King's Fund

How to Become a Nursing Development Unit

A guide

Richard Freeman
with the
Nursing
Developments
Programme Team

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PREFACE

This guide has been prepared in response to the growing interest in establishing a nursing, midwifery or health visiting development unit (NDU) as a means of developing the services which are offered to patients or clients. The driving force behind such units has always been a desire to improve the quality of care. Action may be stimulated by recognition of an unmet need, a new idea, the value of evidence-based practice or the challenge when it is recognised, sometimes through new-found knowledge, that 'things could be better'. Typically, it is the commitment and energy of the teams involved which have led to changes in practice, whether small or large. All of these things contribute to a climate which has, as its focus, a concern for the well-being of those to whom the service is offered, that is patients and clients.

In working with so many NDUs over the past few years much has been learned about their distinctive characteristics. Through the sharing of experiences and ideas we have come to recognise the strategies which enhance their work and the difficulties which have been faced. Learning needs of those involved have been identified as well as potential sources of help. Realistic approaches to development which have stood the test of time can be described as can ways which ensure that the changes which are introduced are lasting and become embedded in the system.

This publication has been prepared as a means of sharing those experiences and insights with as wide an audience as possible in order that others can benefit from the lessons which have been learned. It is based on a culmination of the achievements of many people working in a very wide range of different settings and clinical specialities, many of whom have faced the same kind of challenges despite the diversity of their backgrounds.

The assessment criteria which were used at the outset of this programme have been refined and clarified over time and are now incorporated into a

self- and peer-assessment guide around which the rest of the work rests. The intention of including this section at the beginning of the guide is that it can be used diagnostically to help unit teams assess both their strengths and their weaknesses, rather than just end up with a score. In this way areas which are ripe for further work can be identified giving some indication of where to focus your energies. As time goes by we hope that you will be able to return to this tool as a means of reviewing your own progress.

The guide has been prepared in such a way that it can be dipped into, rather than worked through from cover to cover. No one section is more important than another, since the essence of NDUs is that they develop according to local need. Hence, too formal a prescription of how to progress would not be appropriate. In the same way you may find that some of the suggested activities are more suitable to your own circumstances than others. The choice is yours.

Change is a way of life in NDUs, not for its own sake but for a well thought-through purpose. New ideas are welcomed and subject to scrutiny before action is taken. Ideas and experiences are shared with others with open debate about both what did and what did not work.

No attempt has been made to hide the demands of working as an NDU, since this would not represent reality. We hope, however, that by sharing these experiences with you and offering some guidance, your path will be that little bit smoother and your goal of improving patient and client care achieved.

Barbara Vaughan

Director of the King's Fund Nursing Developments Programme

ACKNOWLEDGEMENTS

This guide has resulted from the work of many people who, over the last number of years, have committed time and energy to promoting better care and services for patients and clients in Nursing Development Units.

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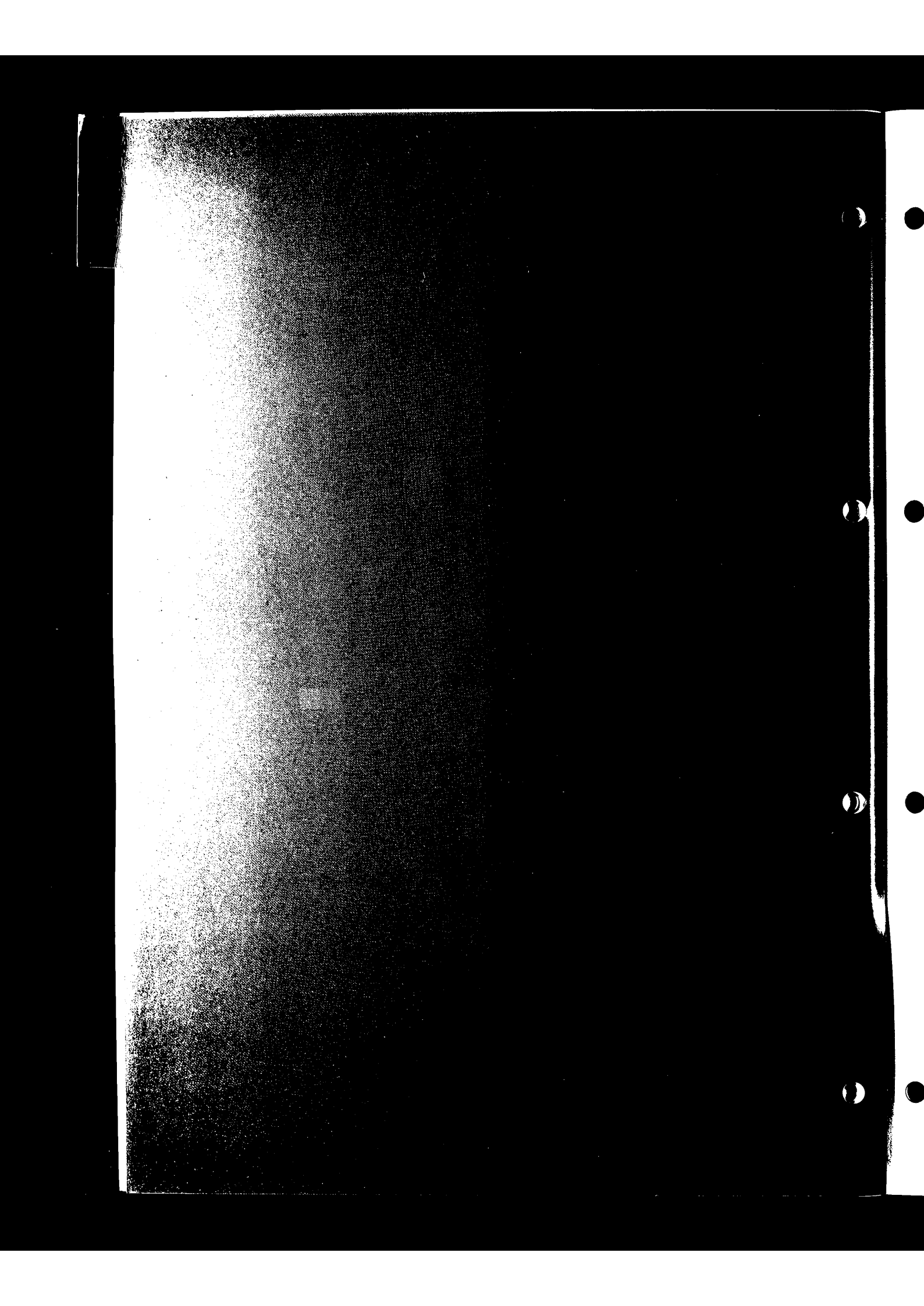
PART

1 INTRODUCTION



1 INTRODUCTION

1.1 Who the guide is for

This guide is primarily designed for practising nurses who wish to develop their units into Nursing Development Units (NDUs). It should meet the needs of:

- individual nurses, midwives and health visitors wishing to explore what an NDU might mean for them and how they can contribute towards an NDU
- clinical leaders wishing to take responsibility for facilitating the development of an NDU
- unit teams wishing to work together on the planning and development of their NDU.

The guide should also be useful to:

- practitioners who wish to develop their practice, but not take on the responsibility of an NDU
- nurse directors and assistant directors
- nurse advisers
- managers who wish to facilitate the development of practice
- educators who wish to work in collaboration with practitioners in the development of practice
- those seeking an audit tool, although the guide would have to be supplemented with other reading to help decide which standards to adopt.

1.2 The guide purpose

The overall aim of the guide is to help nursing, midwifery and health visiting units become NDUs.

More specifically, the guide will:

- clarify your understanding of the purpose and characteristics of an NDU within a multiprofessional framework
- provide information and guidance about the processes which lead to the development both of individual nurses, midwives and health visitors and of nursing units
- provide a self- and peer-assessment tool which can be used by your NDU for both diagnostic and developmental purposes
- identify local and national sources of help and support
- help your unit to work effectively within the purchaser/provider system
- make the experience gained by the Department of Health and King's Fund-supported NDU programme available to you and your team.

1.3 Approach

There are four main sections to the guide:

Part 1 – Introduction

The introduction explains the purpose of the guide and how it is organised. You need to read this before you start using the rest. You may also find it helpful to look at the guide map (Fig. 1.1) which you will find on page 6.

Part 2 – Team Self-Assessment

The team self-assessment is the first major section of the guide. It serves three purposes:

- to introduce you to the key qualities and approaches of NDUs
- to enable you and your team to identify where you are on each of the aspects of the self-assessment section
- to enable you and your team to identify which parts of the rest of the guide you need to use to start or develop your NDU.

Part 3 – Why NDUs?

In this section we give a brief account of why NDUs have been developed, what they aim to achieve and the methods which they use.

This section, because it deals with the key strategic reasons for becoming an NDU, is central to the whole approach of the guide. You may therefore find it helpful to work through Part 3 quite early on in order to gain an overview of the issues covered in the guide.

Part 4 – Developing Your NDU

This is the main part of the guide. It looks at a range of issues which are central to developing and running an NDU. Each subsection of Part 4 is linked with one subsection of Part 2 so that you can move straight from needs you have identified for your team to the relevant section on development.

As far as is feasible, each subsection of Part 4 is independent of the others. You can, for example, look at user involvement before you look at research. Equally, though, thinking about almost any aspect of an NDU brings in some other aspect. For example, if you did look at user involvement first, you might soon find yourself wondering how you were going to evaluate your user involvement. Perhaps the best guidance we can give is to say that there is no best order in which to use the guide, but there may be a best order for you. If there is, you will quickly find it.

1.4 How to use the guide

We do not know who 'you' are. You may be:

- a clinical leader
- a nurse, midwife or health visitor in some other role
- a group working together to develop an NDU.

Whichever category you fall into, you will need to make an early decision about how you are going to use this guide. For example, you might:

- read it by yourself as a source of ideas
- work on sections of it with your team
- share out sections for different people to work on.

Activities

The activities are an important part of the guide. They are provided to stimulate your team to think critically about issues that have proved important for other NDUs. You might:

- select activities to work on in team meetings
- use some of them as delegated tasks for small groups
- use some of them as tasks for your steering group (the guide discusses later the importance of giving your steering group something to do)
- use some of them to promote user involvement.

