Integration, Collaboration and Empowerment – Practice Development for a New Context

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Nurses, midwives and allied health professionals (AHPs) have been involved in practice development for many years. The term encompasses a range of approaches to supporting change in health care; both at local level and in national programmes of development. These initiatives have harnessed the creativity of those involved and led to true innovation within NHSScotland. However, the context within which health care is delivered is ever changing and services need to adapt to meet the new demands being placed upon them. The pace of change presents challenges for us all.

Delivering Care, Enabling Health provided the impetus for this work by inviting NHS Quality Improvement Scotland’s (NHS QIS) Practice Development Unit to develop a strategy for practice development in Scotland. This has been taken forward in close collaboration with NHS Education for Scotland (NES).

One of the key issues that we wanted to address with this strategy was that the language surrounding practice development can be a bit confusing and inaccessible at times. We wanted to help create a common language and understanding in relation to practice development across Scotland.

Essentially, this framework describes practice development as a synthesis of three key components – evidence (in its broadest sense), quality improvement processes and/or interventions and innovative and creative approaches to sustaining change. To successfully support the development and improvement of clinical practice these components need to be combined with person-centred approaches, strong leadership and relevant programmes of learning and development. This gives greater clarity and focus and, when centred on a specific clinical issue such as improving nutritional care, practice development becomes more purposeful.

Central to this work is a values-based approach and a commitment to integration of practice development activity with the wider clinical governance and service redesign agenda. While practice development tends to be an activity that is taken forward at the interface between the patient and the practitioner, there is also a need for national programmes of development and innovation to ensure key priorities are addressed in a co-ordinated and timely manner across Scotland. Both approaches are essential to achieve lasting change, but tensions can arise if we don’t get the balance right and this document acknowledges this. The challenge is to build on the excellent work thus far and to fully integrate practice development approaches within the mainstream business of NHS boards.
This document has its origins in Delivering Care, Enabling Health. The Practice Development Unit in NHS QIS was asked to develop a strategy for practice development in Scotland characterised by core values such as caring, dignity and respect. Learning and professional development are fundamental to sustainable change so NHS QIS and NES have worked together to develop this vision in close consultation with key stakeholders.

Our vision for practice development in Scotland is that of a nationally co-ordinated approach to ensure that practitioners are empowered, enabled and facilitated to develop and advance their practice to improve the overall quality of care they provide to patients, in line with policy commitments. This must happen in a way that values the patient’s right to be cared for with dignity, compassion and respect and in such a way as to promote their optimum level of functioning in every care situation. Changes in culture are required to support the wider service changes that are happening in the health service, and practice development methods have a key role to play in this respect.

In order to be effective and to drive change, practice development must use best available evidence and quality improvement processes or interventions. To ensure success, this approach needs to be augmented by robust and systematic processes to managing and sustaining change. In essence, you can change one aspect of practice, but if the context and culture does not adapt to support the new approaches, the chances of success are limited. Moreover, if the human dimensions of change are not given due consideration, like an elastic band, practice will relax to the comfort of its original configuration.

While practice development has been taken forward mainly at a service level, it is also crucial that key priorities are driven, coordinated and supported at regional and national levels in NHSScotland. The combination of all levels of practitioners, managers and executives working together on a shared agenda is a powerful force for change. NHS QIS and NES are central to supporting this agenda. We will draw on the combined expertise of universities, Scotland’s colleges, the Nursing, Midwifery and Allied Health Professionals’ (NMAHP) Research Unit and research consortia. Through this collaborative effort, NHS QIS and NES will be able to be more targeted in their efforts to support NMAHP leaders along with their teams. This is all with the aim of creating a critical mass of practitioners to realise better outcomes and experiences of care for patients, service users and their families.

The modernisation agenda presents as a crowded landscape for NHS boards and crucially, we must capitalise on the synergies between the various initiatives to assist staff within NHS organisations to maximise the use of limited resources.

This enthusiasm, to make the most of the opportunities, needs at all times to remain rooted in a values-based approach where patient experience is at its heart.

Foreword – A vision for developing practice

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1 Introduction and background

For many years, healthcare professionals have been involved in practice development. The term has been widely used and means slightly different things to different people. It describes particular approaches to supporting change in health care, both at local level and in large-scale programmes of development.

Practice development includes a range of activities with the shared aim of improving the quality of care provided to patients. These activities have in common a number of elements: seeking and using evidence, following systematic improvement processes and enabling and seeking to sustain change. These activities are person-centred, require leadership and skilled facilitation and involve reflection and learning. The elements have been brought together in this document to form a framework which can be found on page 6.

In 2006, a review of the evidence base around practice development was published. It contained recommendations for a Scotland-wide model of practice development, which should show a participatory, inclusive and collaborative approach.

