised more about what practice development was all about and about finding out from practice how things should develop, then I think those objectives changed" (3-02)

A number of interviewees reported feeling anxious at the outset about what to expect and about what would be expected of them, because practice development was new to them:

"I think I felt from the team we were all very novice at doing any sort of practice development initiatives whatsoever, and I think we were all very nervous about trying out new techniques, and also probably not very confident at challenging the ethos in the department" (3-02)

Two project leads noted that applying for the Patients First programme would help in raising the profile of the project within their organisation, and provide external validation of their work:

"My initial reason for doing it was to raise the profile of the project within my own hospital and to raise some finances, because that kind of gives you credibility really in

terms of the role in the trust.... And it also gives a project a higher status really, because people from outside are sort of saying it's a worthwhile thing" (1-05)

Extent to which expectations were met

The majority of project leads indicated that the programme had met or even exceeded their initial expectations:

"Yes I'd say they were beyond my expectations at the end of the programme" (1-13)

"We expected that we would develop a resource for patients, and I expected that the help would be there to achieve that. Whereas actually I realised that yeah, that was quite naive of us to assume that we knew what patients needed. And the Patients First programme helped me to become more patient centred and actually explore what the patients themselves needed rather than what we as a group of health professionals needed" (3-02)

Issues around implementation

Respondents explained some of the issues around implementation of their projects, including support provided by FoNS, and factors that supported or challenged implementation within their own context.

Support given by FoNS

Support for the projects from FoNS was through three main channels – the workshops, the provision of one-to-one assistance from the practice development facilitator and funding. The expertise in project management and practice development from the FoNS Practice Development Facilitators was seen to be invaluable by the majority of project leads. Both project visits and the availability of the facilitators to offer advice by phone were appreciated:

"I think having her [the practice development facilitator] at the end of the phone and coming as a person and helping and I think helped in lots of different ways with different groups was really, really useful and I think probably wouldn't have carried on if I'd just gone to the study days" (3-01)

"Well I think it was very creative really how they gave us ideas and a bit of thought, so we might end up with different ways of tackling things. And also when we were running into stumbling blocks, they were very good at guiding us through it and talking us through it basically as to what it might be, rather than us getting terribly frustrated just with the sheer practicalities of it" (2-13)

The FoNS Practice Development Facilitators were able to offer valuable support without needing to understand the detail of the project:

"I think clearly from the point of view of their expertise, their expertise and knowledge was vast, that they were very facilitative, whilst sometimes they didn't always understand the project that you were doing they had real skills in assisting you in developing that project" (1-12)

The FoNS Practice Development Facilitator was also able to offer practical help for project leads during project visits, in terms of delivering practice development sessions in their workplace and helping them to implement techniques learned in the workshop sessions:

"One of the things that I just found really useful, was the fact that they came in and facilitated sessions. They just did two for me, one was half a day and one was about an hour and a half. Having that external person come in with facilitation skills was brilliant" (2-04)

The practice development workshops themselves were seen by some as being the most important part of the programme, both in terms of the theory and techniques behind practice development approaches, in challenging the participants and also the opportunity to network and meet other project leads:

"The workshop and the practice stuff that we did, it didn't feel very comfortable, but some of those tools that they taught us how to use I brought them back and used them in practice. It proved really helpful actually" (3-07)

"You would meet up with people who were going through a similar experience and you would be able to swap stories. And that gave you the feeling of well I'm not alone with this one, we've all been here and had this sense of doubt or worries about certain elements" (3-02)

However, one respondent did not find the group work within the workshops as beneficial as other areas:

"We learned some things in the group work but the connections were never going to be sustained with these other people because their projects were so different and were in such diverse areas" (2-04)

Use of project funding

The funding from the Patients First programme was seen to be minimal and was generally not the main incentive for participating in the programme. However, it was a useful incentive in applying to take part in the programme initially and also to demonstrate success within the project lead's organisation:

"I hope that people see the programme as so much more than the money, because like I say the funding is very minimal" (2-04)

"So to actually get funding and have the recognition that someone says this project is really good and we will give you money for it, that was more, the recognition of that really helped us to actually drive forward the project in the Trust. And it gave us more respect from our colleagues I think to say well you've got funding for this so that means that people really like what you're doing" (3-08)

The funding was used for a number of different purposes, with the main areas of spending being around refreshments for staff and patient events, backfill for staff time to attend events, and funding travel to workshops and conferences:

"Actually it was amazing that although I did spend a lot on refreshments actually they made a big impact when we were running the groups ... that really made a difference to have some refreshments and stuff like that. Almost like kind of to thank people" (3-10)

Organisational support

The initial application to the Patients First programme required support at Nurse Director level. Many of the project leads indicated that having on-going support from senior management within their own organisation helped the project to progress, and allowed them to organise time within their workloads to attend the FoNS workshops in London:

"The divisional Director of Nursing was aware that the project was being undertaken, so I was provided with time to go up to London for the meetings and flexibility in my current job role to undertake the project" (1-12)

"We received an awful lot of support from our direct line management in terms of our nursing managers. Our Director of Nursing obviously supported the proposal and the application in the first place, but then was really quite hands off I guess from that point onwards" (3-02)

Challenges to implementation

Project leads talked about some of the challenges they had faced in implementing their projects under the Patients First programme. Some of these were beyond the control of the project lead, such as coping with organisational changes and restructuring, and having to manage competing priorities:

"I was doing the project with the Mental Health Trust, and that was really tough because again they were going through very severe reorganisation, and while they want to do it, they wanted to be in the project, they have so many priorities to juggle, so made it really very difficult" (3-10)

Challenges for one team included having to cope with colleagues who were not supportive of the project, and look for alternative ways of dealing with the obstacles that were faced.

Support from FoNS helped to identify ways of working round this:

“We had some issues with the ward manager who wasn’t able to free up any staff time to work with us on the project, and who we kind of felt was perhaps being a little bit resistant to actually engaging with us. And I think it was the support of the FoNS practice development facilitator who helped us to explore new ways of dealing with that and challenging that ethos” (3-02)

Problems with implementation relating to time and staffing constraints were often cited, including not having sufficient time to spend on the project, difficulty finding time to meet as a team due to existing commitments, little administrative support or staff absence:

“Of course there’s logistical problems in getting everyone together on team meetings and also for the workshops” (3-08)

“Time. Time was a real barrier, trying to organise things, with very little secretarial support, like the focus groups the stakeholder groups and then writing up the minutes, then writing up the reports from both of the focus groups” (3-07)

“I think one of my major problems with my project and it’s still not finished yet is because I had and was probably quite important to get it finished is because two of the people who were helping to implement it went on long term sick leave and so everything ground to a halt” (3-01)

Impact of the programme

The Patients First programme did support the projects in achieving their outcomes, with examples of additional benefits being seen for the individual project leads, the targeted patients groups and the wider organisations.

Outcomes and impact of Patients First

All of the respondents were positive about their involvement in the Patients First programme, and appreciated the support and opportunities that it provided:

“It actually changed the way that I feel about nursing after being in nursing for several years and becoming a little bit cynical and disillusioned, it actually renewed my enthusiasm for making things better and making positive changes. And I think the biggest thing it did for me was it gave me the skills to go out there and make those changes, and to do them constructively and with the support of other people” (3-02)

“I think that certainly for the FoNS programme the skills that it provides you with, different ways of looking at elements of your project is quite eye-opening and certainly developed you as an individual in taking things forward, but hopefully

improved things for the sustainability of your project, but also for patients at the end of the day" (1-12)

Most projects achieved some positive outcomes, even though they may not have fully matched with the initial aims of the project:

"It's been an absolutely great success much to everybody's delight." (2-13)

"Obviously the programme enabled me to do a project that did improve the patient experience at the point of care so that was certainly a valid and positive outcome ... at the time it didn't feel very successful. We completed one of the aims of the project ... The other part of it is still really a project that's on-going for various reasons" (1-13)

Benefits for individuals

One benefit of being part of the programme was having time to reflect on the work the being undertaken:

"It gives you an opportunity to take stock, take time, look at what you're doing and plan what you're doing, which is brilliant, but unfortunately in the real world you just don't have time to do that" (1-05)

The programme provided an introduction to practice development tools that could be used within day-to-day practice. Furthermore, participants had the chance to try these tools out in a safe environment, thereby increasing their confidence in implementing them in their own projects:

"I wouldn't particularly say that the FoNS programme has changed me greatly, but it's given me more tools to think about, which has been great" (2-04)

"In terms of me I think it's developed a systematic way of leading a project, a very systematic way of managing practice development really, and although I don't always use every aspect of it it's given me lots of different options and lots of different ideas to draw from. It's made me a lot more confident about being able to lead a service improvement or a practice development" (3-04)

Project leads also highlighted some of the ways in which they had been able to continue to use the skills acquired or enhanced through the Patients First programme once their involvement in the programme ended:

"Well I could use them all the time, because the sort of work I do is a lot of service development and audit and all that sort of thing. But being a human being and my usual kind of character is I just jump in and it's usually when I'm floundering that I think oh I should go back and I go back to the tools and redo it again and relook. So I use them all the time, but probably not as thoroughly as I did originally" (1-05)

"I'm now looking for another challenge, and I was trying for some funding to do project work, all that learning that I did on the course, I use it in my writing up the

proposal, and then all the interviews. So it really was very helpful. And now in practice I'm also using all these principles, so it's been really very beneficial for me" (3-10)