There are more activities than you are likely to be able to use, so select those that address your most immediate needs.

Getting together

You will find that a lot of the activities involve group work with the whole of the unit team. In practice, this may be difficult to organise because of shift work and because, even when people are at work, they may not all be able to stop for a meeting. You may therefore need to think about how to involve everyone if you cannot all be present at one time. The following suggestions may help.

Activity: Thinking about how to use the guide

1 ***Discuss with colleagues how your unit is likely to use this guide.***

2 ***Look at the contents of the guide and, if necessary, flip through it to decide which parts you need to use first.***

Choice of time

Although getting the team together is invariably a problem, you may succeed by:

- using part of your budget to pay for bank or agency staff so that staff can attend key meetings
- stretching other times when people are more likely to be together, e.g. extending a lunch break on occasions.

Whatever you do, though, this guide assumes that team meetings will usually take place in work time. Development is not a luxury, but is central to work, so it should be done in work time. *Not keeping to this rule risks disadvantaging those in the team who cannot be flexible about work hours.* Also, excessive idealism may lead to stress and burnout. Some NDUs have found creative ways of getting teams together. For example, Cartmel NDU held team days on two separate occasions, and this allowed all team members to contribute to the future plans of the unit.

Small groups

You can split the full team into smaller groups, leaving them to meet at times that suit them.

Each group may have one person who acts as a link between the central group (which will include the clinical leader) and that group. The link person:

- is briefed on the current task when attending the central group
- briefs her/his small group on the task
- feeds back the small group's views to the central group.

The liaison role can rotate around the small groups so that, over time, everyone carries out this role. This approach has been used successfully to develop a team philosophy.[1,2]

Taping meetings

Another approach is to record meetings on video or audio-tape so that those who are not present can follow the meeting at another time. This method is used by the Maudsley (video) and Stepney (audio) NDUs for their team meetings.[3]

Computer and telephone conferencing

Some computer systems have special software for computer conferencing. This software enables a team to create a conference (e.g. 'A review of our reflective practice system') on the computer. Any member of the team can then access the system, see what other team members have said, and then add his or her own comments. The strength of such systems is that everyone sees and can comment on all other contributions, even though they may never have time to meet. The main weakness is the risk of any one conference becoming just a cluttered list of comments.[4]

Telephone conferencing can also be used when people cannot all meet in the same place, but they still all need to be available at the same time for this approach.

Facilitators

You may find that, for some of the activities, it would help to have a facilitator to lead the group. This might be the case where the activity topic makes particular reference to the clinical leader's role. On the other hand, you might just want a facilitator because you do not have enough experience of running small group sessions.

Views differ on whether facilitators should or should not be subject specialists. On the one hand, expertise in management development or in research might be valuable in helping an NDU; on the other hand, the expert facilitator might become one of the group.

Finding a facilitator who is just right for your team can be difficult. Your organisation's own training and development section is likely to have extensive experience of facilitators and should be able to suggest some names. Also, talking to other NDUs may help locate a suitable facilitator.

Running your own group sessions

If you do decide to run your own sessions, the following guidelines will go a long way to ensure that the sessions are a success:

- choose a quiet and comfortable setting
- try to minimise the chances of the group being interrupted (e.g. by arranging for someone outside the team to take telephone messages)

- arrange the seating so that everyone can see everyone else – eye contact is critical to promoting the honest exchange of views, to sharing and to involvement
- at the start of a session, always:
  - say how long it will last
  - describe its purpose
  - outline what will happen
  - agree ground rules
  - make explicit the rules on equal opportunities
  - ask for questions and comments on the outline before starting the full session
- during the session:
  - make sure that everyone who wishes to say something does so
  - hold back (politely) those who risk drowning out the quieter members
  - if people look worried, lost or bored, ask them to form buzz groups of two people to comment on how useful they are finding the session – never plod on with a session that is just not working
  - summarise (or ask another person to summarise) at the end and ask for comment on the summary
- at the end of the session:
  - always allow time for feedback and questions
  - always allow time for 'where next?'
  - if any actions have been agreed, remind the group of what these actions are and who will take them forward
- after the session:
  - ensure the minutes (or at least an action list) are written up promptly and circulated to all who were entitled to attend.

Often groups have one or two reluctant participants. Some are shy; others have deeper resentments that lead to their not feeling fully part of the group. In these cases, the leader needs to find a quiet moment outside the meetings to discuss how these participants can be helped to become more involved.

Time

The final thing to consider is how much time you will need to spend with this guide. This will vary enormously, depending on such things as:

- where you and your team are now
- how much change is needed to create your NDU
- how supportive the environment within which you work is
- the degree of enthusiasm and commitment you can generate in the team
- luck – if you have the bad luck to lose some key staff members, that will be a set-back; if you have the good luck to acquire some funds for extra time out, that may get you to your goal more quickly.

Some things, though, are clear about the time you will need:

- establishing an NDU can typically take at least 6–12 months
- this guide is not designed to be worked through from cover to cover – to get the best out of it (and to avoid overburdening the team), you need to select what you need most at any one time. Part 2, Team Self-Assessment, is designed to help you do this.

Even if you have the best of luck, establishing an NDU takes a great deal of hard work and commitment. To gauge this, you might wish to talk to some of the established NDUs, perhaps concentrating on those which started from a position similar to where your unit is now.