Over the last decade, a number of healthcare policy initiatives have been introduced, designed to modernise health services and improve quality. In some areas, practice development activity has been integrated within this wider quality and clinical governance strategy. In other areas, it has remained disconnected. The framework in this document is designed to be useful to all healthcare staff as a means of integrating practice development into the mainstream business of NHS boards and enabling the sharing of innovation and best practice across Scotland.

2 A values-based approach

In recent years, healthcare professionals have been extending and developing their roles across NHS Scotland in order to deliver modern, person-centred services that meet the needs of communities. Such opportunities must continue to be underpinned by a caring approach that reflects core values. These core values are at the heart of developing practice.

Practice development is all about improving quality. Better Health, Better Care focuses on six dimensions of quality, which are central to quality improvement activity and meeting patient needs. The six dimensions, which are referred to in a number of places in this document, are:

- Patient-centred: Providing care that is responsive to individual patient preferences, needs and values and assuring that patient values guide all clinical decisions
- Safe: Avoiding injuries to patients from care that is intended to help them
- Effective: Providing services based on scientific knowledge
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas and energy
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status
- Timely: Reducing waits and sometimes harmful delays for both those who receive care and those who give care

Developing practice is about putting the recipients of care at the centre and listening to the things that they believe and value as a basis for planning improvement. The challenge is to translate this values-based approach across the six dimensions of quality, to make a positive and sustainable difference.

There have been several initiatives in Scotland in recent years, which have given patients and the public the chance to say what they value about health care. Appendix 1 provides a rich source of information about what patients and the public value about care within NHS Scotland. These values span the six dimensions of quality. The National Patient Experience Programme ‘Better Together’ will also provide a rich source of information about patients’ experiences of NHS Scotland.

A values-based approach promotes consistency between the beliefs and values of all those involved in developing practice, including patients and the public. Clarifying these values and beliefs at the outset of any development process provides a useful way of identifying issues for discussion and action; in particular, highlighting areas where values and practice do not appear to match. This level of critical reflection requires skilled facilitation and is at the heart of practice development.

An integrated approach to practice development, linking the work within an organisation, is also critical to its success and sustainability.

For Esther Walker, Project Developer, Connect in Care (Centre for Research in Families and Relationships, University of Edinburgh) establishing their own values, individually and as a group, was the starting point for their project.

’One of our projects involved 25 nurses from both NHS and care home settings in Lothian. We ran a values clarification exercise at the start of the project and repeated it at various stages to chart progress,’ Esther notes. ’It helped participants to work out what was the purpose of the work, how that purpose could be achieved, what their role would be, and what factors could enable or prevent the goals being achieved.’

The project team used other exercises to help participants focus on aspects of their values. ’In part of the project which examined identity, we asked participants to imagine what it would be like to be a patient in hospital (or at home) or a resident in a care home,’ she explains.

Another technique used was ‘image theatre’ in which participants are encouraged to express their feelings and experiences physically and visually. ’Image theatre provides a playful and non-threatening way for people to exchange views,’ says Esther. ’The physical image is created from one person or group’s experience, but it is then available for others to make their own interpretations.’

The benefits of using such innovative and, arguably in some healthcare settings, unusual techniques is clear for Esther. ’Theatre, drama and also active learning techniques fundamentally challenge thinking, attitudes and behaviour across settings and professions,’ she says. ’By using this approach, it is possible to address serious issues, learn things that can be applied to practice and have fun.’
An integrated approach

The safe transition of care from children’s to adult services can be both difficult and complicated. NHS Borders has had ‘negative feedback’ about this aspect of its services in the past, says Dawn Moss, Nurse Consultant Child Health, who is currently on secondment with NHS Education for Scotland.

‘We needed to address this problem in a way that included all the professions involved,’ says Dawn, ‘for example, medical staff from paediatric and adult services and from mental health and learning disability.’

The project’s steering group encompassed the range of agencies involved – social work, education and voluntary organisations and parent representatives.

‘From the very start we knew that we didn’t want to produce a strategy or policy that would sit on a shelf. To make a difference to young people there needed to be ownership from different perspectives.’

Also, the project’s steering group encompassed the range of agencies involved – social work, education and voluntary organisations and parent representatives.

The practice development approach proved invaluable to the progress of the project. ‘Adopting a practice development approach ensured that the people driving the project had the same values and were working towards an agreed finishing point,’ she says. ‘It was also important that this was a “team approach” with different people taking forward different aspects of the project.’

The project provided a significant message for Dawn herself. ‘Learning for me was about how working as an individual in practice development around transition would not move the project forward. However much time and effort I put in,’ Dawn says. ‘I will never again approach practice development thinking I can change the world on my own.’