Impact on clinical practice

As well as benefits to individual members of the project teams, interviewees described the on-going impact from their projects on clinical practice:

"It definitely, it's totally transformed, certainly what we did with the project that we implemented has just embedded into practice, and it's actually helped us to achieve quality targets ... Our project was actually trying to improve the patient journey, we've certainly been able to do that and that's reflected in the patient experience survey that we do" (1-01)

"There wouldn't be a service if the Foundation of Nursing Studies hadn't funded it. It probably wouldn't have happened" (3-07)

Benefits for patients

A number of projects showed that there were direct benefits for patients as a result of the project being undertaken:

"The day we opened I think there were 230 on the waiting list to see the GP. So there was very little triage as such, so it meant that it's either GP or nothing really. Now the waiting list is down to what, 20, so people have a very rapid access to healthcare, whether it be the GP or whether it be an advanced nurse practitioner ... So I think it's certainly without a doubt provided a lot of ready access to healthcare" (2-13)

The Patients First programme provided a mechanism for some of the participants to find a way to understand the patient experience, and be able to respond to the needs expressed by patients:

"I think one of the things I really enjoyed doing was I did a couple of patient journeys and I think that was sort of something that you just don't stop to take the time to do and that was really fantastic, because you just saw it from the patient's viewpoint and my project was about looking at developing a nurse led clinic in the outpatients, you sitting there and waiting and waiting. So you suddenly see things in a different view. So that was really excellent to do and I would certainly do that again" (3-01)

Other issues that were not directly related to the project, but were identified through interview and discussion with patients have resulted indirectly in a change of practice:

"One of the issues that we identified through doing the interviews with patients was that there was an awful lot of time that patients spent waiting around on the ward, and that's because everyone was admitted at the same time, and then they had to wait their turn until they saw someone to do their admission. And that has changed because we've introduced enhanced recovery, so the patients have now got staggered admission times. But I think although it hasn't directly come from our

project, the awareness of that issue has influenced the decision to make the admission time staggered" (3-02)

Organisational impact

A few examples were given by project leads of how their involvement in the Patients First programme had resulted in a wider organisational impact. The majority of project leads held posts with a management or leadership responsibility, and the Patients First programme was seen as an effective way of developing skills that could be applied within their role:

"I mean obviously the organisation is all for quality and patient experience, so I think that in itself in the very forward thinking from a leadership point of view, they want people to, if we do something good we've cascaded the information to other teams, so it's not just our little area that actually benefits, it's the whole of the trust" (1-01)

For one project, senior staff members within the Trust got involved in actually implementing the project, and this had a good impact in terms of staff seeing senior leaders getting involved in a project on a practical level:

"I think it was good for them to also see our organisation from a different perspective too because, you know, to see that the Deputy Director of Nursing would come and interview patients for a project and that she was involved in a project that was on just their unit and wanted to help with that, I think that's a good thing as well to see that top level people find that this is a priority" (3-08)

A number of project leads indicated that they had supported colleagues who were considering using practice development approaches in their own work. In a small number of places, wider organisational benefit was seen through having multiple projects funded by Patients First; those who were successful in getting funding from earlier rounds of the programme supported colleagues applying for funding in subsequent rounds. This has therefore gone some way to increasing the organisational capacity and capability to implement practice development approaches:

"Since I've undertaken the programme I've supported two other individuals in the organisation for applications to the project, the Patients First programme, and they've both been successful and they're in the process at the moment of the programme" (1-12)

There was evidence from a couple of projects of improved communication between staff groups providing a regional service:

"It's improved communication because we are a regional service, that it's improved the communication between our colleagues across the region" (1-01)

Challenges of the Patients First programme

Respondents focused very much on the positive aspects of Patients First and FoNS, and very few people raised any points about disadvantages or challenges of their involvement with the Patients First programme. The issues raised included the small amount of funding associated with the programme, although the support received from the Practice Development Facilitator was acknowledged as of greater importance than the financial support. The absence of a follow up session at the end of the project was also raised as an area of development:

"The money isn't a huge amount but a tool, so that wasn't a major thing, but the support was" (2-04)

"The project finishes and then you don't really hear about what other people have done because you have your final workshop and that's sort of right at the end. I suppose it would be nice to have like a final event to report on what you've done and whether everyone implemented all their changes and what they found about that process because I think you sort of lose that" (3-08)

Sustainability

Three quarters of the projects that had been implemented by the interviewees have continued beyond the end of the funding period, and continued to develop, albeit very slowly in two cases:

"We've actually developed a resource pack as well as part of the project, which we did so we know what services are available in each locality, and so that's something that we've built on and added to over the, well three years now isn't it" (1-01)

"It's totally evolving. It's been opened just over two years now, and yeah, I mean all the time, we've now employed an advanced nurse practitioner who can support me in the role. We're looking at the criteria constantly, we're changing the programme that we deliver, and we're very aware that we're not at a finish point yet" (2-04)

Three of the project leads indicated that the project had not carried on, due to changes in personnel and lack of time and resources:

"Nobody was particularly interested in taking a lead on carrying on the pilot" (3-04)

Challenges to sustainability

However, not all the projects had been able to maintain the initial momentum of the project:

"Well it probably stalled in the sense that it's just very slow going" (1-13)

Challenges included keeping commissioners interested in the area of work that had been developed, coping with new IT systems and also keeping staff on board with the concept of a nurse-led service:

"I think the staff are also a constant challenge, because they still don't, they still struggle with nurse led care, so if anything happens and I'm not around they'll default to a doctor very quickly when that may not be necessary" (2-04)

Having the time and resources to keep the practice development work going on was another challenge to sustaining the projects, along with maintaining a focus on practice development in an environment which is more target driven:

"There hasn't been an awful lot of progress since the final report went in I must admit, and that's mostly due to lack of time and resources I think" (3-02)

"That sort of approach is really it's even more now, even since the two or three years since we did the programme you're swimming against the tide because it's very much more target driven, meeting results" (1-13)

The interviewees identified that there was a need for their own organisations to take on more responsibility for supporting practice development to sustain and continue to develop practice development:

"It [the Patients First programme] was just a hugely beneficial resource really and it was almost you'd like something like that in every hospital" (1-05)

"I think we were very well supported and I think perhaps practice development, it's a role which should be embedded in each Trust if we're thinking about quality of service and looking at I suppose learning and everything else, it encompasses the whole thing and maybe trusts should invest in practice development nurses who can actually take a lead and make these things happen" (1-01)

The success of a number of the projects has continued to attract external interest, including from overseas:

"So they're now looking to us, by contacting me, there's someone coming this afternoon actually from Australia to see how we're doing it so that they can go back and set it up in their own hospital. So it's been a phenomenal, worldwide almost, and I've spoken at conferences about it in America, all over. So it's been hugely successful" (1-05)

On-going support for practice development

A number of project leads from year 3 would have liked to have some sort of follow up event to the Patients First programme to see how things had progressed for their peers on the programme:

"I think one of the things they felt when it finished was it's only just stopped and it would've been nice to perhaps meet at a year or two years later to share practice at a conference" (3-01)

Additional support from FoNS to inform project leads about sustainability would also have been useful, including guidance on how the projects that have been implemented can be sustained:

"Perhaps additional workshop days, perhaps six months after the report was put in, and then another 12 months after that just to check in with people and suggest ideas for maintaining the enthusiasm and the sustainability if you like" (3-02)

Once the projects had come to an end, there was very little support available for implementing practice development projects. Whilst it was seen to be good to have access to the practice development tools, some interviewees indicated that they still needed support in implementing them, either from within their own organisations or externally:

"I've just done another project, a long project that's actually a dismal failure, and one of the reasons for it was that it was just me with quite a big project ... I frequently go back to the tools that they gave us to sort of try and make sense of subsequent projects, but unfortunately not having someone there to keep you in check, to keep you talking about it, it's a real disadvantage" (1-05)

"They might want to but they haven't got the ability or the opportunity or they're not making the opportunity, it's quite difficult, so I think the Patients First and FoNS have potentially have quite an important role for people that want to develop practice" (1-13)

Summary

- Project leads applied for the Patients First programme for a number of reasons, including wanting: access to experienced practice development facilitators; to learn new skills to support their ideas; and to get external recognition of their project. Despite a number of initial anxieties, participants generally thought the programme had fully met their expectations.
- All aspects of the support provided by FoNS to implement the projects were seen to be useful; there was mixed opinion on whether the workshops or facilitator visits were most useful. Valued aspects of FoNS support included advice on project management, assistance in implementing tools, facilitating sessions for project staff, and having a creative approach to problem solving.
- Whilst the funding was appreciated, the amount was seen to be limited, and not the key reason for applying.

- Challenges to implementation of the practice development projects included: coping with organisational change, staff members who were not supportive of the project, and time and resource constraints.
- The Patients First programme was viewed very positively by all interviewees. They described examples of projects having a positive impact on patient care and clinical practice.
- There were personal benefits for many of the project leads. These included having time to reflect on their work; increasing confidence in using practice development tools; and identifying wider opportunities to implement the skills gained through this programme.
- Many programmes were able to continue with the projects, or the change in practice that resulted from the project after the programme ended.
- Having access to on-going support in implementing practice development techniques would be useful for many of the project leads, e.g. developing a network/online forum that people use to get advice and/or encouraging individual organisations to take this forward.