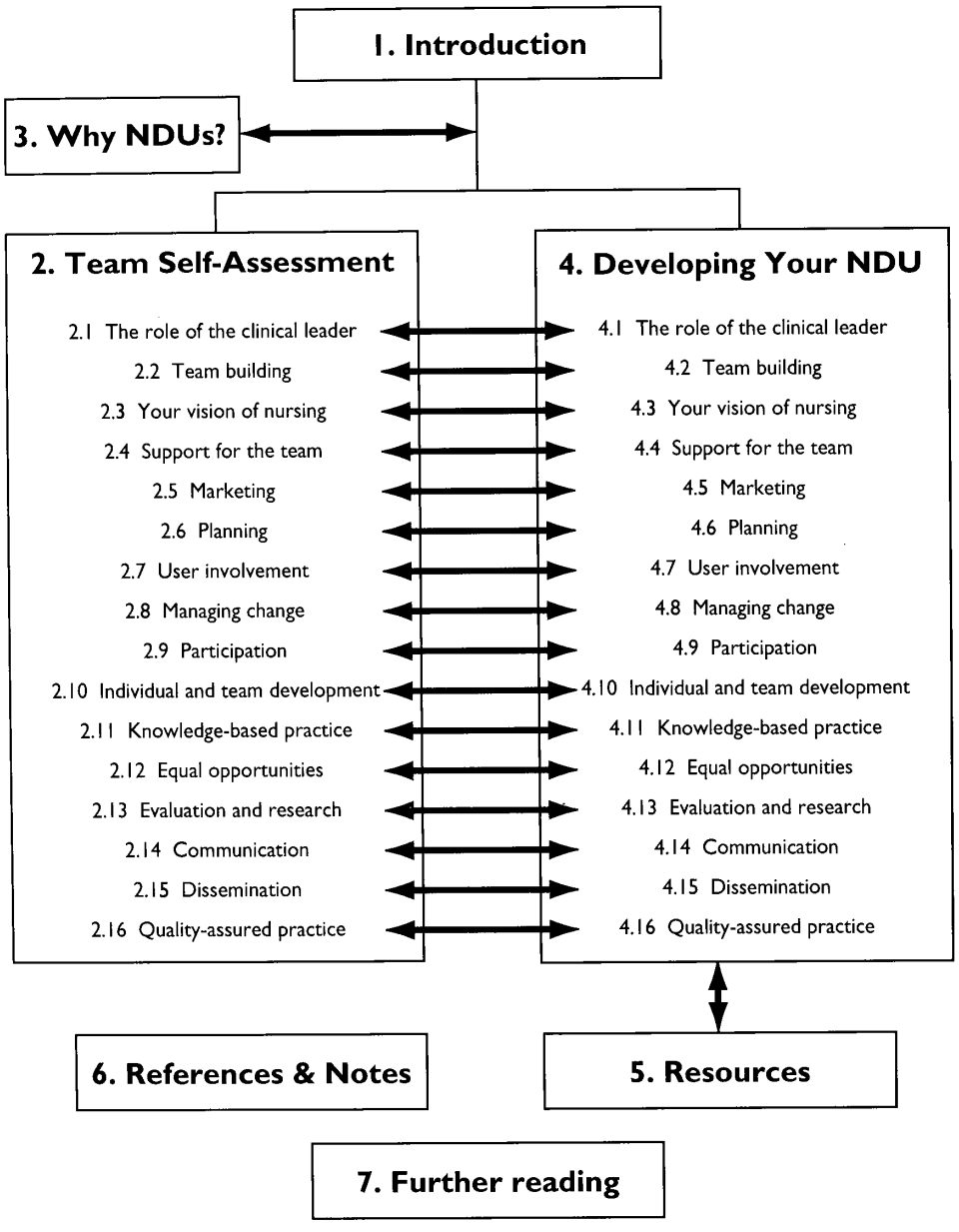
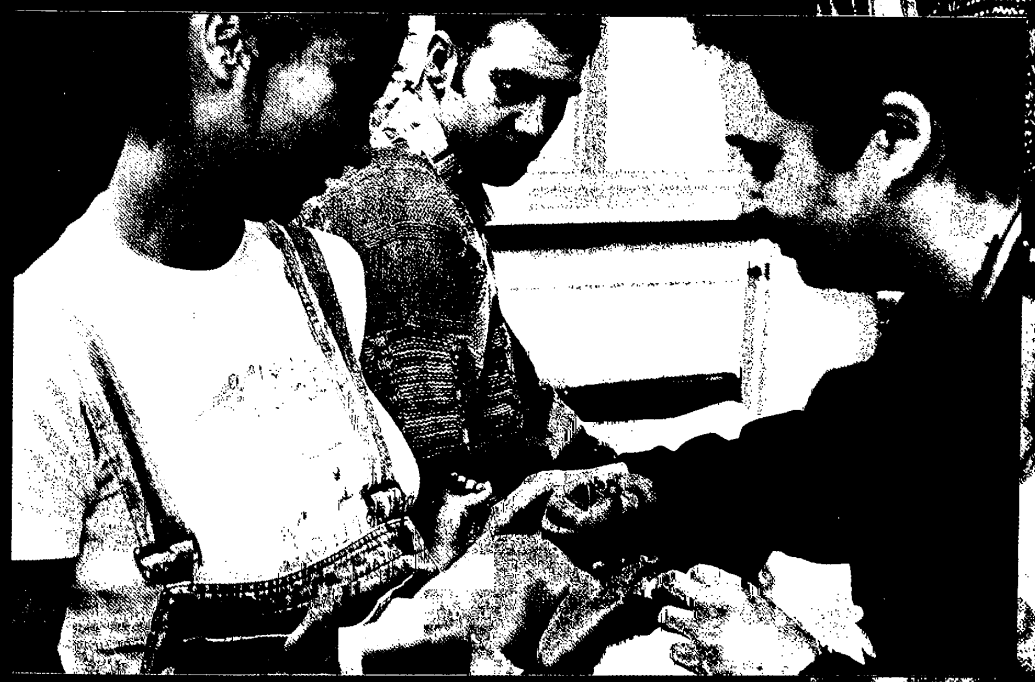
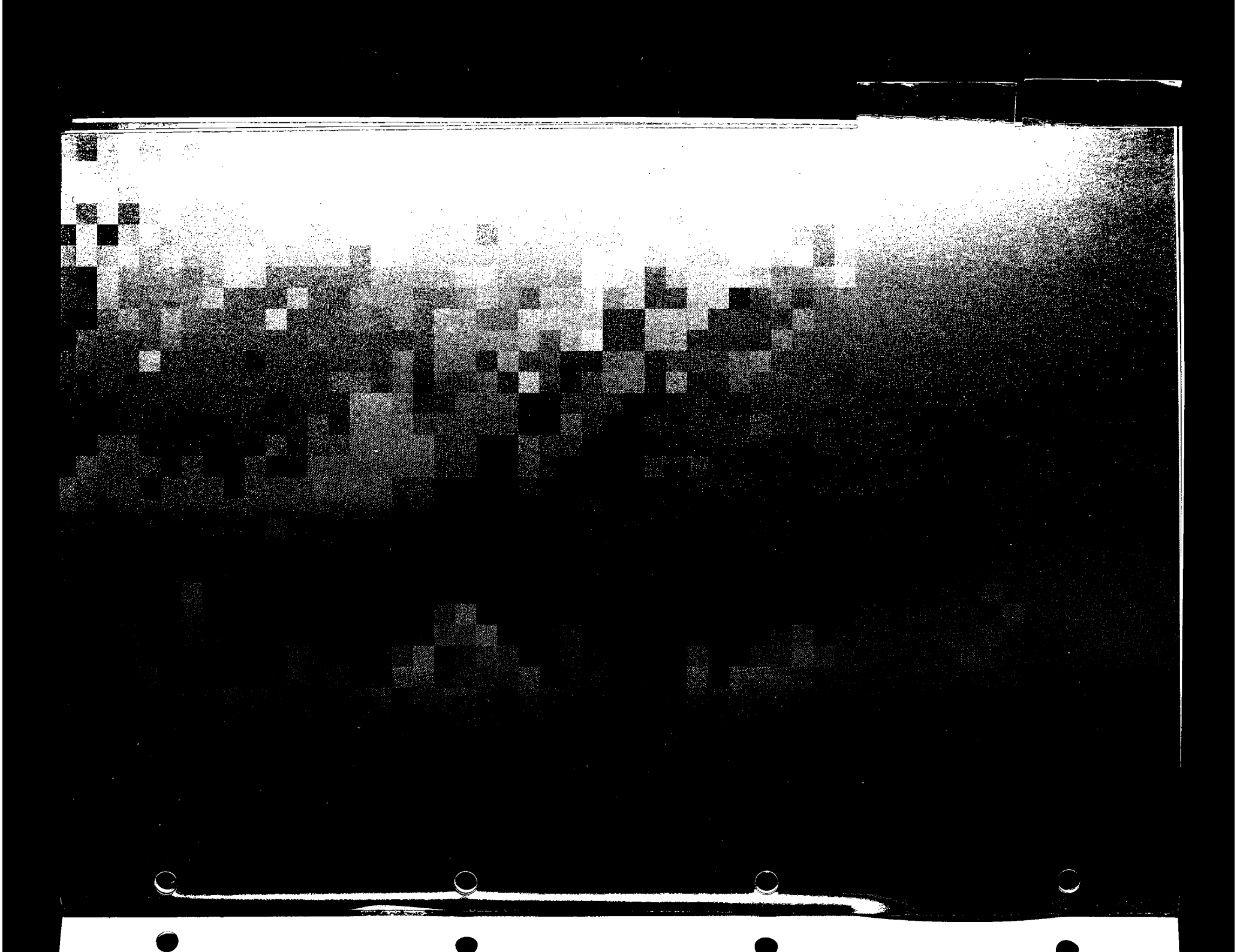


Fig. 1.1 Guide map

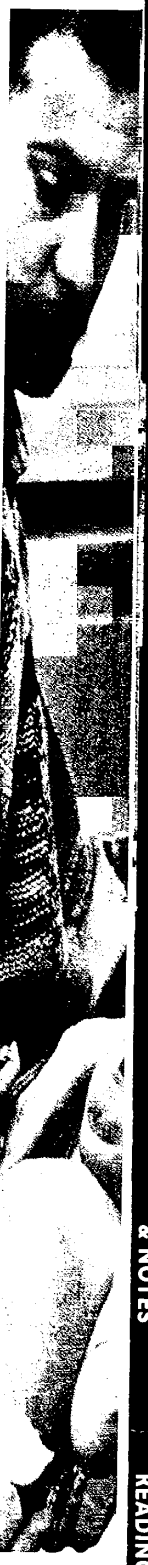
PART

TEAM SELF-ASSESSMENT





2 TEAM SELF-ASSESSMENT



Introduction

Purpose

The team self-assessment is designed to enable your team to decide:

- where the team is now on 16 aspects of NDU activity
- which aspects the team wishes to develop and in what order.

It can also be used to identify your own needs and hence act as an aid to building up your portfolio.

You may wish to read Part 3 before using Part 2.

Rationale

We have based this self-assessment on the factors which seem to be critical to the success of NDUs. Some of these are summarised below.

Predisposing factors essential to the successful development of an NDU

Positive attributes within the NDU structure:

- *leaders – as key agents of change*
- *a team spirit – welcoming challenge and change*
- *freedom – to explore ideas, with dedicated time and space*
- *funding and resources – for education and staff development*
- *facilitators – with skills and knowledge to assist and support the growing spirit of enquiry.*

Recognition of the time required to:

- *develop teams*
- *develop structures to provide opportunities to meet together to discuss developments*
- *develop means of creating time and space for exploring ideas and discovering new knowledge*
- *develop new skills and rediscover nursing fundamentals*
- *develop new roles and refine old ones*
- *develop relationships within the multidisciplinary team and wider organisation*
- *develop ways of spreading good ideas.*

This is only possible within a supportive environment.[5]

How to use the team self-assessment

There are 16 sections to the team self-assessment, each matching a heading in Part 4:

1 The role of the clinical leader
2 Team building
3 Your vision of nursing
4 Support for the team

5 Marketing
6 Planning
7 User involvement
8 Managing change
9 Participation
10 Individual and team development
11 Knowledge-based practice
12 Equal opportunities
13 Evaluation and research
14 Communication
15 Dissemination
16 Quality-assured practice.

By working through sections 2.1 to 2.16, you will be able to identify:

- areas where the team has lots of experience and confidence
- areas where the team has little experience or confidence
- areas where the team needs to do further reading in order to decide what standards it will adopt.

Once you have identified areas where the team lacks experience and confidence, you can then use the matching subsections of Part 4 for team development.

There is no need to work through all the 16 sections in order. If you just wish to assess one part of your unit's work, then select that part of the self-assessment.

As you answer the questions, try to give an example of what your unit does, rather than just answering 'yes' or 'no'. You should also note that there are not always right or wrong answers, but you will always need to justify your comments.

You will need to consider just who will be using the team self-assessment. Will it be just the team leader or will it be all the team together? Will you want anyone from outside to help pose the questions? It may help to ask a colleague to peer-assess your unit.

As soon as you have completed one section (e.g. 2.3 'Your vision of nursing') then you should decide if you wish to pursue this topic further. If you do then you need to turn to its equivalent subsection in Part 4 (in this case, 4.3 'Your vision of nursing') where you will find developmental ideas and, for some topics, more detailed assessment tools. *You may wish to photocopy some sections so that they may be reused at a later time.*

2.1 The role of the clinical leader

What examples can you cite to show that the leader carries out the nine roles of a leader?[6]

Examples

- Providing the team with vision
- Planning
- Briefing the team
- Guiding the team
- Evaluating the team's work

- Motivating and involving the team
- Listening to the team's needs
- Managing the team's work
- Setting an example

(In some NDUs, the clinical leader is not the unit manager. If this is the case for your NDU, then you will need to adapt the above list accordingly.)

Go to section 4.1 to find out more about this aspect of running an NDU.

2.2 Team building

What evidence is there of team-building activities?

Examples

- Team meetings
- Time set aside for team development
- Discussion of aims and objectives
- Participation in decision making.

How well do the team meetings function?

Examples

- Frequent meetings
- Good attendance; no consistent non-attenders
- Minutes kept and accessible to all
- Team members regularly discuss and contribute to aims and objectives
- All members speak at meetings.

How much time is allocated for team development?

What evidence is there that the team has a shared understanding of what it is trying to do?

Example

- Any member of staff could be trusted to explain the unit's work to a visitor.

How can you demonstrate that individual staff members have an understanding of their responsibilities and of the exercise of their authority?

Examples

- All staff have written action lists for current projects
- Reflective practice shows understanding of their responsibilities.

In what ways does the unit collaborate with other parts of the service to ensure an effective service?

Examples

- Sharing information
- Attendance at and contributions to external meetings
- Joint problem solving.

Go to section 4.2 to find out more about this aspect of running an NDU.