An integrated approach

The last decade has been characterised by a drive to modernise the NHS through a series of delivery targets: Health improvement Efficiency Access Treatment (HEAT). Change methodologies from industry such as lean thinking and plan, do, study, act (PDSA) cycles have been introduced to re-design services in line with the six dimensions of quality.

Practice development has, at times, seemed disconnected from this agenda. With its more reflective, emergent and person-centred approaches, it has perhaps been seen as less valuable in an arena where rapid change is expected.

The strength of a practice development approach is an appreciation of the organic nature of change and this has great potential for real sustainability. Such an approach is:
• rooted in a clear values base
• supported by integrating practice development initiatives with the wider quality and clinical governance programmes of every health board.

It involves:
• exploring beliefs and values of patients, carers, clinicians and managers
• sharing good ideas and seeing which take root
• empowering staff through skilled facilitation, networks of support, and by sharing the vision with the wider team.

Effective systems and processes will enable integration at an organisational level. There are some suggestions as to how this might be done in Section 5, which follows the description of the framework for practice development.
This framework sets out the elements that need to be considered when any new development is being planned. It is designed to be relevant and useful to a range of initiatives: for example, the implementation of a national standard locally, a clinical audit project, a patient safety solution, a new care pathway or a locally initiated improvement project. The framework is designed to embed practice development activity within the mainstream business of all NHS boards.

A structured approach to programme and project planning is also required, and includes mechanisms for:
- identifying potential topics
- prioritising topics in terms of likely benefit to patients
- scoping projects
- planning and delivering projects within time and budget
- evaluating projects and their outcomes
- sharing the learning, both process and outcome.

The review of the evidence for practice development, referred to in the introduction, made clear that whatever methods are used the ethos is one of participation, inclusion and collaboration.

The framework is described in more detail on the following pages, where each of the elements is expanded. There are key questions to be asked when planning any project. Issues for consideration are identified and the development of a web-based resource will contain hyperlinks to further resources.

### Framework for practice development
(adapted from the work of Chin and Hamer)

This mind map shows how the elements of the framework can guide thinking on the issues which need to be included within an action plan. The dotted arrows show the links between issues which will arise from the different elements which can then be built together within a project plan.

### Practice Development

#### Practice Development

- **Evidence**
- **Person-centredness**
- **Quality Improvement and Development**
- **Leadership and Facilitation**
- **Enabling & Sustaining Change**

4  A framework for practice development

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The elements are set out in a suggested order. Consider the evidence, this may determine the quality improvement processes or interventions you choose and how you plan to enable and sustain change. To be effective this needs to be underpinned by the other three elements: person-centredness, leadership and learning and development. There are many links between the elements and these connections are important to highlight. These elements are offered to guide thinking and not limit it.
A framework for practice development

Evidence

If significant resources are to be invested in change, there must be a clear evidence base supporting it. Evidence for practice development includes research, standards, guidelines, policy, professional opinion and patients’ views. The key skills are in searching, gathering, analysing and synthesising the range of evidence required.

Key questions

• What evidence and/or guidance are available on the subject?
• What is the quality of the evidence?
• What policy/protocols/pathways exist that inform this issue?
• What are the views of practitioners?
• What is the evidence from patients, carers and families locally?
• What new knowledge can be generated from this work?
• What gaps in evidence have been identified?

Consider

• NHS QIS SIGN guidelines, standards, best practice statements, clinical outcome indicator reports
• Reviews of published literature
• Audit reports – local and national
• Observations of care and other activity data
• ‘Grey’ literature – policy documents and other relevant reports; unpublished research findings
• Information from action research
• Information from patients’ experience
• Values of healthcare team
• Patient and carer views and values
• Joanna Briggs Institute (JBI) CONNeCT – access to online tools and resources to support evidence-based practice

For Professor Rosemary Richardson, chair of the Practice Development AHP Network, practice development approaches have been an effective catalyst for change in her specialty, dietetics.

Evidence has been central to the change process. ‘Practitioners are learning how to use evidence from, for example, our patient focus public involvement work in defined areas such as cancer and diabetes, combined with critical review of peer review publications and links to “expert” resources that evolved from previous projects,’ she says.

This progress has required investment in staff learning and development, but the benefits are tangible. ‘For example,’ she says, ‘the patient focus public involvement work has resulted in greater emphasis being placed on the patient at the centre of care and there is an explicit partnership between patient and practitioner.’

One of the most useful techniques in staff development has been experiential learning. ‘We’ve been able to build on experiential learning and training,’ she explains, ‘utilising leadership and transferable skills and methodologies that have been successful in other areas such as project management. Project ownership has, for example, been devolved with support, and practitioners have developed a reputation in defined fields of practice and a track record of peer-reviewed publication.’