Interviews with FoNS Staff

Background information

Semi-structured interviews were conducted with three members of staff from FoNS currently involved in the management and delivery of the Patients First programme: the Chief Executive of FoNS as well as two Practice Development Facilitators. Two members of staff had worked for FoNS for over 10 years and had been central to the initiation of the Patients First programme; the third member of staff was the current lead for the programme, and had been in post for two years. Quotes from individuals have not been labelled to maintain anonymity.

Initial set up of the programme

Patients First was developed to build on the experience gained from managing other programmes within FoNS. It recognised a need to support nurse led teams in implementing practice development projects, so as to improve the patient experience:

"Patients First really evolved out of our experience of working with teams in practice knowing that going out and meeting with them was a useful way of enabling them to maintain momentum, give some credibility and validity to their work which enabled them to get managers and staff on side. ... We also recognised that bringing people together and giving them an opportunity to learn together was valuable, and so that's formed the essential components of the Patients First programme as it is"

Ensuring that patients were involved as partners in the development of the projects was also a key part of the initiative:

"Nurses do have some good ideas, but actually sometimes those good ideas aren't necessarily what patients really want. ... Patients First was all about saying how can we set up a programme that would really enable people to focus much more on working in partnership with patients, to understand what was needed in practice and then to continue to work with them in partnership to kind of take action"

Building on their previous experience within the field of practice development, the team at FoNS successfully bid for funding from the Burdett Trust to fund the Patients First programme:

"This programme really came about because we were invited by the Burdett Trust for Nursing to tender for one of their partnership grants that they were setting up ... one of which was locally focused innovation and that seemed to be absolutely perfect for us in terms of the work we were doing, but really also gave us an opportunity to think about developing a programme that we felt would even better sort of meet the needs of nurses, patients and the service at that time"

Process development of the Patients First programme

Structure of the programme

This evaluation focused on the first three years of the programme, during which time the content and delivery of the programme has been reviewed and amended to fit with lessons learnt from earlier annual evaluations as well as from managing the programme in practice.

The changes to the programme have included:

- Reducing the number of funded projects from 15 to 10, to maximise the amount of support that can be given.
- An increase in the amount of funding provided.
- Refinements to the workshop programme, in terms of the structure and content of the workshops, with a greater focus on patient participation.

It was perceived that these changes have resulted in improved patient involvement in the projects:

"So the difference I've seen between year 2 and year 3 in the evaluations in terms of the amount of patients involved, actively involved, has increased dramatically, and I think some of that work has helped"

Selection process for participants

The application process to participate in the Patients First programme is detailed, with a relatively long form to complete. Potential applicants are advised to ring the Practice Development Facilitators at FoNS before completing the application form to discuss their applications and to ensure their plans fit the criteria:

"I think we need to know much more about the contextual issues and what they want to be able to do and have a sense of their commitment to practice development and innovation in practice and what they would want to achieve as a team, whether it be a ward, a clinic, a surgery or whatever... I think probably some people feel it's quite onerous, the application"

Unsuccessful applicants are also given the opportunity to discuss their applications with the FoNS Practice Development Facilitator and obtain feedback from the process.

Publicity and awareness-raising

The programme is publicised on the FoNS website, through the FoNS e-newsletter and also through various nursing publications. Efforts are being made to continue with greater awareness-raising about the programme throughout the year, using different media to promote the Foundation:

"We've got various initiatives, like we're using Twitter and Twitter Chats to let people know we're here"

Projects that have been awarded funding are shared on the FoNS website, as are final reports once the project has been completed. News about the Patients First projects added to the website is tweeted and included in the FoNS news alerts.

Use of project funding

FoNS staff reported that for a number of cases the project funding was not used in full. Having the money was seen to be a way of attracting people to the scheme, but the main benefit of the programme was seen to be in the form of the support from FoNS staff and the workshops:

"I think for some people the funding brings kudos, so you could turn around and say actually I've just attracted a £5,000 grant¹"

"They think oh if we can get some money that'll be great, that will help us do it, but actually when they get into the middle of it they realise that actually no they don't need it, they can, and it is always useful. There are some people that use it to backfill time, things like that, but to be quite honest the process that you have to go through to do that is so complex. Quite often I think people try and be creative and release staff in different times or reward staff in different ways. So certainly from our point of view the money really isn't the important point"

Impact of the programme

Main outcomes

All of the FoNS staff believed that the Patients First programme had gone some way to meeting its aims at a programme level, although there were variable outcomes at a project level. The main outcomes of the Patients First programme to date, according to the staff at FoNS, have centred on increasing the skills and confidence of project staff, and their ability to implement change within their work environment:

"I think the main outcomes have been the skills and development of the project teams. There have been some significant changes. ... the participants' skills and development, their confidence levels, which we've been able to demonstrate, I definitely think that confidence and enthusiasm to do things differently does help them continue to do things differently"

"I can't think of a project that hasn't achieved anything that was worthwhile"

¹ This relates to Year 4 of the Patients First Programme. Years 1-3 received up to £3,000.

Whilst those directly involved may well have benefited from participation in the programme, it was difficult to ascertain whether this benefit is felt by members of their wider teams:

"I think that they have all made a big difference to the project leaders and the immediate kind of team members so that those really are the people that come for the workshop days ... I'm not sure to what extent people wider than that feel they benefit. It's kind of hard to know, because we never go back to the wider team members to find out the impact that it might have had on them individually"

There is also a belief that the programme has demonstrated a change in patient care:

"I do think it's a valuable programme, a valuable opportunity for practitioners, and I do believe that it has made some differences to patient care"

Impact on the patient experience

Various examples were given of projects that had adopted an evidence based approach, which engaged patients in co-design with project staff. Other approaches of engaging patients were used, although there were difficulties in bringing patients and carers in to project development as active partners. This was seen to be a much wider issue than just for Patients First:

"I think at the moment many projects are involving patients by for example collecting patients' stories or those kind of approaches, but there are very few projects where patients are active members of the project team, and I think that is something that people find difficult, and I think that's something that is found difficult in the Health Service, full stop"

Despite the difficulties, in general FoNS staff did think that the programme had made a difference to how the teams engaged with patients:

"I've definitely seen evidence of starting to ask patients different questions in different ways, and starting to really hear what they're saying"

Key benefits

The key benefits for those participating in the Patients First programme included having the opportunity to learn new skills that are relevant to nursing practice; raising awareness of practice development tools and techniques and having direct support from a practice development facilitator:

"We know that classroom based learning alone doesn't change practice, but actually you still need opportunities where you can bring people together to collectively share knowledge"

The one-to-one support aimed to help project leads to face uncertainties about engaging patients or other staff in the project, and implementing newly learned skills and facilitation techniques:

"The thing that I've always felt with FoNS' work is the bigger difference we make is the face-to-face person-to-person interaction that we can offer that additional support to people in practice that they're not able to get from elsewhere"

The programme was also seen to have helped project staff in overcoming preconceptions about what needed to be achieved through the projects:

"So a lot of them start with very preconceived ideas about their projects and a lot of them will now admit that what they are achieving is completely different"

Key challenges

A number of challenges relating to practice development were highlighted by FoNS staff, firstly within their own organisation in terms of recruiting suitably qualified and experience staff to take on the role of Practice Development Facilitator:

"One of the challenges that we do face is recruiting facilitators to lead the programme that have the right knowledge and skills to be able to do that"

Furthermore, clinical environments can make engaging staff and patients very challenging:

"Sometimes people do come with an idea around what they want to do, but actually when we begin to work with them we realise that the culture, the context that they're working in suggests that there's something else or more that's needed"

Another challenge for the programme is recognising when no further changes can be implemented, and knowing when to move on:

"There have been times when we've had to say right we'll just draw a line under it, we can't go on"

Sustainability

Maintaining momentum in project areas

At the moment, support and contact with FoNS after the end of the project is informal, although there has been some discussion around having an event or more formal network, particularly in places where multiple projects have been funded:

"So we've probably supported about ten projects now on Patients First in Northern Ireland. So one of the things I'll be really interested in looking at is how we start to think about those people networking a bit more together to support each other and encourage others"

"We have talked about the idea of having like an alumni or some sort of network"

There is also a need to ensure those who develop new skills through the programme have the opportunity to continue to use these skills as well as supporting colleagues who may be interested in practice development:

"We do have some people that really do develop fantastic skills as facilitators and leaders and what we want to be doing is encouraging those people to be working with others and transferring those skills and being kind of critical friends to other people that might be doing similar sorts of work"

Knowing where to get further support at the end of a project was seen to be an issue that needs to be addressed:

"What I worry about is when the projects are finished, and this is borne out in my own experience, is you can become quite isolated in your own organisation"

Future development of the programme

Ideas for developing the Patients First programme further at the end of the current period are currently under discussion. Whilst the need to continue working on locally focused projects has been recognised, one suggestion has been to focus greater effort on supporting multiple projects in selected organisations:

"Maybe working with five teams within one organisation, and we almost run a mini programme within one organisation, and maybe we could do that in several organisations over a period of time. So essentially what you would be doing is building up capacity within one organisation with the hope that those people could then work with other people to build up more capacity within that organisation"

The idea of focusing more on changing and developing the influence of patients on the workplace culture has also been under discussion:

"One of the things I'd like to think about for the future is that rather than people coming to us with aspects of practice they want to focus on I'd like to encourage people to think a bit more about the whole notion of the workplace culture and where the patient and the person sits within that, and then to think about what needs to happen for things to be better"

Summary

- The Patients First programme was set up to offer support to nurse led teams in implementing practice development projects. The format of funding, workshops and facilitator support emerged from previous experience of managing programmes as the most effective means of providing support.
- FoNS successfully applied to the Burdett Trust for funding of the Patients First programme.