2.3 Your vision of nursing

How can you show that the team share a common vision of nursing?

Does that vision promote any of the following?

- Partnership with users and users' rights
- Empowerment of users

- Collaborative working
- Evaluation
- Ethically based practice
- Knowledge-based practice
- Multiprofessional working
- Quality-assured practice
- Effective and supportive supervision (e.g. self- and peer-assessment, clinical supervision)
- Reflective practice.

Go to section 4.3 to find out more about this aspect of running an NDU.

2.4 Support for the team

How does the team gain support?

Examples of supporters

- User representatives
- A steering or advisory group
- Purchasers as supporters
- Community health council
- Local educational institution
- Voluntary organisations
- Local community groups
- Managers
- Your organisation's board
- Research departments
- Other medical and professional colleagues.

Go to section 4.4 to find out more about this aspect of running an NDU.

2.5 Marketing

Who has the team identified as its stakeholders (i.e. people with a vested interest in your unit)?

What has the team identified as its marketing messages?

How are these messages linked to the unit's aims?

What channels has the team identified to market its messages to stakeholders?

Go to section 4.5 to find out more about this aspect of running an NDU.

2.6 Planning

Planning team work

What sort of plan does the team have for its work?

Which team members contributed to the plan?

If only some members contributed, why were the others not involved?

What evidence do you have that all team members are aware of the plan?

Does each team member have defined responsibilities within the plan?

Do all tasks have target completion dates?

Have the resources needed for each task been identified?

When did you last revise the plan?

When will it next be revised?

Planning project work

What sort of plans does the team have for its projects?

Which team members contributed to these plans?

Does each team member involved in a project have defined responsibilities within the project plan?

Do all projects have target completion dates?

Have the resources needed for each project been identified?

Flexibility in team plans

When did the team last adjust a plan to take account of a new strategy (e.g. because of a change in government or trust policy)?

Go to section 4.6 to find out more about this aspect of running an NDU.

2.7 User involvement

What is the team's policy on user involvement?

What is the team's policy for making information available to users?

What examples are there of user involvement?

What examples are there of making information available to users?

How are stakeholders involved in the service?

Examples

- Represented on the steering group
- Consultation meetings.

What examples are there of ensuring that minority user groups and interests are represented?

Go to section 4.7 to find out more about this aspect of running an NDU.

2.8 Managing change

Where do the ideas for change come from?

Examples

- Mostly from the management
- Mostly from the clinical leader
- Mostly from a few, keen staff

- Mostly from the users
- From all the above groups.

How are the ideas of what to develop chosen?

Examples

- The management mostly chooses them
- The steering group mostly chooses them
- The clinical leader mostly chooses them
- The team mostly chooses them
- The users mostly choose them.

How are changes justified?

Examples

- Because they are what the team wants to do
- Because they are what the clinical leader wants to do
- Because they are what one or two team members want to do
- Because they meet user need
- Because they fit trust objectives
- Because they fit government targets.

What evidence is there of action planning to implement change?

Examples

- The team agrees an action plan
- The plan has tasks and dates
- Tasks are assigned to individuals.

In what ways are users involved in planning and implementing change?

Examples

- Represented on the steering group where planned changes are discussed
- The user group is consulted

- Voluntary organisations are consulted
- Informal discussions
- Formal friends group.

How are changes evaluated?

Examples

- An evaluation plan is developed at the time the change is planned
- Changes are reviewed informally after they have taken place
- There is no particular evaluation.

Who is involved in evaluating change?

Examples

- The clinical leader
- The steering group
- A few team members
- All the team.

Go to section 4.8 to find out more about this aspect of running an NDU.

2.9 Participation

Are new problems discussed with team members?

Does the team generate ideas for solving problems?

Does the team share decision making?

What examples can you give to show that there is a culture of challenging the status quo?

Go to section 4.9 to find out more about this aspect of running an NDU.

2.10 Individual and team development

How do development needs relate to the unit's work?

Example

- Development needs are identified against the unit's work requirements at least once a year.

What opportunities do members of staff have to review their development needs?

Examples

- Individual performance review
- Individual development review.

How are development programmes chosen?

Example

- Programmes are matched in terms of content and method to the nature of the development need.

How are members of the team involved in each other's development?

Examples

- Clinical supervision
- Coaching.

How are development programmes evaluated?

Examples

- Each member of staff is involved in the evaluation of her/his development activities
- Team members evaluate each other against set criteria, agreed by the team.

What checks are there to ensure that equal opportunities issues have been considered in staff development?

Go to section 4.10 to find out more about this aspect of running an NDU.

2.11 Knowledge-based practice

To what extent are your practices knowledge-based?

Examples

- Based on research
- Based on literature review
- Based on networking and good practice consensus
- Based on government targets.

What methods do you have to justify your practice?

Examples

- Clinical supervision

- Audit
- Peer review
- Individual performance review
- Personal development plans
- Learning contracts
- Preceptorships
- Networking with similar units.

What evidence is there that keeping up-to-date is part of the team culture?

Examples

- Journal review groups
- Quality circles
- Personal profiles
- Resources are readily available
- Attendance at courses is encouraged and paid for.

What evidence is there that staff are released to access external resources?

Examples

- Libraries visited
- Other units visited.

In what ways are staff undertaking educational courses encouraged to feed back their learning into the unit?

Examples

- Feeding into protocols
- Writing information leaflets
- Leading discussions
- Running study days.

Go to section 4.11 to find out more about this aspect of running an NDU.

2.12 Equal opportunities

What training or awareness does the team have of equal opportunities issues?

What evidence do you have of the team's commitment to equal opportunities?

Does your service meet the needs of all groups, irrespective of their:

- culture
- race
- gender
- sexuality
- age
- disability?

Which of your organisation's equal opportunities policies and documents do you have copies of?

For which of these policies do you have a monitoring system for your unit?

Can you consult experts on equal opportunities if you have no personal experience of dealing with such matters?

Go to section 4.12 to find out more about this aspect of running an NDU.

2.13 Evaluation and research

Evaluation

What evidence do you have that you are meeting the needs of your service?

Examples

- Evaluation reports
- Records of effects of various treatments
- Representative users' views on treatment/service, organisation and their involvement
- Staff views on clinical and organisational aspects of the unit.

Do you have an evaluation strategy?

Examples

- All new developments evaluated
- Policy of continuous evaluation
- Time made available
- Links to regional development strategy and its evaluation.

What mechanisms do you have to evaluate your practice or service?

Examples

- Audit
- Unit standards
- User surveys/focus groups
- Questionnaires
- Clinical supervision
- Specific objectives that can be evaluated
- Formal steering group to which you are accountable or some other accountability mechanism
- Organisational objectives
- An annual report.

Research

Are research projects supported by the team?

Examples

- The team helps in data collection
- The team discusses how to use the results.

What expert advice do you have access to in the design of research?

Examples

- Researcher elsewhere in the organisation
- University staff.

Go to section 4.13 to find out more about this aspect of running an NDU.

2.14 Communication

In this guide, 'communication' is used to refer to the day-to-day exchange of information arising from running the unit. 'Dissemination' (as in the next subsection) is used to refer to communicating the results of the unit's work.

Who are your stakeholders (i.e. those with a vested interest in your service)?

Examples

- Users
- The team
- The trust.

What communication strategy do you have for each group of stakeholders?

Do you have a steering, coordinating or advisory group? If so, who are the members?

What mechanisms do you have to communicate internally with the team/unit?

Examples

- Communication book
- Team meetings
- Minutes of meetings
- Action plans
- Notice-board
- Video and audio
- e-mail.

What mechanisms do you have to communicate with the rest of your organisation?

Examples

- Annual reports
- e-mail
- Meetings
- Minutes of meetings
- Newsletter
- Notice-board
- Open days
- People from similar teams shadowing your unit
- Publications
- Study days
- Workshops.

What mechanisms do you have to communicate regionally and nationally?

Examples

- Annual reports
- Newsletters
- Publications
- Conferences and seminars

- e-mail
- Internet
- Membership of networks
- Using your organisation's press officer to get press coverage.

What mechanisms do you have to communicate with users?

Examples

- Press coverage
- Feedback to voluntary organisations and the community health council
- Information leaflets
- Interpreters
- Advocates
- Translated materials
- Systems to check that the material is culturally sensitive.

What processes do you have in your team to assess information?

Examples

- Meetings
- Reviews by individuals, fed back to the team
- Journal clubs.

What networkiny activities does your unit use?

Examples

- Attending conferences
- Attending study days
- Informal meetings with other NDUs
- Informal meetings with other units
- Informal meetings with university departments
- Membership of Nursing Developments Network
- Membership of speciality and regional networks
- Multidisciplinary networks.

How is the coordination of communication managed within the unit?

Examples

- One person/small group has special responsibility for communication
- Clinical leader is responsible.

Go to section 4.14 to find out more about this aspect of running an NDU.

2.15 Dissemination

In this guide, 'dissemination' is used to refer to communicating the results of the unit's work. 'Communication' (as in the previous subsection) is used to refer to the day-to-day exchange of information arising from running the unit.

What sorts of dissemination activities do you have?

Examples

- Annual report
- Conference presentations
- Consultancy
- Correspondence
- Marketing groups
- Networking
- Publications
- Teaching
- Telephone answering
- Your organisation's newsletter
- Your organisation's policy boards
- Community meetings
- Health bus
- Media coverage
- Open days
- Reports to purchasers.

Go to section 4.15 to find out more about this aspect of running an NDU.

2.16 Quality-assured practice

What tools do you use to monitor and assure quality?

Examples

- Standards
- QUALPACS
- Monitor

What opportunities are there for the team to develop their interest in quality?

Does the unit have written protocols and standards with rationales?

Example

- Protocols available for most procedures.