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Quality improvement process

Using the right tools and techniques to plan, monitor, evaluate and sustain change can make all the difference to the success of a project. It is vital to make good use of existing data, build on previous good work locally and tap into expertise. Key skills required include assessment, planning, implementation and evaluation.

Key questions
- How can we assess our current practice?
- What are the key stages that need to be addressed in planning?
- What is/are the best quality improvement processes or intervention(s) for this change?
- How do we implement the chosen improvement method?
- How do we evaluate any improvement in practice?
- How can we build in robust evaluation in an ongoing way?
- What skills/knowledge/expertise are available?

Consider
- Data from other national and local initiatives
- Existing audit/monitoring tools
- Action research
- Fourth generation evaluation – uses claims, concerns and issues to look at a specific development
- Realistic evaluation – considering mechanisms, context and outcomes of change
- Clinical audit cycles
- PDSA cycles
- Process mapping
- Care pathways
- Lean thinking – or other service improvement methodologies

When faced with the need to reorganise three established teams into two, Fiona Cook, Lead Practitioner, Practice Development at the Royal Infirmary in Edinburgh, and colleagues adopted a creative approach to encouraging collaboration between staff that would help to ensure the change was successful.

‘Involving staff in decisions and allowing them to shape the future will mean that they are more likely to own and sustain the changes’, Fiona says. ‘We wanted to create an environment where staff felt it was safe to voice feelings of uncertainty and we wanted to hear individual voices from all levels in the staff group.

To achieve this, the project team tapped into the teams’ creativity using, for example, images to begin introductions and the setting of ground rules. Staff wrote Haiku (a form of Japanese poetry), using their own words and feelings to remember how the “old” teams worked and as a method of recognising that this was in the past. They also worked together on collages of words, pictures and other materials to visualise how the new service might look. Using the claims, concerns and issues process, they went on to find unresolved issues and ask questions about the new service before creating an action plan.

‘The use of creative approaches allows a bit of fun but also enables people to speak more freely and broadly,’ Fiona explains. ‘They usually say more than they would if they did not have anything to work with. Expert facilitation was one of the keys to the success of this approach.

The combination of techniques helped to unite staff from all the professions involved – nurses, occupational therapists and psychologists – in the process of change.

‘Enabling staff to voice feelings and channel these emotions in a more productive way, empowered the cross-professional groups to influence the future together,’ Fiona says.
4 A framework for practice development

Enabling and sustaining change

Enabling and sustaining change is at the heart of practice development. Creative and innovative ways of engaging and motivating colleagues are central. Key skills required include systems awareness, influencing others, facilitation and excellent project management.

Key questions

- Who will the change affect (directly and indirectly)?
- What are the drivers and barriers to change?
- Who needs to be involved, consulted, informed?
- To what extent will contextual and cultural factors such as team dynamics or differences in approach between departments affect the success of change?
- How can we develop a shared vision?

Consider

- Stakeholder analysis – identifying all those affected by change
- Influencing skills
- Identifying cultural issues
- Reflective activities
- Critical companionship
- Learning from other initiatives
- Master classes/workshops
- Action learning sets
- Appreciative enquiry – emphasising positive learning points
- Solutions-based approach
- Appropriate facilitation
- Indicators of success
- Team values
- Team dynamics
- Interventions to reinforce and embed change

Judy Taylor, a Senior Nurse for Practice Development within NHS Greater Glasgow and Clyde Acute Services Practice Development based at the Vale of Leven Hospital, has experienced service change in the health care setting.

The service changes with the dissolution of the former NHS Argyle and Clyde board and the amalgamation of the Clyde component to Greater Glasgow created challenges for staff, however offered opportunities for Judy to become part of the wider body of Practice Development working across the Acute Services Division.

This provided additional opportunity for personal development, for other staff, even if there was uncertainty over future responsibilities.

‘Using a practice development approach these opportunities could be explored and tried with the existing teams of staff during the pilot stage,’ she explains, ‘and we were able to carry out constant monitoring of every aspect of the new model.’

Taking a personal approach helped Judy to maintain her role and focus on what the changes meant for individuals.

‘I learned that I needed to be there as a sounding board, to reassure, to feed back anxieties and good ideas which come from staff,’ she says, ‘it was important to be seen constantly in the clinical areas rather than organising from the office.’

This level of effort brings its own rewards. ‘As a practice development nurse providing support during this time was essential,’ she says, ‘but it is one of the most rewarding things to be totally committed and working in a team equally committed towards achieving the best for the patient.’

Lucie McAnespie, a Speech and Language Therapist, East Lothian and Midlothian, emphasises the importance of sharing experiences and communicating with people in enabling and sustaining change.