- Information about the Patients First programme and details of current and past projects are disseminated through a number of media including the FoNS website and newsletters, social media, improvement insights which are sent to all the health libraries in hard copy and a number of other websites aimed at reaching a wide nursing audience.
- The Patients First programme has gone some way to meeting its aims, although outcomes at project level have been variable. The main outcomes have focused on increasing the skills and confidence of nursing staff, enhancing their ability to influence change within their working environment, and improve the patient experience within their area of practice.
- Discussions are on-going within FoNS about the future direction of the Patients First programme, and the focus of the next phase of work to support nurse led practice development.

Case studies

The case studies were selected from the projects that have been sustained beyond the project funding period, and demonstrate successful implementation of practice development approaches to nurse-led practice.

Patients First Case Study 1 – Developing a Supportive Care Service for Patients following Percutaneous Cardiac Intervention (PCI)

Project lead: Sue Francombe, Nurse Specialist Cardiac Rehabilitation, Aneurin Bevan Health Board

Context and background

Cardiac rehabilitation has been shown to reduce mortality and morbidity in patients recovering from cardiac illness, promote functional capacity and improve perceived quality of life (British Association of Cardiac and Preventative Rehabilitation (BACPR), 2012). It provides patient assessment, and a structured programme of advice and education on lifestyle and self-management. In the Aneurin Bevan Health Board in Wales, the cardiac rehabilitation programme was only available to those who had suffered a heart attack or undergone heart surgery. The need for this service to be made available for those patients having a percutaneous cardiac intervention (PCI), or stent, was identified by the ABHB cardiac rehabilitation team, as those patients did not receive follow up advice or support following the procedure. Whilst the need for this was recognised, there were insufficient resources available to fund the rehabilitation care for this patient group.

A successful project application was made to the Foundation of Nursing Studies 'Patients First' programme in 2011, to address the need for this service. The aims of the project were to understand the patient experience of PCI and use this to develop a post PCI service that is responsive, timely and patient centred. The objectives of the project were to:

- Understand the patient experience of PCI
- Engage key nursing and medical staff and share the patient experience of PCI
- Work as a stakeholder group to develop practice and implement a rehabilitation service for patients undergoing PCI.

Approach used

A number of approaches were used to implement the project including:

Patient Focus Group: a focus group held at the start of the project found that patients following PCI lacked clear and consistent information; felt that care was disjointed, with a lack of communication and post discharge support. A follow up patient focus group was conducted at the end of the project period.

Stakeholders Group: this group consisted of primary care and ward staff, the cardiac rehabilitation team, a cardiologist and the cardiology directorate manager. A 'values clarification' exercise and a claims, concerns and issues exercise were conducted with the group, facilitated by the FoNS practice development facilitator. Work with the stakeholder group resulted in the development of a mission statement and an action plan to implement changes to the service.

Process Mapping: this approach identified a number of issues which could be addressed to improve the patient referral to rehabilitation and ensure appropriate care and information was delivered more consistently across the region.

This work resulted in a number of changes being implemented across the rehabilitation service, without the need for additional resources, including:

- Service redesign to increase the capacity to include patients post PCI
- Changed PCI pathway
- Improved referral process
- Review of information leaflets

Outcomes

Outcomes: The changes were successfully implemented across the Health Board. The second focus group found that post-discharge information was clear and consistent, the patient experience was good during and following PCI and those patients felt supported post-discharge. Consultants are encouraging people to come to cardiac rehabilitation service and referrals to the rehabilitation services have increased from 15% to over 80% following the implementation of the project.

Other outputs included presenting a poster at the ABHB Nursing Conference; putting together a successful bid through 'Dragons Den' at ABHB Nursing Conference for software to develop patient stories and supporting other teams looking at practice development.

The project team has shown that it is possible to successfully redesign services, increasing patient throughput without additional resources or compromising quality. This has been achieved by acknowledging the patients contribution throughout.

As a result of the successful implementation of the project, the project lead is a finalist for the Welsh Nurse of the Year awards.

Impact of the Patients First programme: As well as using the practice development tools taught during the Foundation of Nursing Studies workshops, the support from the practice development facilitator was useful in being able to deliver the project. This was through the scheduled project visits themselves, and also being able to contact the practice development facilitator by phone or email to discuss problems as they arose:

"Without the work that we did with the Foundation of Nursing Studies there wouldn't be this service for patients post PCI. I don't know if we would have done it anyway. I don't know whether anyone would have taken that on board" (Project lead)

Impact on patient care: According to the project lead, the expanded cardiac rehabilitation service helped patients who had had a PCI get on with their life and get back to the things they want to do following PCI. The patients currently engaged with the cardiac rehabilitation programme in Torfaen, which now included post-PCI patients, generally had a very positive experience during their time with the service:

"When we come here we have this exercise which is great because it's getting us fitter, and then afterwards we have a talk from Sue about various aspects of our conditions and it's the best thing I've ever been to because it gives you the information about what's actually happened to you and what your potential is for your future, what care you've got to take and what lifestyle changes you've got to make. These are not spoken to you except in a place like this" (Patient 1)

“Here there’s Sue and each individual can talk to her on a personal basis about their concerns or about their medication” (Patient 2)

“Now I feel more confident about what I can and can’t do, I’m ready now to go back and start again in the community” (Patient 3)

Sustainability

Referral processes for patients having a PCI have been mainstreamed, and the cardiac rehabilitation service will continue to be offered to these patients post-PCI. The service has reached maximum capacity now, and the team is looking at securing further investment with the potential to expand the rehabilitation to other patient groups to bring it in line with standards from the British Association for Cardiovascular Prevention and Rehabilitation (BACPR).

Supporting information and documentation

Francombe, Sue and Knott, Angela (2013) *Developing a Supportive Care Service for Patients following Percutaneous Cardiac Intervention (PCI)* Foundation of Nursing Studies: London <http://www.fons.org/library/report-details.aspx?nstd=42814> (accessed August 2013).

Patients First Case Study 2 – The Establishment of Heathfield Health Centre in HMP Wandsworth

Project lead: Sue Wilson, Practice Development Facilitator, St George's Healthcare NHS Trust

Context and background

HMP Wandsworth is a Category B adult male prison, situated in South London with the capacity to hold 1650 prisoners. The majority of prisoners are housed on the main prison wings. The healthcare service within the prison is run on a primary care model; the service provides General Practitioner's (GP) and a nursing service, a reception health screening service, a primary care and in-reach mental health service, a small medical in-patient unit, a number of outpatient services and an emergency service.

The HMP Wandsworth Inspectorate Report (2011) highlighted that there was limited provision for any formal assessment of minor illness or a process to streamline offenders into being seen by the most appropriate clinician, with prisoners not being guaranteed any consistency of treatment. Prior to the project in HMP Wandsworth, long waiting lists to see GPs led to a high number of prisoner complaints specifically concerning the provision of and access to primary care services. Healthcare provision involved nurses operating 'treatment' sessions that largely revolved around the administration of medicines to prisoners. The nursing staff felt the existing model of care did not support a holistic approach to patient management, nor opportunistic health interventions or the management of patients with long term conditions, along with the challenges associated with working in the prison environment.

A successful project application was made to the Foundation of Nursing Studies 'Patients First' programme in 2010, with the aim of developing an improved service within primary care at HMP Wandsworth to bring healthcare provision in line with that in the community.

The initial key objectives were to:

- Describe and analyse current service provision and identify gaps
- Gain the views of service users i.e. prisoners with regard to the provision of healthcare services
- Seek engagement from all nursing staff and the wider multidisciplinary team such as GP's, prison staff, prison managers and healthcare administration.

- Scope an identified new service and develop a comprehensive action plan for its delivery.

Approach used

The project was divided into two phases. Phase 1 was intended to understand the current situation from both staff and patient perspectives, using a number of practice development methods. This included: informal observations of practice: provided evidence of the limited opportunities for prisoners to engage and/or access basic healthcare provision, with prisoners often using the opportunity of receiving their prescribed medications to try to engage nurses about other health issues.

Assessment of stakeholder concerns: Approaches used included a Context Assessment Index questionnaire, staff focus groups and senior management questionnaire. These highlighted the desire for clinical staff to have more time with patients to meet their individual needs and to be able to utilise and build on their nursing skills. Organisational concerns such as poor communication, lack of resources and challenging working environment were also raised from the clinical staff.

Assessment of prisoner concerns: An audit and analysis of prisoner complaints and responses from the prisoner survey showed the main concerns were lack of access to GP services due to long waiting lists, lack of information regarding appointments, lack of continuity of care and lack of access to the wider primary health care services.

A key project theme identified was access to either a GP or nurse for routine health issues. Of particular note was that complaints from prisoners regarding healthcare provision were high compared to complaints about other prison services and providers. This led to much time being spent by healthcare staff investigating and responding to these complaints.