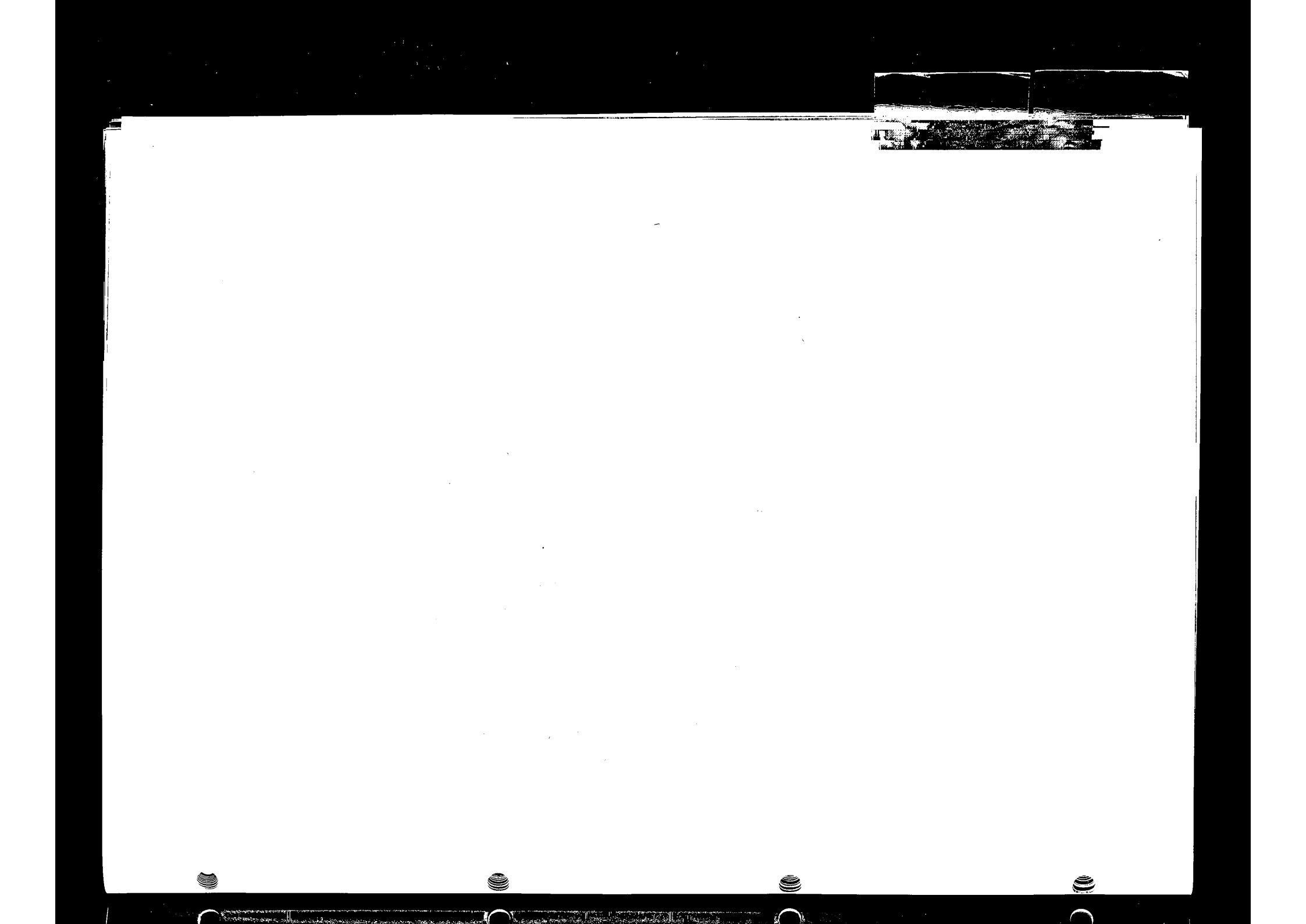
Do you work collaboratively with other disciplines and agencies in developing quality-assured practice?

Does the unit have written policies for monitoring and updating quality initiatives?

Examples

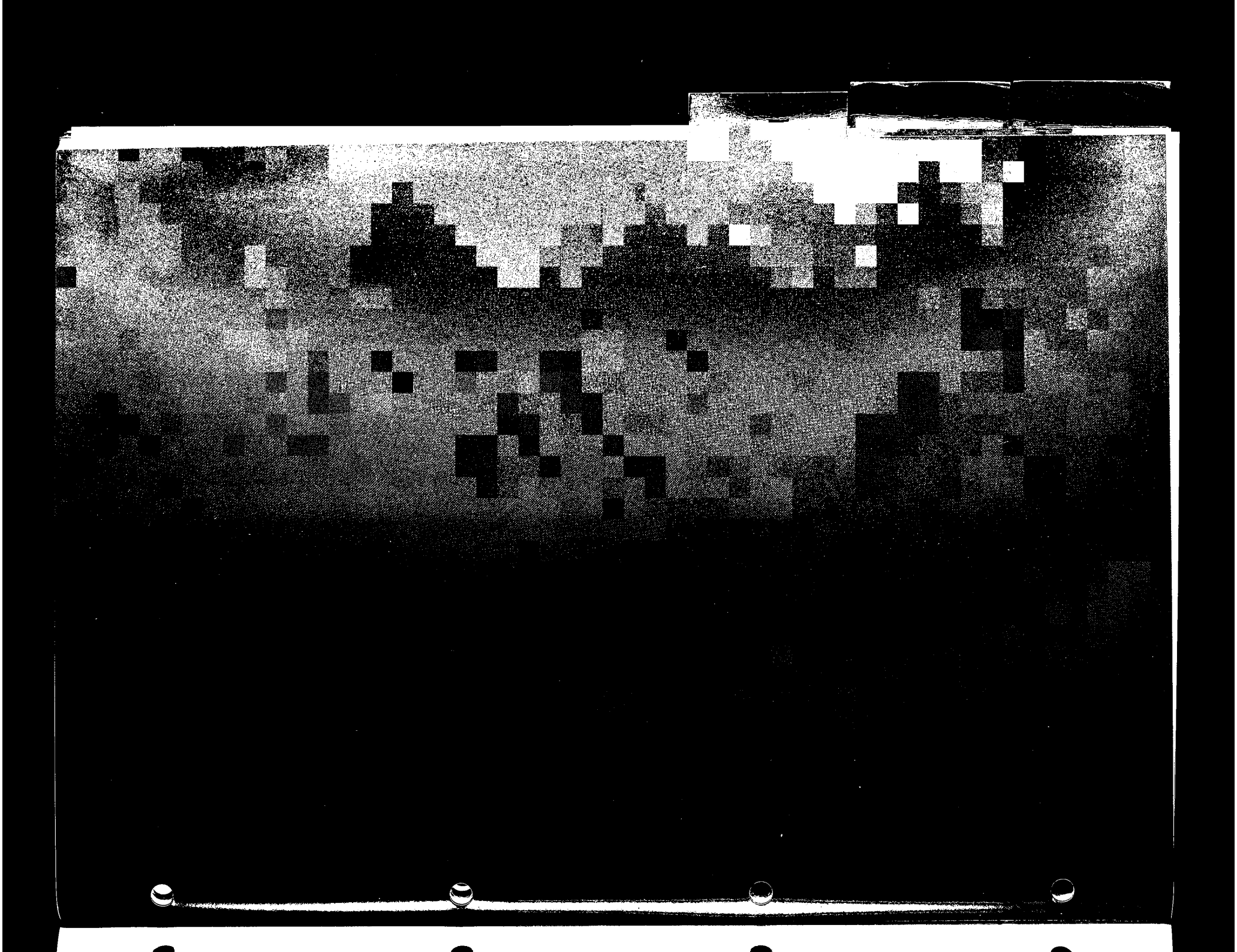
- Protocols available for most procedures
- Procedures for reviewing protocols
- Working with quality team in your local setting.

Go to section 4.16 to find out more about this aspect of running an NDU.



PART

WHY NDUs?



3 WHY NDUs?

3.1 What is an NDU?

'An NDU is a place where people expect things to happen. We aim to make change stick.'[7]

The King's Fund has defined an NDU as:

'a care setting which aims to achieve and promote excellence in nursing. It is committed to improve patient care by maximising the therapeutic potential of nursing; nurses work in partnership with a health care team in which the patient is the key member. In a climate where each person's contribution is valued and an open, questioning, supportive approach is fostered, certain activities are regarded as being essential to the unit's mission:

- *offering the best possible standards of care*
- *monitoring the quality of care and taking appropriate follow-up action*
- *exploiting every means of improving the quality of care*
- *evaluating the effects of the unit's activities on users and staff*
- *enabling nurses to develop personally and professionally*
- *exploring new and innovative practice initiatives*
- *sharing knowledge with a wider audience.'*[8]

What is distinctive about an NDU?

All nursing units strive to achieve the best possible standard of care for their patients and many encourage user involvement. So what is distinctive about an NDU? Four aspects of the definition above are distinctive and will occur again and again throughout this guide:

- evaluation
- the simultaneous development of nursing and nurses
- the use of knowledge-based practice
- dissemination.

Evaluation

Evaluating the unit's work is a defining activity for an NDU. Nurses, midwives and health visitors are encouraged to question, to seek evidence for what they do and to seek better ways of doing it. This is done through evaluation.

Nurse development

In an NDU, development of nurses is seen as a strategic means of developing patient care. The assumption is that care will not improve unless nurses, midwives and health visitors expand and improve their own knowledge and skills.

Evidence-based practice

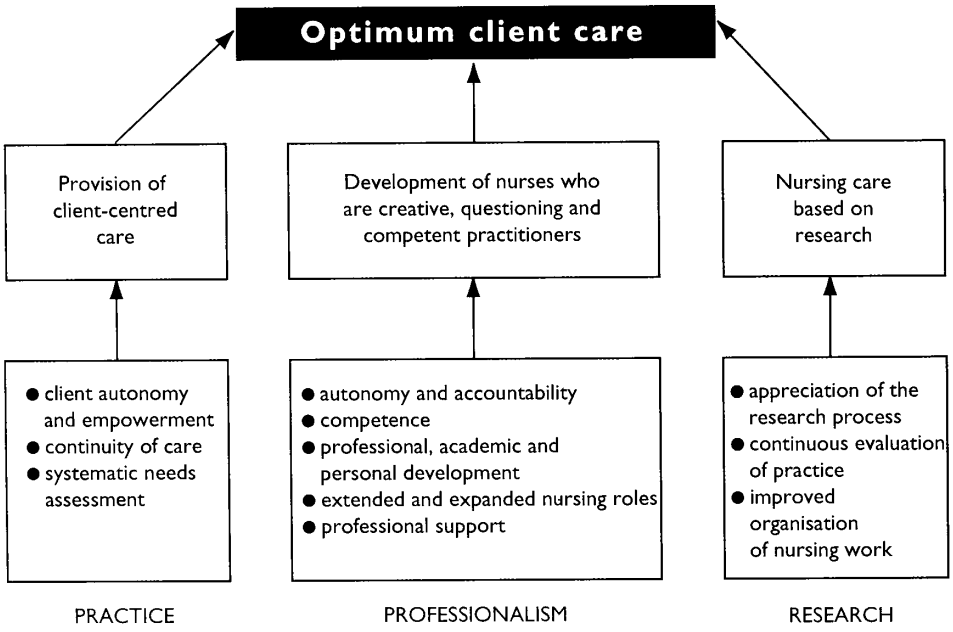
In an NDU, care is based on evidence that it is the right thing to do. Methods and procedures are not followed just because they existed in the past. All the time the emphasis is on 'and how can you demonstrate that what you are doing is best for the user?'