She was involved in a project to promote person-centred care in care homes. Previous approaches to change for example, based on skills teaching – had not sustained success. Lucie believes that adopting a practice development approach provided a nurturing environment that enabled and sustained change.

‘Working together, sharing our stories and experiences, really helped us to speak freely and honestly,’ she says, ‘it helped us to reaffirm our values and apply them to the project. It also gave us the confidence to go out and try different approaches.’

‘We all learned from each other and made a point of providing positive feedback,’ she continues, ‘guided reflection and supervision took place away from the workplace, giving us time out to reflect on what we were trying to achieve.’
Person-centredness

A person-centred approach is modelled on partnership and mutuality, respect and insight into others’ values and beliefs. This encompasses all partners in care – patients and healthcare professionals, carers and other agencies. It involves bringing together evidence and effectiveness with empathy and compassion. The key skill is enabling others to reach their full potential.

Key questions

- Who are the partners in care?
- What are their values and expectations?
- What are the core values that underpin this aspect of care?
- What are the messages from partners in care, patients, carers and staff?
- To what extent can mutuality and consensus be achieved?
- How do we bring this information together to inform care?

Consider involving

- Patient Focus Public Involvement (PFPI) team
- Established user groups
- Community groups
- Carers organisations
- Sources of support for patient and carer involvement
- Leaders from all professional groups involved
- Key individuals from all departments/organisations and agencies involved

Consider using

- Patient stories
- Team values
- Existing survey data
- Focus groups
- Consensus building techniques
- Mechanisms for ongoing feedback and communication

The starting point for Marie Cerinus, Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) Practice Development, NHS Lanarkshire, may on reflection sound obvious. But to Marie and her colleagues, it was essential to understand exactly what it is patients, carers and the public expect of them before beginning to develop an effective relationship.

‘Sometimes it is necessary to take a step back to move further forward,’ she says, ‘but getting the foundations right in the first place is a worthwhile investment.’

So, the project in which she was involved, developed from examining ‘therapeutic relationships’ to producing guidance on ‘caring and compassionate practice’.

With the foundation laid, the small project team reviewed the literature, shared their own experiences and used more formal techniques – such as a continuous improvement cycle, senior charge nurse team leader objectives and the annual complaints report – to develop their action plan and guidance.

Key to success was spreading the word. ‘We wanted to involve all nurses, midwives and allied health professionals, in all settings,’ explains Marie, ‘so we used as many routes of communication as possible, including multidisciplinary groups and committees and patient partnership forums. This has been so successful that the guidance is being reviewed for adoption by other staff groups.’
In practice development terms, leadership and facilitation go beyond the function of day-to-day management. Effective leaders and facilitators can provide the momentum for a project that will help to ensure its successful completion.

In order to drive forward continuous improvement, leadership is necessary at every level: national, NHS board, local and clinical unit. Leadership is about inspiring, enabling and transforming others, facilitating and supporting change, developing staff and acting as a role model for others. Leaders will be able to communicate a clear vision and develop a shared vision for change.

Key questions
• Who and where are the key leaders positioned that are needed to achieve this development in practice?
• Does this leadership reflect the range of stakeholders?
• How do we develop a shared vision amongst the leaders?
• Are there any gaps in leadership and how can this be addressed?
• How can the vision be shared to inspire and engage leadership at all levels?

Consider
• Stakeholder analysis
• Ownership
• Strategies for engagement/influencing at all levels
• Leadership development programmes
• Mentoring/coaching
• Facilitation

Leadership and facilitation

4 A framework for practice development

Jennie Parry, Head of the School of Nursing and Midwifery at Robert Gordon University, and her project team were asked to develop a work-based short course for new and existing staff working in critical care. They recognised an opportunity to use a practice development approach to provide learning and development as well as providing a shared vision for the future of critical care management.

‘The key factor was to change practice by taking a proactive, evidence-based approach to care management,’ she explains. ‘A practice development approach was used as a project tool to guide thinking and direction of travel.’

Adopting a practice development approach helped staff in the different settings – academic and clinical – to work effectively together. ‘Using the questions attached to each of the questions, we were able to develop a clear plan of action with outcomes and deadlines,’ she says. ‘The project worked because the leads worked in partnership and listened to each other – when the timeframe started to slip they reflected upon why this had happened and jointly agreed a way forward.’

‘Staff in both settings shared their values and this helped focus the discussion across settings and between agencies and professional groups,’ she continues. ‘It really helped to focus on the patient’s perspective and not on individuals’ agendas.’

The practice development approach also helped the project leads to take a whole systems approach to change. ‘The practice development approach also helped the project leads to take a whole systems approach to change. This type of communication between staff and managers can be what makes the difference in the success of a project.’