Phase 2 involved the development of a 'Walk In' service that would include triage, 'see and treat', minor illness and ailments, health promotion as well as the management of long term conditions. The new service was named the Heathfield Healthcare Centre (HHC). Healthcare and prison staff were kept informed of the progress of the HHC through newsletters and regular staff meetings. The centre was opened on 11th April 2012.

Outcomes

The healthcare centre is now operational, with two Advanced Nurse Practitioners (ANPs) currently in post. The clinic is run with one ANP or a GP and two nurses each seeing their own patients. Patient application forms are triaged by HHC nurses and appointments allocated to the nurses on the next working day. Where possible clinical staff are also rotated into HHC in order to give everyone an understanding and experience of the new service. To ensure nursing staff had the appropriate clinical assessment/triage skills for the clinic, the Patients First funding was used primarily to fund an in-house learning and development programme which was tailor made to suit the clinical group and their clinical need.

Impact of the Patients First programme: The Patients First programme was very useful in providing access to support from FoNS staff who helped the project leads stay focused and also provided creative solutions to dealing with potential stumbling blocks, such as engaging prison staff into the process:

"[FoNS] were supportive in enabling us to regroup fairly frequently, even with a phone call, to keep the project on track, in that sort of environment it might well have easily come to a halt, and I think their external support was invaluable. ... I think it was very creative really how they gave us ideas and a bit of thought, so we might end up with different ways of tackling things" (Project lead)

Impact on patient care: Since the centre opened the waiting lists for patients to access healthcare have been reduced significantly, from around 230 before the project to the current level of approximately 20. This was believed to have reduced prisoner anxiety and frustration around accessing healthcare:

"it's still running, it's seeing possibly what 40 patients a day. Before ... you either saw the GP or you didn't and that was it, so whether you had a minor illness ailment or something more serious, the GP was your only avenue of medical assessment. Whereas now there's two advanced nurse practitioners working there supported by band 5/6 nurses, so there's three of them in there, and they're running clinics twice a day. So without a shadow of a doubt it has provided incredible healthcare provision for the prisoners in there" (Project lead)

Key success factors:

- Skilled project facilitation improved communication and relationships between staff and the senior healthcare management team.
- Adopting a broader remit to multi-disciplinary team working than the project team initially envisaged was key to the project's success.
- Engagement with and the data collected from staff and prisoners provided strong evidence to support and inform the development of the new service.

Having a creative, flexible and adaptable approach and a willingness to change direction was fundamental in achieving the long term aims.

Sustainability

The nurse-led HHC is now open, seeing an average of 60 prisoners per day and appointment waiting times have been significantly reduced. Two Advanced Nurse Practitioners (ANP) have now been employed to lead a small group of key nurses in its day to day running along with extending the remit to include the management of long term conditions. The improvements in primary care, and in particular the success of the role of the ANPs was acknowledged in the recent HMCIP inspectorate report (2013).

A comprehensive evaluation is required to assess prisoner and staff satisfaction, audit clinical presentations and outcomes, and measure the extent to which this new service has improved patient care. The number of prisoner complaints regarding the provision of healthcare appears to have reduced, and HHC is now seen across the prison as the key facility for the provision of a primary health care nurse led service.

Supporting information and documentation

Her Majesty's Inspectorate of Prisons 2011 HMP Wandsworth Inspectorate Report. Retrieved from: <http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/prison-and-yoi-inspections/wandsworth/wandsworth-2011.pdf> Last accessed: 18-11-2013.

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Patients First Case Study 3 – Call 4 Concern (C4C): Patient and relative initiated critical care outreach (CCO)

Project lead: Dr Mandy Odell, Nurse Consultant, Critical Care, Royal Berkshire NHS Foundation Trust

Context and background

Call 4 Concern is a patient safety initiative enabling patients and families to call for immediate help and advice when they feel concerned that they are not receiving adequate clinical attention.

The concept of 'Call for Concern' (C4C) was inspired by Condition H(elp) system at the University of Pittsburgh's Medical Centre (UPMC) in the United States. Condition H(elp) was set up in 2005 as a result of the case of an 18 month old child, Josie King who died in 2001 due to hospital errors and poor communication (www.josieking.org). The H(elp) system allows patients and their relatives to directly summon the rapid response team, using an in-hospital 911 call when they have concerns about the patients' condition.

Patients and relatives can make a positive contribution to the care of patients. Relatives see themselves as collaborative partners with nurses, and a valuable resource for knowledge. Clearly the patients themselves, and their families, have the most knowledge about the patient, and it is important to recognise the significant contribution that patients and relatives can make in the prevention of deterioration, by early detection of subtle changes. The value of the role that patients and relatives can play in alerting nurses' to early deterioration has been recognised and at a recent Rapid Response Systems consensus conference (DeVita et al., 2010) the inclusion of the patient and relative in the early stages of the rapid response systems process has been recommended.

Even though there is growing acceptance of patient and relative activated rapid response in the USA, there is little published evidence on the concept. Patients and their families can be a vital source of information, and can often pick up subtle cues that herald physiological deterioration long before it may be detected through observation or monitoring by health care staff. As well as the growing adoption and recommendations in the USA, anecdotal narratives from relatives at conferences, and local feedback from patients, relatives and staff involved with the CCO service, all contributed to the decision to introduce Call 4

Concern (C4C), a system of patient and relative initiated critical care outreach (CCO). It is believed that this is the first such system in the UK.

Aims and objectives of the project

As the concept of patient and relative initiated CCO was unprecedented in the UK, it was felt necessary to undertake a feasibility pilot for the C4C concept before widespread hospital implementation was contemplated. The overall aim of the C4C project was therefore to introduce and evaluate a system that allowed patients and relatives to directly access the Critical Care Outreach (CCO) team through a process of self-referral. This would involve assessing the:

- usefulness of the service to patients and relatives
- impact on the patients' and relatives' overall hospital experience
- potential workload impact on the CCO team
- effects on other health care staff

Approach used

The project involved two phases: a feasibility pilot (phase one) and ward testing (phase two).

Phase one: Feasibility pilot

All adult patients (over 18 years of age) transferred to the general hospital wards from the intensive care unit were included in the six month feasibility phase. The CCO team routinely visited each patient prior to their transfer to the ward, and again 24 hours after their transfer. During the pre-transfer visit, a member of the CCO team gave the patient verbal and written information about the C4C service. During the post ICU transfer visit the CCO team re-iterated the C4C information and gave the patients/relatives a C4C resource pack. This pack was developed by members of the CCO team with support from patients and relatives and included information on how to contact the CCO team, a token to use the phone via the bedside media system and a feedback form with a stamped addressed envelope. To evaluate the pilot phase feedback was sought from the patients and relatives via a standardised questionnaire. Verbal feedback was also sought from the specific CCO team member and any other health care staff involved.

Phase two: Ward testing

The Context Assessment Index (CAI) assessed the staff's perspectives of the existing context within which they work and highlighted issues that may have enhanced or hindered person centred care, and the receptiveness of the clinical team to change. The CAI questionnaires were distributed to all staff in the clinical areas outlined above via post; 42% of the questionnaires were completed and returned. C4C calls were evaluated by analysing the reason for the call, the patient outcome and feedback from the patient or relative. Staff on both the intensive care unit (n = 95) and the two surgical wards (n=21) were surveyed at the beginning of the project and following information giving, using a questionnaire developed by the steering group, in order to evaluate their knowledge of C4C and their attitudes towards the concept.

Outcomes

Impact of the Patients First programme: The Patients First programme provided vital support for the project team, developing project management skills, self-awareness and reflection – key factors that enabled the successful implementation of the project:

“I think the FoNS team really make me think about project management and planning and a lot of self-awareness and how you work. It was a really useful exercise to understand, you know, why things happen to me the way they happen, the way I approach things and why things in the past may not have been a success and actually subsequently haven't necessarily been a success, because it gives you an opportunity to take stock, take time, look at what you're doing and plan what you're doing, which is brilliant” (Project lead)

“Well that it was just a hugely beneficial resource really and it was almost you'd like something like that in every hospital and their (FoNS team) attitude as well, it was very coaching and they weren't trying to make you do things their way, they were very supportive” (Project lead)

Impact on patient care: The Call4Concern service had a significant impact on patient care, winning a Patient Safety award in Critical/Intensive Care at the Nursing Times and Health Service Journal Patient Safety Awards in 2011:

“It was reassuring to know it (C4C) was there” (Patient 1)

“If I hadn’t had C4C I would have had to find another way to voice my concerns: taking time and draining energy when you have little of both” (Patient 2)

During the pilot phase of the project, two patients were recalled to intensive care because of problems picked up through the early warning system. A man, whose 21-year-old son suffers from Crohn’s disease, described how his son had two major operations at Royal Berkshire Hospital in recent years, one before the Call 4 Concern system was in place and one when the service was implemented. The first time his son suffered from septicaemia and almost died and the family had great difficulty contacting nurses and doctors quickly to get help as his condition deteriorated:

“When he was in hospital last year, he began to shake which was one of the symptoms he had when he nearly died. We were naturally extremely concerned. We were reassured by the nurses on the ward, but this time we were able to call out the team and specific tests were made relating to our concerns about septicaemia and we were then reassured that there was nothing to worry about....