Dissemination

NDUs are about sharing. Within the NDU nurses, midwives and health visitors share what they have learnt (and so do patients). Also, NDUs seek to share what they have learnt with others both within their organisation and nationally. A typical network of contacts for one NDU is shown in Fig. 4.9, on page 77.

Criteria for NDU performance

We now turn to some more detailed definers of what makes NDUs different. It has been said that 'The prime objective of NDUs is to provide optimum client care.'[9] The way in which this can be achieved is illustrated in Fig. 3.1. The three main aspects of this figure (client-centred care, the development of nurses, midwives and health visitors and basing nursing care on research) are discussed below.



Source: King's College[10]

Fig. 3.1 How NDUs can achieve optimum client service

Client-centred service

This may include the following.

An individualised approach

- Involving users and their relatives in their care. For example:
  - negotiated care planning
  - handling own dressings
  - keeping own charts
  - user advocacy

- User information
- The general promotion of the autonomy of the user
- Supporting staff who deliver this approach.

Continuity of service

- Ensuring continuity of the service offered, of its recording in notes and of prescribing
- Effective communication between professionals and users
- A therapeutic nurse-user relationship.

Systematic needs assessment

- Ensuring that the service is flexible and responds to changing needs
- Widening the range of therapies available
- Narrowing the range of therapies, e.g. where an NDU focuses on some of the basics of its service.

Development of nurses, midwives and health visitors

This may include the following.

Promoting autonomy and accountability

- Individual nurses, midwives and health visitors becoming accountable for their decisions and actions
- Developing leadership and management skills in nurses, midwives and health visitors
- Nurses, midwives and health visitors being treated as competent therapists
- Allocating resources for personal, professional and academic development
- Identifying areas in which nurses, midwives and health visitors can take on an expanded role
- Well-developed staff support mechanisms
- Ensuring that staff have time out for development.

Basing nursing care on research

This may include the following.

Understanding research

- A better understanding of the research process, including building on the approach of the national strategy[11]
- Staff development to apply and adapt knowledge-based practice.

Assessment of practice

- Continuous assessment of the effectiveness of current practices
- The introduction and evaluation of innovations which lead to improved quality of client care
- The development of new frameworks, models and protocols.

Examining systems

- Examination of the care delivery system

- Examination of the staff grade, race, gender, sexuality mix
- Examination of the way in which work is organised
- The promotion of economy and efficiency.

3.2 NDU aims

The aims of NDUs vary according to local needs and interests, but typically include a commitment to:

- nursing in user-centred ways, such as primary nursing
- innovation
- user participation
- equality of service
- accessibility of service
- dissemination
- the development of staff
- quality assurance
- enhancing the status of nursing.

Philosophy and aims of the Stepney NDU – a neighbourhood nursing team

Philosophy

Stepney begins with the belief that the people of Stepney deserve excellent primary health and community nursing services.

We want to develop accessible and effective services which incorporate public health strategies, and which are built around the identified needs of local people.

We are committed to forging true partnerships with the people of Stepney to help plan, develop and evaluate these services together.

Aims

- *To promote excellence in community practice.*
- *To identify standards of nursing care and ensure that these are achieved by using a range of quality assurance methods.*
- *To explore and promote the full contribution of nursing to the multidisciplinary team.*
- *To motivate and facilitate the personal, professional and practice development of nurses themselves by providing educational opportunities and support.*
- *To provide a focus for research-based nursing and primary care development with CELFACS.*[12]
- *To identify the key features of a community nursing development unit and to contribute the development of the NDU concept.*[13]

Bowthorpe NDU's aims

- *To provide excellence in nursing practice with the elderly patient by developing a holistic, patient-centred approach to nursing care, which is responsive to the individual's needs and wishes.*
- *To promote independence in the activities of living where feasible and desired.*
- *To strive for thorough preparation for discharge by liaising with multidisciplinary team, patient and family.*

(cont'd)

Bowthorpe NDU's aims *cont'd*

- *Supporting the dying patient towards a peaceful pain-free death in accordance with cultural and religious beliefs.*
- *To promote a climate for nursing the elderly in which new ideas and learning will flourish.*
- *To continue to promote personal and professional development of nursing to facilitate a creative and innovative climate, in which nursing will be nurtured and developed.*[14]

Activity: First thoughts on aims

1 ***Talk with colleagues about and make notes on any ideas which you have for aims at this stage. You will need to refine these later when you look at the section on strategy, but it is worth capturing any ideas you have as they occur to you.***

2 ***You may find it useful to ask all or several team members to write down their thoughts on aims a few days before a team meeting. In this way, you will get ideas from the less forceful team members as well as from those who tend to lead in any discussion.***

3.3 Why do you wish to be an NDU?

Hopes, fears and expectations

In any new enterprise there is usually one person who champions and leads the change. However, unless that person helps others to follow, the change is likely to be resisted. Bringing others to support the change involves addressing their concerns. A good way of starting this process is with a 'hopes, fears and expectations' exercise. This:

- begins to build the aims
- helps identify concerns that will need to be addressed by the team and the team leader
- can address some of the fears through the discussion that is part of the exercise.

Activity: Hopes, fears and expectations

1 ***This exercise can be done with whatever size group you wish to involve at this stage.***

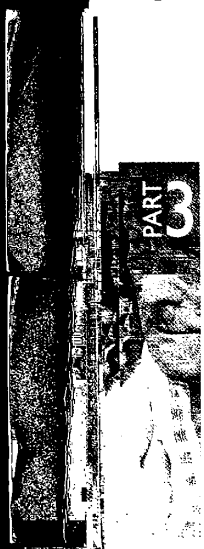
2 ***Ask the group to imagine that they have just become an NDU.***

3 ***Ask each member of the group to make three lists on a sheet of paper:***

- ***hopes: what they hope the NDU will achieve***
- ***fears: any concerns and worries they have about being an NDU***
- ***expectations: what they expect will happen (which may not be what they hope will happen).***

4 ***If members want to keep their contributions anonymous, let them do so.***

5 ***Make three sheets (if possible, on a flip-chart), one for each of hopes, fears and expectations. Put the individual contributions onto these.*** *(cont'd)*



Activity: Hopes, fears and expectations *cont'd*

6 In small groups (say, twos and threes), ask people to discuss:

– why their expectations are different from their hopes?
– what do they think might help more of the hopes to happen?
– what could the team do to overcome some of the fears?

7 Bring everyone back for a general discussion of what has been learnt from this exercise.

8 You may find it helpful to keep a copy of your work and return to this activity a year later.

One team's reasons for becoming an NDU

- *To evaluate and further develop our current nursing practice, with a specific focus on self-care and the ward educational environment.*
- *To establish ourselves as a centre of nursing excellence for:*
  - *the benefit of patients by raising standards of care and practice,*
  - *the local nursing profession by raising the clinical profile of nursing.'*[15]

Vision

If you have already worked through Part 2 then you may now find it helpful to check back on your answers to section 2.3 where you looked at your team's vision.

Why a vision is needed

A vision is an expression of the values shared by a unit. (Vision is also called 'philosophy' in some publications.) Any team needs a written, agreed vision because:

- the process of generating that vision helps reveal and resolve differing values among team members
- the process identifies common ground; this is influential in providing a quality service[16]
- the vision statement reminds team members of why they are doing what they are doing – this can be of critical value in difficult moments
- the statement provides direction and guidance – it is a beginning, not an end
- the vision statement protects each member of the team from unreasonable requests and instructions from other members of the team, or from those outside the team – a team member can always appeal to the vision when under pressure.

Values in the Michael Flanagan NDU

- *The partnership between service user and service provider is valued.*
- *A culture of support for individual's ideas and enthusiasm, free from cynicism and disparaging remarks is valued.*
- *Clinical supervision, effective training, research and clinical leadership are valued as mechanisms for nursing professional development.*

(cont'd)

Values in the Michael Flanagan NDU *cont'd*

- *The use of quality measures, standard setting and strategic thinking as vehicles for improving and auditing nursing contribution to mental health is valued.*
- *Nurturing, development and growth are concepts which are valued as being appropriate to clients and nurses alike.*[17]

Using a vision

Once created, a vision can then be turned into a practical tool by generating general and specific objectives from it. In Table 3.1, column 1 shows some of the values (i.e. vision) of a clinical NDU. Columns 2 and 3 show how the NDU produced objectives from these values.[18]

TABLE 3.1

Stated value	General objective	Specific objective
Families/relatives/significant others are important people to patients	To involve relatives in care to the extent they and the patient wish participation *(clinical)*	All relatives are asked about their expectations of care
All staff can grow and develop as individuals. Such personal growth increases job satisfaction and benefits patients	All staff are helped to identify their personal needs and professional needs and to select appropriate methods to develop them *(educational)*	Individuals with mentors negotiate individual learning contracts
Individuals work best within a team which shares common values	Values and beliefs are explicit when recruiting new staff so as to attract people of similar philosophy *(managerial)*	Every applicant is issued with a unit philosophy

3.4 Force field analysis

Creating an NDU means creating change. In any change situation there will be factors that are working in your favour and factors that are working against you. Identifying these enables you to strengthen and make the best use of the favourable factors and to weaken or get round the unfavourable ones. A process for doing this is called force field analysis because you are analysing the forces which will affect your progress.