Manager need to recognise that creating this type of environment raises expectations in staff – that their voice will be heard and be influential – and obligation on managers – that they will act on the messages they are receiving.

Jennie Parry, Head of the School of Nursing and Midwifery at Robert Gordon University, and her project team were asked to develop a work-based short course for new and existing staff working in critical care. They recognised an opportunity to use a practice development approach to provide learning and development as well as providing a shared vision for the future of critical care management.

‘The key factor was to change practice by taking a proactive, evidence-based approach to care management,’ she explains. ‘A practice development approach was used as a project tool to guide thinking and direction of travel.’

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4 A framework for practice development

An integrated approach to developing the quality of health care is the focus of Section 3. Each element set out within the framework requires resources, systems and structures behind it, embedded within a wider approach to quality and safety.

Effective workforce planning is essential to quality improvement and a central aspect of organisational support for the development of practice. When reviewing quality of care, there must be clear integration of workforce issues, taking into account establishments, staffing levels and skill mix.

In the text below are suggested systems and structures for consideration by NHS board leaders.

Evidence

- Library and information support available to all professional staff.
- Clear systems to disseminate new evidence-based standards.
- Support with critical appraisal of research evidence.
- Clear links between improvement-based activities and local research and development strategy.
- Systems for capturing patient experience and preference, which inform planning.

Quality improvement processes

- A clear integrated clinical governance plan
- Integrated IT systems and infrastructure to support data capture for quality improvement
- A central team providing information management and project support
- Systems for the coordination, and integration of information for different purposes
- Clear systems and structures in place to support:
  - performance management
  - risk management
  - incident reporting
  - appraisal
  - controls assurance
  - complaints
  - clinical audit
  - ethical review of proposed projects

Enabling and sustaining change

- A culture of openness and transparency
- Staff at all levels involved through partnership working
- A system for communication of good practice development projects
- Clear organisational goals in respect of quality
- Co-ordination of activity across projects
- National and local initiatives within a coherent operational plan
- A financial infrastructure to support development of practice and associated education
- An integrated approach, involving service-led change, is underpinned by relevant practice development activity

Values clarification exercise – Midwifery Practice Development Network Event March 2008

5 Organisational support
5 Organisational support

**Person-centredness**
- The influence of patient experience and feedback is evident at board level and reflected in management communication
- Capacity, support and systems for patient and public involvement in service planning and individual practice projects
- A network of support for facilitators

**Leadership**
- Practice development is understood, valued and integral to the organisation’s ability to achieve the quality agenda
- Development of practice reflected in the corporate and personal objectives of senior managers
- Managers aware of resources and capacity for frontline staff to deliver improvements in care

**Learning and development**
- A culture of learning, where learning is valued and shared across initiatives and projects
- An infrastructure to support development of skills for the development of practice in key professional roles
- Capacity and funding to support learning associated with individual projects

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Around six years ago the NHS Forth Valley approach to practice development began. It was formulated in a strategic framework titled Improving Patient Care and Experience (IPCE) and Professor Angela Wallace, Executive Nurse Director believes it remains the foundation of the organisation’s support for creating an environment where patient care is at the heart of all that staff do.

‘Organisational support transcends every layer and level in NHS Forth Valley and touches all who care for patients, their carers and their families,’ she says, ‘and it depends on tapping into and nurturing the abundant will in staff to focus on the things that matter to patients.’

The original framework was a mechanism to capture the unique contribution to patient care that nurses and midwives made, but it became a priority that was shared by the organisation as a whole.

‘This created a powerful combination to support developing practice – strategic nursing and midwifery priorities that were intertwined with the organisation’s priorities.’

The connections and, therefore, the opportunities to be bold and ambitious in improving patient care and to develop the impact nurses and midwives had as leaders were significant.

In NHS Forth Valley, they are continuing to build on the culture that puts patients first and that celebrates the unique contribution of nurses and midwives and their role as both wider clinical team leaders and members.

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‘The transformation and improvement of patient care at the bedside is recognised as a top priority and continues to be shared by the wider organisation’ she says. ‘The determination of the nurses and midwives to lead and own this transformation is clear and the bedrock of recent practice development, based on the experience of patients, has fuelled this ambition. Ensuring that the nurses and midwives are able to influence all aspects of this agenda and the wider nursing and midwifery priorities, will help to deliver using a model of shared governance.’

Angela envisages a similar period of significant change in practice development as that experienced in NHS Forth Valley six years ago, given momentum by the vision set out in this document.