“...I can’t describe the load that is lifted when that that sort of concern is taken away. And the great thing is that you don’t feel you are making a fuss or adding to the workload of the doctors and nurses. You are calling on a specific team of staff who understand patients with a critical condition”

Sustainability

Since the completion of the pilot phase, the Call4Concern service has been rolled out across the Royal Berkshire Hospital. A range of materials have been developed to promote the service and are displayed throughout the hospital. Call4Concern leaflets (see Figure 4) are available in all hospital wards and in the reception area of the hospital along with a stand (see Figure 5) which is also located in this area. Posters are also displayed in all hospital blocks and inside lifts. Following the initial phase of the project, the project lead has developed an audit tool (see Figure 3) which is being used to capture:

- Patient name
- Date, time of the call and ward details
- Details of who initiated the call, time of response and outreach nurse who responded to the call

- Description of the situation, background to the call, assessment (including family's expectations) and recommendation
- Patient and family feedback on the Call4Concern service

Further evaluation of the Call4Concern service using data collected from the audit tool in addition to patient and family feedback is currently underway.

Supporting information and documentation

Odell, M. (2009). Are early warning scores the only way to rapidly detect and manage deterioration. *Nursing Times*, 106(8), 24-26.

NT/HSJ Conference, Birmingham. 17th March 2010. Improving the detection of deterioration through patient and relative initiated critical care outreach.

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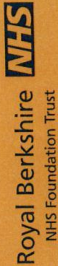
Call for Concern: Patient and relative initiated critical care outreach. Paper presented at the national BACCN Conference, Southport, 13th-14th September 2010.

Call for Concern: Patient and relative initiated critical care outreach. Paper presented at the 10 years of critical outreach conference, Southampton, 27th September 2010.

Figure 3. Call4Concern audit tool

Call 4 Concern Audit Tool		Patient's name:	
Date:	Who initiated call?	Affix patient label here	
Time of call:	Time of response:		
Ward:	Outreach nurse:		
Situation: Description:			
Background:			
Assessment: (including family expectations)			
Recommendation:			
Thank the patient/family for making the call.		Yes	No
Has the issue been resolved?		Yes	No
Is there anything else that can be done?		Yes	No
(Record and patient/family feedback)			
Inform patient's team	Inform ward sister	Inform matron	

Figure 4. Call4Concern leaflet



Royal Berkshire
NHS Foundation Trust

Are you concerned about a patient's condition?

Call for Concern: Creating a safety net for our patients

When NOT to make a C4C call:
C4C is a patient safety service. To report problems regarding your hospital bed, room, food, parking or any other general issues please speak to your nurse or the ward sister. You can also contact the Divisional Matron to discuss any issues further.

Patient Advice and Liaison Service (PALS)
PALS is a confidential Trust service that can provide patients, relatives and carers using the Royal Berkshire Hospital with "on the spot" help, support and information. PALS can liaise with staff and managers to sort out issues quickly, can help you get information about NHS services and can refer you to specialist agencies for further help. The PALS office is on Level 2 behind the main reception desk and is open Monday to Friday between 8:30am and 5pm, or you can ring PALS on 0118 322 8338 or get a member of staff to contact them on 40739 to visit you on the ward.

Location of Yellow and Pay Phones

North Block
Level 2 In link corridor to North Block
Next to the entrance

Battle Block
Level 1 Next to the lifts near Whitley Ward
Level 2 Next to the lifts near Sidmouth & Castle Wards
Level 3 Outside Mortimer Ward

Eye Block
Level 2 & 4 Near the lifts

Maternity Block
Level 2 Near the security desk and reception

Main Entrance
Level 2 Next to the Welcome Desk

South Block
Level 1 Next to the restaurant
Level 2 Near the lifts
Next to orthopaedic clinic
Level 3 Between theatre and Lion Ward

Royal Berkshire NHS Foundation Trust
London Road
Reading RG1 5AN
Telephone 0118 322 5111
www.royalberkshire.nhs.uk

Critical Care Outreach Service, July 2012
Review due: July 2014

This leaflet contains information that may be helpful during your stay / visit in our hospital.

Patient Safety is a high priority in the Royal Berkshire NHS Foundation Trust, especially with regards to the deteriorating patient. The Critical Care Outreach team are available 24 hours a day to help support ward teams in the care of acutely ill patients.

Call 4 Concern[®] is a patient safety service enabling patients and families to call for immediate help and advice when they feel concerned that the health care team has not recognised their own or their loved one's changing condition.

The Critical Care Outreach team can be contacted directly if:

1. A noticeable change in the patient occurs and the health care team is not recognising your concern.
2. You feel there is confusion over what needs to be done for the patient.



How to contact Critical Care Outreach:

Call us directly on our dedicated mobile phone:

0777 475 1352

Responding to your call

When the Critical Care Outreach team receive your call, they will need to know the patient's name and the ward they are on, as well as a brief description of the problem.

After prioritising the urgency of the problem, the team will visit you on the ward to discuss your concerns and assess the situation. The Critical Care Outreach team will liaise with your medical team and other healthcare professionals as needed.

Sometimes, we are unable to take your call immediately, but you can leave a message providing the same information as stated above, and a contact number. We will aim to get back to you as soon as possible.

There are a number of ways of contacting us:

1. Log on to Hospedia at your bedside.
2. Ring 0118 322 5111.
3. Ask switchboard to bleep 250 for you.
4. Wait on the line until you are put through to the Outreach team.

- Use your mobile to call Outreach using steps 2-4 above.
- Use any payphone using steps 2-4 above.
- Use any Yellow phone and dial 43, wait for instructions, then dial 250 followed by the number of the yellow phone. Replace the phone and wait for someone from the Critical Care Outreach team to call you back.

Call C4C if you have ongoing concerns after you have spoken to the ward nurse or doctor. Please do not feel concerned that using this system will negatively affect the patients care in any way. We recognise that sometimes the patient or a close loved one can see that something is wrong. No one knows your health care needs better than you and your family.

For any further information, please contact:

Critical Care Outreach Team – Bleep 250
Nurse Consultant for Critical Care – ext 7053

Further information on patient safety can be found at www.iosieking.org

Figure 5. Call4Concern stand, located in the entrance of the Royal Berkshire Hospital



Figure 6. Call4Concern poster displayed on the children's ward



Discussion

This evaluation focused on the first three years of the Patients First programme, looking at the extent to which the aims of the programme had been achieved; the extent to which the programme added value to the project leads, their practice and the care of patients; and the longer term outcomes and benefits of the programme.

The Patients First programme is currently in its fifth year, having supported around 60 nurse-led innovation projects and been subject to a continuous review and amendment process during this period. A total of 40 projects were funded during the first three years of the programme, covering a wide range of clinical settings and patient groups during this time. The structure and format of the programme are seen to be successful in supporting the delivery of practice development projects, in terms of providing training in appropriate skills, involving patients in decision-making processes, and influencing the outcomes relating to patient care. Data from the questionnaire survey and interviews with project leads indicated that the programme is worthwhile.

Support from the Foundation of Nursing Studies

Whilst all the project participants valued the support from FoNS, there were mixed views about which aspects of the support was most helpful in implementing their projects. The majority agreed that the contact with the practice development facilitator was by far the most important aspect of the programme; assistance from the facilitator through project visits and having access to help via the telephone or email was especially valued.

The funding, whilst a useful part of the support package from the Patients First programme was less important than the other aspects according to project leads. This was recognised by FoNS staff and project leads, who saw the funding as an incentive to attract potential applicants to the programme, with the main benefits being the facilitation support. The funding was relatively small, and some of those leading the projects were either unsure of how to spend the money or were unable to access it effectively through their organisational budget processes. The majority of project leads used the funds for, amongst other things, to fund room hire and refreshments. Whilst this may not seem important, it was seen to be a significant factor in getting staff and patients to engage with their projects. The funding was also used to fund time away from practice, to enable project leads to have time to reflect on

and manage their projects, and also gave time for other team members to attend stakeholder meetings. Whilst no formal monitoring was requested, the facilitator would often discuss with the projects lead how to set up accounts, access the funding and what was good use of the funding, for example, often encouraging the spending of the money to overcome challenges like release of staff. At the end of the projects, all teams were asked to provide a breakdown of how the funding was spent. If this was not spent or project leads did not identify any plans for spending, this was requested back.

Meeting the programme aims

The Patients First programme was seen by FoNS staff to be successful in meeting its aims. Furthermore, the expectations of the project leads in relation to the programme also appear to have been fully met. Three quarters of survey respondents stated that their project would not have been possible without the funding and support provided from FoNS. Furthermore, the case studies are clear exemplars of projects that have been successfully implemented and had a significant impact on patient care.

The programme was able to meet its aim of identifying areas of patient care that can be improved through practice development techniques through funding a wide range of projects from varying organisational contexts, clinical areas and approaches used. Areas for improvement were identified by the project leads through both formal and informal means, including staff discussion or concerns, patient and carer feedback or as a result of opportunities arising from structural or organisational change. In the vast majority of cases, the issues were raised by the nurse who subsequently became project lead, suggesting personal concern about the area of patient care.

The nurse-led teams displayed a number of ways of successfully engaging patients and other stakeholders to develop practice. Many of the techniques that were introduced to the cohorts during their development workshops were employed. Engaging staff was not always straightforward, and one of the key challenges was working around people who were not supportive of the programme. Support from the FoNS practice development facilitator was helpful when looking for practical solutions to particular issues around engaging staff, and the FoNS staff were keen to help build the confidence of project leads in taking this forward. Involving patients as partners in the development and implementation of project was also

difficult; finding practical ways of introducing patients as partners rather than just consulting with them was not an easy process. The majority of projects used questionnaires to assess patient views, using this to inform decision making, rather than including patients and service users directly in the decision making processes. However, projects were increasingly looking for other ways to ascertain patient views, such as in depth interviews, patient stories and focus groups. A small number of projects did attempt to involve patients in evidence based design techniques, although again this was difficult and remained largely a consultative process.