Why use force field analysis?

In this section, we show you how to carry out a force field analysis for your proposed NDU. This will be of value to you because:

- it makes you aware of all the forces that will help you (called driving forces)
- it makes you aware of all the forces that will hinder you (called restraining forces)
- it asks you to look at how you can strengthen the forces that are working for you
- it asks you to look at how you can weaken the forces that are working against you
- it helps develop critical parts of your action plan for creating your NDU
- if done as a team exercise, it helps promote team building.

An analysis for your NDU

The process of carrying out a force field analysis involves four steps:

1 Produce a list of all the driving and restraining forces – brainstorming will help here.

2 Divide your list up into any major categories which may be helpful in your analysis. For example:

- personal factors (for the team leader)
- team factors
- organisational factors (i.e. those outside the unit).

3 Draw a force field chart as in Fig. 3.2. (We discuss the figure in more detail below.)

- driving forces point one way, restraining forces point the other
- the length of each arrow shows the strength of the force that it represents (some people like to use arrow thickness, rather than length, to represent strength).

4 Then look at your figure and consider:

Driving forces

- which ones can we strengthen?
- make a plan to strengthen them.

Restraining forces

- which ones can we do nothing about? Ignore those
- which ones can we do something to undermine or weaken? Make a plan to do that, putting most effort into whichever forces are easiest to overcome. (But, remember that you need friends, so your attack on the forces must not alienate people.)

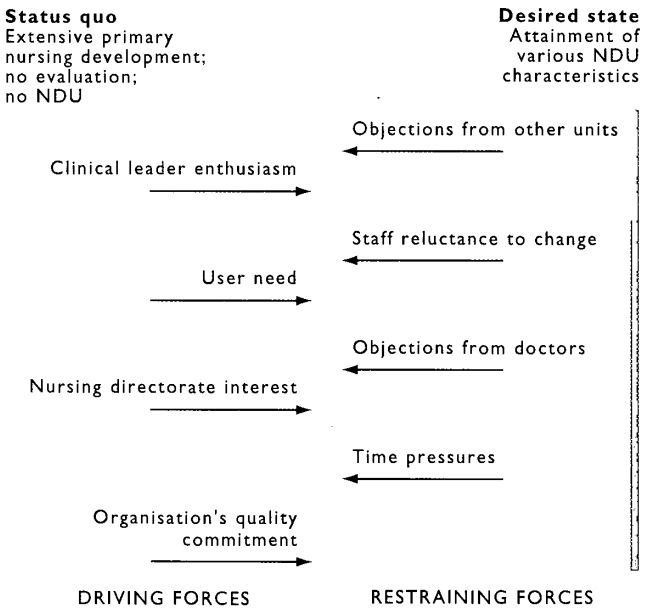


Fig. 3.2 A force field analysis chart as it might apply to a proposed NDU

Overall, it is better to reduce the restraining forces than to strengthen the driving forces, the latter risks increasing resistance.

You now have an action plan for developing your NDU.

Components of a force field analysis figure

In Fig. 3.2, you can see the following components.

- A line down the left-hand side which represents the status quo – where you are now. In the case of our example, the status quo is: 'Extensive primary nursing and development activity; no evaluation; no NDU'.
- A line down the right-hand side which represents the desired state – where you wish to move to. This would probably be expressed as a range of NDU characteristics that you wished to achieve.
- A line in the middle which represents the unit. You imagine the various forces trying to push this line (the unit) to the right (becoming an NDU) and to the left (staying as you are).
- The driving forces. These point towards the desired state.
- The restraining forces. These point towards the status quo.

Forces to consider

The precise set of forces for your unit will depend on its circumstances. However, you will probably find it useful to consider forces such as:

- management support
- resources
- organisational support
- organisational culture
- interprofessional relationships
- access to educational resources
- purchaser support
- user expectations
- organisational, professional and government agendas.

A range of factors which have been shown to lead to the successful development of NDUs are shown at the start of Part 2, on page 1. In addition, the leader's vision is clearly a major success factor. Some of these factors may trigger ideas for driving and restraining forces for your NDU.

Activity: A force field analysis for your NDU

This can be done as an individual or a group activity. If you work in a group then first split into small groups to brainstorm ideas for driving and restraining forces.

Carry out a force field analysis for your NDU, following the five steps below.

1 List the driving and restraining forces.

2 Divide your list up into any major categories. For example:

- ***personal factors (for the team leader)***
- ***team factors***
- ***organisational factors (i.e. those outside the unit).***

(cont'd)

Activity: A force field analysis for your NDU *cont'd*

If you have more than ten forces on either side, try to reduce them by grouping some or just leaving out the less significant ones.

3 Draw a force field chart.

4 Examine the forces and:

- ***identify the driving forces which you can strengthen***
- ***identify the restraining forces which you can do nothing about***
- ***identify the restraining forces which you can weaken.***

5 Draw up an action plan for developing your NDU.

3.5 Developing your strategy

What it is

At its simplest, a strategy is a plan to make sure you get where you want to go. Of course, most plans are like that, but strategic plans tend to take a long-term view. Typically, a strategic plan looks three-to-five years ahead.

Purpose

A strategic plan is designed to:

- identify long-term aims
- identify key stakeholders
- ensure that short-term issues do not dominate planning
- identify resource requirements and sources
- express the team's values.

Once you have a strategic plan, you can use it to:

- guide your team in drawing up short-term ('operational') plans
- remind you at intervals (especially when things are not going well) of where you are trying to get to and why
- demonstrate to others (e.g. the organisation's management) what the long-term benefits of your NDU will be
- demonstrate how your NDU work helps meet the organisation's objectives.

Content

A strategic plan will typically contain:

- a statement of where you are now
- a statement of where you wish to be in three-to-five years time and why you have chosen this strategy

- an identification of the opportunities you will use to meet your aims (e.g. people, resources, political factors)
- an identification of the problems you anticipate and how you intend to overcome them.

This plan might contain sub-plans for different areas of activity such as clinical, managerial, educational and research work.

You will already be aware from your force field analysis that your NDU's success depends on, among other things, the support of individuals and groups outside your NDU. If you are going to get this support, then your NDU needs a strategy that these individuals and groups can support. These people are called stakeholders – that is, people who have a stake (or interest) in your NDU. Typical stakeholders include:

- the unit staff
- the users
- colleagues in other units in your speciality
- colleagues in other disciplines (perhaps part of a multidisciplinary team)
- doctors
- purchasers
- hospital management
- community health councils
- voluntary organisations
- tutors and researchers.

In addition to identifying the stakeholders, you need to find out what is happening outside your unit (this is called 'scanning the environment'). For example:

- what are the needs out there?
- what issues are people discussing?
- what issues are they not discussing?
- what is in your organisation's business plan?
- what is in the purchasers' plans?

All this sort of information can be usefully fed back into the force field analysis.

It is important to see your unit from the point of view of each type of stakeholder. For example, what do purchasers spend most time thinking about? What do they most want to achieve? Given that background, how are they going to view your NDU's emphasis – as irrelevant to them; as highly relevant to them?

Equally, it is important not to overlook stakeholders just because you do not know much about what they are thinking. The team needs to find a way of *consciously* considering the needs of all groups, taking care to involve minority groups. Some of your stakeholders may have little idea about how to make their interests known (e.g. carers or voluntary organisations) yet addressing their agendas may be critical to your success.

The silent or absent stakeholder may have as much to tell you as the noisy, ever-present one.

When looking at the needs of stakeholders, there is a risk of losing sight of the team's needs and interests. You need to remind yourself that the major stakeholder in the NDU is the team. If you do not meet the team's needs, you will not meet the needs of any of the other stakeholders. Success depends on a motivated and fulfilled team, which only occurs when the team's needs are being met.

Activity: The stakeholders of your NDU

This activity is best done in small groups.

1. ***In twos and threes, brainstorm all the possible stakeholders of your NDU.***
2. ***In a full group session, collect all the ideas together and produce a single list of stakeholders, dividing them into three categories:***
   - ***those with great influence over the unit***
   - ***those with a moderate influence***
   - ***those with only a minor influence***
   - ***those who could be of value to you, but are currently not aware.***
3. ***Share out the 'great influence' list between the small groups, so each group has one or two stakeholders to work on.***
4. ***The small groups have to imagine that they are one of the stakeholders, e.g. they might imagine that they are the trust board. They have to then decide what, in that role, they expect of your NDU.***
5. ***You may wish to repeat step 4 for the moderate influence stakeholders.***
6. ***Draw up a final list in the form:***

Stakeholder	*Stakeholder's expectations of NDU*

Putting the strategy together

You now have three major inputs to your strategy:

- the team's vision
- the conclusions from your force field analysis
- the views of your stakeholders.

Fig. 3.3 The contributing factors to your strategy

These combine together to create the strategy, as shown in Fig. 3.3. The strategy in the centre of the figure combines your inputs in such a way that:

- the team's vision will be implemented through the strategy
- the stakeholders' views and needs will be met through the strategy
- the strategy will strengthen the driving forces and weaken the restraining ones as identified in your force field analysis.

Of course, you cannot expect to do all you want to do, nor to meet all your stakeholders' wishes. But you can plan to meet enough needs to satisfy yourself, the team, the users and the stakeholders.

Sources of strategy for one NDU

'The projects selected were based on nurses' and service users' identified priorities and also built on existing development work.'

Key organisational, professional and government targets were incorporated into the development programme; including Vision for the Future, The Health of the Nation and the implications of the NHS and Community Care Act 1990, both through project work and other service development such as skill-mix review and joint protocol setting.'[19]

Developing a strategy that is workable and has vision is not easy. Generally, the leader will have his or her own vision of what could be achieved. Enthusing the team to share and implement that vision is a key part of the leader's role. Equally, though, leaders wish to involve teams in creating strategy and vision. This risks agreeing a strategy that is simply a mix of the few things the team agree on.

In the following activity, we suggest one way of developing a strategy with the team. The approach needs to be used with care, ensuring that real vision emerges and not just routine ideas that the team shares.