“We are now embarking on the most significant transformation and improvement of nursing care at the bedside that we have ever seen’ says Angela. This unique and ambitious vision may create a once in a lifetime opportunity to deliver what we said we would for patients. The elements coalescing that will transform care are the implementation of Leading Better Care, including the review of the senior charge nurse role, clinical quality indicators, releasing time to care, Scottish patient safety programme and the patient experience programme.’
Turning the vision into action

As practitioners, facilitators, managers or board level directors, we all came into health care to make a difference; to be alongside people as they deal with health and illness. Sometimes things conspire against us and we feel unable to give the care we wish to. Practice development gives us the opportunity to do things differently. It is about creating the space to stop and reflect, about including patients and carers in those conversations, about collaborating positively with colleagues and enabling the participation of all those involved in taking health care forward.

The framework has many elements because we work in complex systems. Enabling change usually means tackling a number of things at once. It may involve changing ourselves, beliefs, attitudes and relationships, as well as changing the way in which things are done and the way we work with others. Practice development invites practitioners to explore these areas in creative ways. Skilled facilitators are required to enable participants to reflect and learn in a safe and supportive environment.

The vision for practice development in Scotland is that of a nationally co-ordinated approach for ensuring that practitioners are empowered, enabled and facilitated to develop and advance their practice to improve the overall quality of care provided to patients. To realise this vision we must ensure that:

1. a national framework is adopted to enable a common language and understanding in relation to practice development and that resources are developed for use by practitioners and managers to facilitate successful programmes.
2. an annual programme of practice development priorities is agreed by key stakeholders in Scotland to ensure expertise, creativity and resources are targeted to support staff within boards achieve services that calibrate well against the six dimensions of quality.
3. practice development approaches form a core component of service redesign programmes enabling NHS Boards to meet policy commitments through addressing outdated practice, developing new roles and leading cultural change to sustain new ways of working. The approach is participative, inclusive and collaborative.
4. a values-based approach becomes integral to the ‘way we do things around here’ and is embedded at all levels within NHSScotland.

The responsibility for turning the vision into action is one we share. NHS QIS and NES are committed to implementation and will support this process by:

- ensuring that this framework for practice development is made accessible to practitioners
- facilitating a national approach to setting the agenda for practice development in association with other bodies such as the universities and Scotland’s colleges to ensure shared priorities in the development of practice across NHSScotland
- working with NHS boards to support the integration of practice development processes with service redesign programmes recognising the strengths of each approach.

This document invites you to reflect upon your role. As a practitioner, a facilitator, a manager, or a board level director, together we will embrace the challenges, enable others and develop practice in Scotland in new and sustained ways for the benefit of those for whom we care.
In this example from the Leadership in Compassionate Care project, Stephen Smith, Lead Nurse, Edinburgh Napier University, summarises how the six elements can be put into action.

### Element

<table>
<thead>
<tr>
<th>Planned actions completed</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought together evidence from policy, research and practice identifying a need to have identifiable and measurable indicators for compassion and caring.</td>
<td>Robust evidence base has been a strong driver for practice development to take place.</td>
</tr>
<tr>
<td>Practice development evidence has focused very specifically on relationship centred care, so we focused on three key groups – patients, relatives and staff.</td>
<td>Evidence is real to practice and is understood within the ideal of achieving relationship centred care.</td>
</tr>
<tr>
<td>Observation of practice, formal and informal with direct feedback to staff.</td>
<td>Appreciating clinical situations and their complexity, has been difficult, however it has resonated with staff and respected their experience.</td>
</tr>
<tr>
<td>Listened to the stories of patient’s families and staff using an appreciative enquiry approach. Reviewed this feedback in real time and changed practice. Fed back findings into existing organisational quality improvement groups, e.g., the nursing bank service, complaints team and documentation groups.</td>
<td>Seeing change happen in real time has powerfully influenced local practice. This has been fed into broader more strategic organisational QI processes. Direct feedback from patients and staff has been a motivator for change.</td>
</tr>
<tr>
<td>We used a continuing process of support for participants including reflection, challenge and coaching: monthly action learning sessions and individual coaching within clinical settings.</td>
<td>Action learning and coaching from project staff was highly valued in motivating and encouraging staff to reflect on and overcome challenges.</td>
</tr>
<tr>
<td>Participants developed a supportive working group within their own settings where responsibility was shared and owned, increasing the potential to influence.</td>
<td>Organisational challenges were evident in releasing staff to attend action learning.</td>
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<td></td>
<td>Regular snippets of information have kept staff groups updated on project progress and encouraged them to try practice development approaches to change.</td>
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</table>