Once the projects were underway, a number of the teams changed their initial focus to gain a better understanding of the patient experience, thereby ensuring the proposed changes to practice would actually meet patient needs. The majority of projects then went on to develop an action plan for implementing their proposed practice development changes, and managed to progress some way towards implementing these plans, with the intention of improving patient care. For almost three quarters of the projects, the practice development work was undertaken as a direct result of the opportunity to apply for funding and support from FoNS through this programme; for others, the change would have been implemented anyway but this offered an opportunity for additional support in implementing the practice changes.

Evaluation was intended to be an integral part of each project's action plan, and the first and final workshop covered this topic along with support for writing up the final report. Conducting an outcome evaluation is not always an easy process, and not all projects had undertaken a formal - or even informal evaluation – at the time of submitting their final project report. The teams focused on understanding the problem and implementing practice development changes, rather than assessing the extent of the impact on patient care. A number of project leads intended to conduct an audit or evaluation after the end of the project, but in practice this was difficult to implement, due to competing demands on time. Respondents indicated that additional support from an experienced practice development facilitator the end of the project would have been useful in terms of knowing best how to continue with auditing and evaluating practice after the end of a project.

The programme was seen to be challenging by many of the project leads, taking many of them out of their comfort zones through the introduction of new facilitation techniques which they then had to implement them within their own practice. The workshops, and one-to-one support from the practice development facilitator, provided project leads with knowledge and skills around practice development. All questionnaire respondents indicated that the workshop development had been useful in enhancing skills regarding practice development and innovation. Having an opportunity to practice these techniques before applying them within their own organisation was seen to be a useful aspect of the programme as it built confidence as well as skills.

Individual project leads on the whole expressed increased confidence in taking forward innovative practice development approaches into their practice as a result of participating in the Patients First programme. Benefits for individuals involved in the programme included having time to reflect on their work; increasing confidence in using practice development tools; and identifying wider opportunities to implement the skills gained through this programme.

The work developed under the Patients First programme has been disseminated at a national level through FoNS, and examples of publications and conference presentations were given by project leads. In one case, dissemination of the project outcomes has led to recognition of the achievements of the project lead, and she has been shortlisted for a 'Nurse of the Year' award. Project leads are encouraged to share their practice within their own organisations, and FoNS encourage the use of any funding remaining at the end of the project to be used to pay for attendance at local, national and international conferences to share the practice lessons learned from this approach.

Adding value to project leads, practice and the care of patients

The majority of the project leads indicated that there had been many advantages to being part of the Patients First Programme. Areas where the programme has been considered to add value for the individuals involved included assistance with reflective practice, feeling more engaged in talking and listening to patients, enhancing skills in practice development techniques, and building confidence being able to use these skills effectively, and being able

to apply these skills in different settings. The case studies have demonstrated specific areas where the programme has added value to practice and patient care.

It was acknowledged that the Patients First programme involved a lot of work, from the initial application stage, through to the preparation of the final report – the level of commitment to the programme should not be underestimated. Potential applicants were offered the chance to discuss potential ideas prior to applying to the programme to ensure their project would fit with its aims. Likewise, towards the end of the project, numerous iterations of the final reports were produced between the project team and the FoNS team, with a view to providing a final report that would be beneficial to a wider audience. The access to advice throughout the programme duration was seen as an effective means of adding value to the projects.

The programme also added value to the organisations involved and to their practice, through better engagement between members of the project team, improved collaboration and communication between nursing and medical teams, and empowerment of nursing staff to influence change within their workplace. There has also been evidence of practice development projects being implemented more systematically. This led to further benefits for patients, with examples of improvements in patient care including an increase in the number of patients being treated; patients feeling like the service meets their needs, having challenged some of the assumptions of healthcare staff about patient needs, and has led to increased awareness amongst staff of issues around user involvement in care planning.

FoNS staff and project leads indicated that there was evidence from the projects that the processes of engaging patients in practice development had changed somewhat, with different methods being employed to gain a greater insight into the patient experience. The workshops in later years of the programme have focused more on patient engagement, as it was felt that this was one area that presented challenges. However, despite the changes seen, there was still some way to go in involving patients in more than a consultative role, and this was acknowledged by both FoNS staff in giving an overview of the programme as a whole, and within individual projects.

Longer term outcomes and benefits of the programme.

There was also evidence of longer term benefits of the programme, with around three quarters of individual projects resulting in changes in care that have, at least in part, been continued or mainstreamed into every day practice. However, there was some need for on-going access to advice beyond the end of the programme. Project leads indicated that whilst they thought advice from FoNS would be available if it was sought, there was some reluctance to do this once their time on the programme had finished and their report was submitted, as a new round of the programme would then be underway.

Capacity and capability in conducting and implementing changes through innovation and practice development appear to have increased in certain areas, with former project leads supporting their colleagues in learning practice development skills, and encouraging them to apply for later rounds of the Patients First programme. Project leads noted that multiple projects have now been funded in three or four organisations, which it was hoped would lead to an increase in capacity to implement practice development projects without external support in the future. It was not clear from this evaluation the extent to which these organisations have supported staff in adopting practice development methods in other clinical settings.

Potential benefit may be gained from supporting multiple projects in a single organisation, and this is something currently being considered by FoNS for the next phase of the Patients First programme. Implementing a multi-project programme would lead to a greater opportunity for internal support between individual project leads, with a shared understanding of the organisational context. This would also need committed support from senior managers within the organisation.

Limitations of the study

There were a number of limitations of the study which should be taken into account when considering the outcomes of this evaluation. The whole evaluation was undertaken over a short time scale, meaning that some potential respondents were not able to take part within this timescale, and some of the issues raised could not be investigated in more depth. Visits to case study sites were also limited by staff availability.

Also given the limited time to conduct the evaluation, it was not possible to follow up with project leads who did not respond to the invitation to complete the questionnaire – it would have been useful to find out the reason for their lack of response.

One other limitation of the study relates to the length of time since the programme was completed, especially from year 1 projects, with all respondents reflecting back on a programme that was undertaken up to four years ago. A number of issues raised by participants may have been identified through earlier evaluations and addressed by FoNS for subsequent programme cohorts.

Considerations for future development

The Patients First programme has continued to develop since its inception, and has made significant progress in meeting most of the aims of the scheme. It has demonstrated that there is enough flexibility to be applied in different clinical settings and contexts, and the mixed approach of workshops and access to direct one-to-one assistance seems to be effective in supporting the implementation of these projects. The key areas of concern that remain are around having sufficient time to spend on the project, engagement of colleagues and patients in the projects and the lack of continued support at the end of the programme. A number of areas for consideration for future development have emerged from the evaluation:

- A follow-up event at the end of the programme could be made available to project leads to promote the sharing of good practice.
- Look at ways in which to offer continued support to project leads once their round of the programme has to support the sustainability of individual projects. This could include developing a network/online forum that people could use to get advice offering on-going advice, encouraging individual organisations to take this forward or reminding teams of the current support provided by the FoNS, i.e. telephone and/or email support for a further period of time once the programme has finished.
- FoNS may be able to assist project teams by using part on the final workshop day to develop a plan for sustaining individual projects in the longer term. This could include inviting previous project leads to come back and share their experience of the programme and maintaining improvements in practice.
- Consolidating the progress made to date with previous project leads and providing on-going longer term support.
- Look at adopting more robust measures of evaluation to better assess the longer term impact of the programme on patient care.
- Consider the possibility of engaging project leads from previous years as mentors for current project leads, or those that have completed more recently. This could be done on an organisational basis where there is the interest in this, or on a regional basis.

- FoNS are considering developing a programme in the future which supports multiple projects in a smaller number of organisations. This would appear to be a good method to increase the capacity and capability within these organisations to implement innovative projects, once the idea has been piloted to gauge the level of support required and assess how this would work in practice. These organisations could be encouraged to employ a member of staff in a practice development role, supported by FoNS.

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Appendix 1: Questionnaire survey

Evaluation of the Patients First programme

This questionnaire asks about the support provided by the FoNS practice development facilitators, the practice development workshops and the sustainability of your project

The questionnaire will take approximately 10 minutes to complete.

This research has been approved by the University of Worcester Ethics Committee.

If you have any questions, please contact the [research team](#) or telephone: 01905 542158.

Please take time to read the information sheet that was emailed to you with this questionnaire and check that you agree with the following statements before completing this questionnaire. If you do not wish to take part, please click on the 'exit survey' at the top of this page.