**Evidence**

**Quality improvement processes**

**Enabling and sustaining change**

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**Element**

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<td>We focused on relationship-centred care, on each individual person (experiences and views) – patient, relatives and staff. Our approach has balanced the three perspectives.</td>
<td>Understanding the views and experiences of individuals has strongly impacted on practice changes. An ethos of ‘small things can make a big difference’ has meant that cumulative impact has occurred.</td>
</tr>
<tr>
<td>Each facilitator has engaged with participants in reflection, coaching, and managing small action projects. The combination of direct and continuous contact within the practice setting has been important. Support, encouragement and time were essential to take forward change.</td>
<td>Continuous contact with facilitators enabled learning and empowered self-direction and the achievement of changes to practice. The core group encouraged and supported one another and influenced the spread of ideas.</td>
</tr>
<tr>
<td>A combination of study days, action learning and coaching led to achieving the outcomes of leadership development and enhancing compassionate care within a local context. Relationships with the project team were important in facilitating learning and development.</td>
<td>The team have learned that there is a need to bring the whole group together regularly as well as smaller action learning groups. This has refreshed and energised participants.</td>
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</tbody>
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6 Turning the vision into action

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<tbody>
<tr>
<td><strong>Rights, Relationships and Recovery</strong></td>
<td>The report of the national review of mental health nursing in Scotland&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Relationships</td>
<td>Putting positive working relationships supported by good communication skills at the heart of practice.</td>
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<tr>
<td></td>
<td>Maximising time to build relationships and challenging systems that detract from this.</td>
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<tr>
<td></td>
<td>Recognising when relationships are unhelpful and taking steps to address this.</td>
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<tr>
<td>Rights</td>
<td>Based on principles in legislation, safeguards and codes of conduct.</td>
</tr>
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<td>Respect</td>
<td>For diversity of values and placing the values of individual users at the centre of practice.</td>
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<td></td>
<td>Listening to what people say and not basing practice on assumptions about what people need.</td>
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<td>Seeing the whole person and not just his or her symptoms.</td>
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<td>Seeing the person as the ‘expert’ in his or her experience.</td>
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<td>For the contribution of families and carers.</td>
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<td></td>
<td>For the contribution of other professionals and agencies.</td>
</tr>
<tr>
<td></td>
<td>For the social context of people’s lives.</td>
</tr>
<tr>
<td>Recovery</td>
<td>Promoting recovery and inspiring hope – building on people’s strengths and aspirations.</td>
</tr>
<tr>
<td></td>
<td>Increasing capacity and capability to maximise.</td>
</tr>
<tr>
<td>Reaching out</td>
<td>To make best use of resources available in the wider community.</td>
</tr>
<tr>
<td></td>
<td>To other agencies involved in mental health care.</td>
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<tr>
<td></td>
<td>Being proactive about opportunities for change and mobilising opportunities to work with others to bring about change.</td>
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<td><strong>Responsibility</strong></td>
<td>At corporate, individual and shared levels to translate the vision and values into practice by evolving current frameworks for practice and challenging and shaping institutional systems and procedures to accommodate this.</td>
</tr>
<tr>
<td><strong>Delivering Care, Enabling Health</strong></td>
<td>Care is the key. Enablement is the aspiration. Good health care is about caring for people – with the emphasis on ‘people’ – to enable them as much as possible (Foreword, Olivia Giles).</td>
</tr>
<tr>
<td><strong>Patient centred care</strong></td>
<td>Effective care simply means putting the patient and the patient’s best interests first – ‘patient-centred care’. How does a health professional know what is in a patient’s best interests? Nobody can expect perfect insight or unrealistic foresight, but we are all human and capable of empathy and communication. We can all understand basic human comfort and dignity and we all need to ask and listen. …… Caring is about seeing the human being – not the patient number. (Foreword, Olivia Giles).</td>
</tr>
<tr>
<td><strong>Evidence from patients</strong></td>
<td>Approachability, kindness, courtesy, empathy and an obvious willingness to respect and listen to the person all score high among the qualities patients value most in health professionals.</td>
</tr>
<tr>
<td><strong>Better Health, Better Care</strong></td>
<td>We want patients to receive care from NHSScotland staff that is respectful, compassionate and responsive to what patients want.</td>
</tr>
<tr>
<td><strong>Partnership</strong></td>
<td>We want the people of Scotland to think of themselves not only as users of the NHS, but also as owners of the NHS.</td>
</tr>
</tbody>
</table>
References

1. Scottish Executive, Delivering Care, Enabling Health, 2006, Scottish Executive Health Department


4. Institute of Medicine, Crossing the Quality Chasm, A New Health System for the 21st Century, 2001, Washington DC, Institute of Medicine

5. Chin, H and Hamer, S, Enabling Practice Development: Evaluation of a Pilot Programme to Effect Integrated and Organic Approaches to Practice Development, Practice Development in Health Care, 2006, 3(3) 126-144