***1. I have read and understood the information about the evaluation in the information sheet provided**

Yes

***2. I understand that I can contact the research team if I have any questions about the project**

Yes

***3. I understand that I do not have to take part in this project and that I am free to withdraw my data at any time**

Yes

***4. I understand that withdrawing from the project will not affect any current or future relations with FoNS or the University of Worcester**

Yes

SECTION 1: Background Information

5. Please indicate your gender:

- Male
- Female

6. Please indicate your age range:

- 20-29
- 30-39
- 40-49
- 50-59
- 60+

7. What is your current job role/title?

8. In which geographical region do you work?

- England
- Northern Ireland
- Scotland
- Wales

SECTION 2: About your project

***9. When did you participate in the Patients First programme?**

- Year 1 (beginning Nov 2009)
- Year 2 (beginning Nov 2010)
- Year 3 (beginning Nov 2011)

***10. What was the title of your project?**

***11. What was your role in the project?**

- Project lead
- Project team member

Other (please specify)

***12. How much funding did you receive for your project?**

£

***13. What did you use the funding for? (Please tick all that apply)**

- Buy time-out of practice for the team and other staff as appropriate
- Fund rooms and refreshments for meetings
- Support the involvement of service users e.g. travel costs/time etc
- Buy in specialist knowledge, skills, expertise and support e.g. academic support with evaluation
- Attendance at a conference to share findings of the project

Other (please specify)

***14. Would your project have been possible *without* the funding from FoNS?**

- Yes
- No

SECTION 3: Implementing your project

This section explores the support you had from the FoNS team and the process of implementing your project.

***15. What type of support did you receive from FoNS during your project? (Tick all that apply)**

- Initial visit from a Practice Development Facilitator to discuss how FoNs could support you during the programme
- Follow-up visits from a Practice Development Facilitator to your workplace
- Email contact with a Practice Development Facilitator
- Networking opportunities with other programme participants
- Help with report writing
- Dissemination, e.g. writing for publication, conference presentations etc.
- I received no support from FoNS

Other (please specify)

***16. Which was the most helpful aspect of the FoNS project support?**

- Initial visit from a Practice Development Facilitator
- Follow-up visits from a Practice Development Facilitator
- Email contact with a Practice Development Facilitator

- Networking opportunities with other programme participants
- Help with report writing
- Dissemination, e.g. writing for publication, conference presentations etc.

***17. What were the 3 main benefits of having support from the FoNS team?**

- 1)
- 2)
- 3)

***18. Did you implement your project as planned?**

- Yes
- No

If no, why not?

***19. What were the 3 main challenges that you faced in implementing your project?**

- 1)
- 2)
- 3)

***20. What additional support would you have found useful?**

SECTION 4: Practice Development Workshops

The purpose of this section is to explore the impact of the practice development workshop days.

***21. How useful did you find the information presented in the practice development workshops?**

	1 Very useful	2 Somewhat useful	3 Not so useful	4 Not at all useful	N/A Did not attend
Workshop 1: EPD theory and overview (introduction to practice development, developing an evaluation plan)					
Workshop 2: EPD theory and overview (workplace culture, facilitation nmlkj and action planning)					
Workshop 3: Participation, inclusion and collaboration					
Workshop 4: Creating person centred cultures					
Workshop 5: Evaluation and report writing					

***22. To what extent have you applied the learning from the workshops to your wider practice?**

1	2	3	4
Not at all	To some extent	To moderate extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***23. To what extent have you applied the learning from the workshops to other projects?**

1	2	3	4
Not at all	To some extent	To moderate extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: Sustainability

The purpose of this section is to explore the sustainability of your project.

***24 Have you developed your project since you submitted your final project report?**

- Yes
- No

***25. Have you applied for any additional funding to continue your project?**

- Yes – successful
- Yes – unsuccessful
- Yes – pending decision
- No

Where have you applied to? (Please tick all that apply)

- Internally, i.e. from your organisation
- Charitable organisation
- Research council
- Self-funded

Other (please specify)

***27. On a scale of 1 -10, what impact has your project had on:**

	1 None									10 Very significant
Patient care										
Organisation										
Yourself as a practitioner										

***28. In what way(s) has your project had an impact on patient care?**

***29. What personal development opportunities has participating in the Patients First programme given you?**

30. Please add any further comments or thoughts about the Patients First programme that you would like to share with us or think it would be useful for us to know.

31. This survey is part of a larger piece of research to help us evaluate the impact of the Patients First programme. The next stage of the research will involve interviews and the development of case studies with the participants of the programme. If you would be willing for us to contact you, please provide your contact details below.

Name	
Email	
Telephone number	

***32. Please create a unique identifier (so we can identify your information should you choose to withdraw from the study) using the following format:**

Initials plus your full date of birth, e.g. CT010865

My unique identifier	
----------------------	--

Appendix 2: Interview schedule: Project team members

Introduction

Thank you for agreeing to take part in this research. My name is (...) and I am from the University of Worcester. We are undertaking a research project on behalf of the Foundation of Nursing Studies to find out whether the aims of the programme are being met, and the extent to which the programme adds value to those taking part, their practice and patient care. We are also interested in finding out about the long term outcomes and benefits of being involved in the programme.

The interview should last between 15 minutes and will be recorded, and transcribed for analysis, although any direct quotes used in the final report will be anonymised. Is that ok?

Have you got any questions before we start?

Background information

Can you confirm your current job role?

Is this the same role that you were in when you started the Patients First project?

What was your role in the project?

What were your initial expectations of the Patients First programme?

To what extent would you say your expectations of the Patients First programme were met?

(Prompt: if not met, why not?)

Implementation

Thinking more about the running your project, what would you say enabled you to run your project successfully? *(Prompt: aspects of the programme that helped, e.g. practice development facilitator, support from organisation etc.)*

If not successful, what were the barriers to implementing your project as planned?

What level of support did you receive from your organisation? How could the level of support you received from your organisation be improved?

Added value to programme participants, their practice and patient care

What specific elements of the programme helped develop your knowledge, confidence and skills? *(Prompt: workshops, support of the practice development facilitator?)*

Since completing your project, what opportunities have you had to use the skills you developed?

How could your organisation make better use of the skills you learned from the Patients First programme?

To what extent do you think the Patients First programme has benefited your clinical practice?

Thinking more widely, to what extent has participating in the Patients First programme benefited your organisation? *(Prompt: For example, developing a project to fit with local healthcare priorities)*

Most importantly, in what way(s) has your project had an impact on patient care?

How have you been able to evidence this impact? *(Prompt: anecdotal evidence or measurable impact)*

Sustainability

Thinking more about sustainability now. How has your project developed since you completed your final project report?

What do you consider to be the main challenges to keeping your project going over time? *(Prompt: Funding, agreeing protected time etc.)*

What do you think are the longer term benefits of taking part in the programme?

How could the FoNS support you in developing plans to sustain your project?

We have covered all the points I wanted to talk to you about. Have you got any additional comments/ thoughts about the Patients First programme that you would like to add?

As part of the research we are also putting together a set of case studies to identify examples of good practice that can be shared more widely. Is this something you would be willing to help us with?

Thanks and close interview

Appendix 3: Interview schedule: FoNS team

Introduction

Thank you for agreeing to take part in this research. My name is (...) and I am from the University of Worcester. We are undertaking an evaluation of the Patients First programme on behalf of the Foundation of Nursing Studies to find out whether the aims of the programme are being met, and the extent to which the programme adds value to those taking part, their practice and patient care. We are also interested in finding out about the long term outcomes and benefits of being involved in the programme.

The interview should last between 15-20 minutes and will be recorded, and transcribed for analysis, although any direct quotes used in the final report will be anonymised. Is that ok?

Have you got any questions before we start?

Background information

1. Can you confirm your current role within FoNS?
2. How long have you been in this role?
3. What is your involvement in the Patients First programme?
 - a. How long have you been involved in the Patients First programme?
 - b. Can you explain how and why you became involved in the programme?

Initial set up of the Patients First Programme

4. How was the Patients First programme developed, and why was this considered appropriate at this time?
5. What was the process for getting the Burdett Trust involved in the Patients First programme?

Process development

6. What do you think about the how the Patients First programme has been implemented – how do things work in practice, what was done well, what could have been done differently?
 - a. Leadership, management and decision making
 - b. Working in partnership with the Burdett Trust

- c. Application/selection process
- d. Support for programme participants (workshops, facilitation, line management)
- e. Publicising and raising awareness of the programme

Outcomes

- 7. To what extent do you think the programme has met its aims?
- 8. What do you think have been the main outcomes of the programme to date?

Sustainability

- 9. To what extent does FoNS keep in touch with the projects after the funding ends?
- 10. How do you see the programme developing over the next few years? *(Prompt: Are any changes needed in order for the Programme to continue for the rest of this funding period?)*
- 11. What factors should be considered to sustain the scheme beyond the current funding period?
 - a. Introducing new partners?

We have covered all the points I wanted to talk to you about. Have you got any additional comments/ thoughts that you would like to add?

Thanks and close interview

Appendix 4: Information sheet

Evaluation of Patients First programme

The University of Worcester is conducting an evaluation of the Patients First programme, commissioned by the Foundation of Nursing Studies (FoNS). As part of this research we would like to find out what you think about the programme.

This questionnaire is being sent to all project teams who have participated in the Patients First programme to explore:

- The support provided by the FoNS practice development facilitators
- The impact of the practice development workshops
- Issues around the sustainability of your project

You do not have to complete this questionnaire however your experience of the programme is valuable and will be used to inform further development of Patients First.

Reporting of this information will be anonymised, and you have the right to withdraw your data at any time during or after completing the questionnaire. To withdraw your data, please send an email to the research team quoting your unique identifier number which will be generated at the end of the questionnaire.

If you have any questions please contact the research team via email: patientsfirstevaluation@worc.ac.uk or telephone 01905 542158.