Activity: Drafting your strategy

There are many ways to derive your strategy from the work you have done so far. Here is one possible way. Before using this activity, the leader should have made his or her vision clear to the team.

1. ***Work in a mixture of large and small group sessions for this activity.***
2. ***In small groups, take all the needs of all the stakeholders identified in your work on 'The stakeholders of your NDU '. Each group should draw up a list of:***
   - ***needs the strategy must meet***
   - ***needs it would be nice to meet.***
3. ***Bring all the lists back into a plenary group. Discuss the separate lists and draw up two summary lists of:***
   - ***needs the strategy must meet***
   - ***needs it would be nice to meet.***

   If it proves difficult to get agreement on these, or if a few team members are dominating the discussion, ask each person to rank the needs on a sheet of paper. Then collect the sheets in, count up the scores and announce the results.
4. ***Review your 'must meet' list and ask yourselves:***
   - ***does this list meet the team's needs?***
   - ***does this list meet the critical needs of our major stakeholders?***
   - ***can the tasks implied by the list be completed in the time-span we have in mind?***
5. ***If the team answers 'No' to any one of these questions, then further discussion and analysis are essential. A strategy which fails any one of these three criteria will be limited to some degree.***

3.6 Negotiating the role of your NDU

What is negotiating?

Negotiating involves achieving your goals when you are partly dependent on others. In a typical negotiating situation, there are two parties (e.g. unit nurse manager and doctor). Each needs the other to complete his/her tasks. Their negotiating relationship depends on three factors:[20]

- **The parties are interdependent.** The doctor needs the unit manager to provide care for users in a way which supports the doctor's treatment plan. The unit manager needs the doctor as both a source of expertise and support.
- **The parties have different interests.** For example, a consultant's day may be constrained by the time of an operating list or outpatient commitments, but the nurse may recognise a need for a patient to rest when the doctor wishes to visit the unit.
- **There is not a vast difference in power.** Although doctors are traditionally seen as powerful, the unit manager still has enough discretion about how she/he runs the unit to be able to negotiate with the doctor.

Why is negotiation needed?

Negotiation is needed in any circumstance where others have the power to prevent you achieving all or part of your goals. When setting up an NDU, others clearly have much influence over your NDU. For example, all of the following would have to be negotiated with people outside the unit:

- staffing levels
- physical space
- budgets
- range of services to be offered
- clinical methods to be used
- authority of the clinical leader (e.g. decisions left to the clinical leader versus decisions taken by other professions).

Negotiation is a substantial activity for most NDUs, particularly in the early stages. Much of the negotiation may be complex and many people may be involved, including users, doctors, managers and other professionals. Each of the parties may have to develop its negotiating skills, some finding a need for one-to-one skills, others for the skills of negotiating with a trust, and so on. For an NDU, this may mean seeking specialist advice or help with negotiating, or finding courses to develop negotiating skills.

The long haul of negotiation – Annex NDU

One NDU leader was inspired to set up a self-referral anorexia NDU. Getting started took much longer than she had anticipated.

'I identified my lack of management skills and the problems of negotiating my way through the pathways of management. It is quite easy to be undermined and have to justify yourself by someone else's criteria.'[21]

How to negotiate

There are a number of key points to remember when you are negotiating:

- be clear about what you want – the minimum you will accept
- think about what you can offer the other party
- always help the other party save face – don't turn negotiating into a battle with winners and losers
- accept impasses
- remember your constituency, i.e. you are negotiating on behalf of your users
- be constructive.[22]

Be clear about what you want

Before you enter any negotiation, you need to be clear in your own mind (or, better, the team needs to be clear) what is the minimum that you want. For example:

'We cannot start our NDU unless we have:

- secretarial support (you might ask for two days, but settle for a bit less)
- access to a computer with particular software
- at least one or two days evaluation time per week
- dedicated time for the team leader (you might ask for two days and settle for two half-days).'

Once you have decided the minimum:

- always write it down – this protects you from conceding anything less
- never tell the party you are negotiating with what the minimum is
- always ask for more than the minimum.

Think about what you can offer the other party

In an NDU context, you are likely to be able to offer other parties:

- benefits – for example, better patient/client care, better use of staff time
- concessions – these are likely to be organisational concessions (e.g. concessions on shift working or demarcations).

Always help the other party save face

If you treat negotiating as a battle, then the other party will take an entrenched position. To move from that position will result in a loss of face.

If you treat negotiating as solving a problem together or meeting joint needs, then both parties can freely move position without loss of face.

Accept impasses

Being prepared to accept an impasse is essential in successful negotiating. If you are not prepared to accept an impasse, then you are likely to end up making unintended concessions. Accepting an impasse means saying something like 'Well, I don't think we can reach any agreement today. I think we should adjourn the meeting.'

Remember your constituency

For an NDU this is the most powerful negotiating device you have. Your constituency (i.e. the people on whose behalf you are negotiating) are the users. At any point in the negotiation, you can always appeal to their needs. For example, you might say:

'Unless we are allowed to offer ... therapy, users will have to continue to travel 40 miles to ... to get treatment. That's not meeting users' needs.' or

'Our surveys of patient satisfaction show that over half suffer from side-effects. We need to research what these are so that we can reduce them.'

Notice that, when you appeal to the constituency (the users), you put the party you are negotiating with at a disadvantage: if they oppose you, then they are opposing the users.

You may feel that the notion of the NDU's users being its most powerful negotiating device conflicts with the notion of the staff being the key stakeholders. There should, though, be no conflict since the NDU's staff will be seeking user benefit in all aspects of their work.

Be constructive

Many negotiating impasses result from both sides going over the same arguments with neither influencing the other at all. Often, the way out is to look for the constructive introduction of some new point. For example, you might suggest:

- brainstorming to search for new solutions
- collecting new information
- changing the team
- agreeing to a joint study group
- jointly visiting a site that has solved the same problem.

Activity: Your negotiating needs

1 List your minimum needs in order to establish your NDU.

2 Identify from this list the items that involve negotiations with other parties.

3 For each of your items in (2), identify:

– who you need to negotiate with
– what you will ask for (something more than the minimum)
– what you can offer them.

Benefits identified by the Byron Ward – a nurse-led in-patient service

When setting up their NDU, Byron Ward marketed the benefits which they felt their NDU would offer as a nursing-led in-patient service. They identified benefits to patients and benefits to the medical care group as follows.

Benefits for patients

- *concentration on the patients' changing needs*
- *increased patient satisfaction with the service*
- *increased patient independence*
- *decreased length of stay and readmission.*

(cont'd)

Benefits identified by the Byron Ward – a nurse-led in-patient service *cont'd*

Benefits for the care group

- *shorter lengths of stay in acute beds*
- *shorter lengths of stay per patient episode*
- *reduction of readmission rates*
- *possibility to become income generating.*

These benefits formed part of the negotiations with management which dealt with such issues as:

- *redesignating beds from acute medicine to nursing*
- *agreeing an evaluation strategy.*

Meetings were also held with other health care professions to gain their support. The success of these depended on:

- *careful preparation*
- *responding promptly to questions and suggestions*
- *being prepared for nursing needing 'to fight for the right to be a leading discipline'.*[23]

3.7 Setting clear aims

Meeting others' aims

You need to make sure that your aims provide answers for managers. So, when looking at your own aims, you need to ask:

- how do these aims help managers meet the corporate strategy of their organisation?
- what problems will the NDU solve for managers?
- in what way can managers' problems become opportunities for the NDU?
- in what ways is the NDU addressing local political issues?
- will all the stakeholders see the NDU as addressing part of their agendas?

At the same time, you need to influence those who can support your aims. For example, the Community Health Council has an influence on purchasers.

Whatever you decide, you need to be making a clear offer on:

- quality
- delivery of targets
- meeting managers' agendas.

Byron Ward key aims

- *Care tailored to individual patient needs*
- *Closer patient involvement in care*
- *Increased patient satisfaction with the service*
- *Improved health status for patients*
- *Lower rates of nursing-related complications*
- *Increased patient independence*
- *Shorter length of stay in acute beds for our patient group*

(cont'd)

Byron Ward key aims *cont'd*

- *Shorter lengths of stay per patient episode*
- *Reduced readmission rates*
- *Greater independence in the community*
- *Development of multidisciplinary team work and cooperation in the unit and on referring wards.*[24]

Excerpts from the detailed objectives of Glenfield NDU

Educational strategy

The educational strategy sets out six objectives. For example:

- *to develop staff so that they can actively participate in the work of the NDU.*

The target groups for the educational strategy were identified as:

- *individual nurses*
- *whole NDU nursing team.*

Fifteen tasks were then set out, each allocated to named staff and each with a review date. For example:

- *create opportunities for staff to spend time away from clinical environment working on NDU projects. Review date July 1993.*

Finally, the education strategy itemised ten ways in which the strategy would be evaluated. These included, for example:

- *all conferences/study days attended will be fed back and outcomes integrated in to practice.*[25]

If you have already undertaken the assessment exercise you may like to revisit your answers having completed this section.

PART

DEVELOPING YOUR NDU

4 DEVELOPING YOUR NDU

4.1 The role of the clinical leader

The term 'leader' is often associated with charismatic people such as those who lead political parties, religious bodies or military campaigns. Few of us see ourselves as that kind of leader. Fortunately, leadership in the workplace involves more readily acquired skills.

Activity: Thinking about good leaders

This activity can be done in small groups, or as an individual activity.

1. ***Think of one or two people who you have worked with in a reasonably small team who you felt were good leaders. This need not be in a nursing context; you might think of your family experiences, leisure interests, religious and political life.***
2. ***What did these people do and what qualities did they have which made them a good leader for you?***

Leadership qualities

There is little agreement among researchers on exactly what qualities are needed to make a good leader. However, a few qualities seem to stand out in most studies. These are:

- enthusiasm – you are keen on your job and search for opportunities to do it well
- warmth – you respond openly and kindly to other people; they feel you are approachable
- integrity – you are honest in dealing with other people; they can trust you.[26]

The most encouraging thing about this list is that it is so short. Leadership is not about possessing some rare qualities, nor about being born a leader. Rather, it is about displaying some basic human qualities that we recognise in most people we meet. In other words, most of us can be leaders if we wish it.

The leadership role

Having the qualities to be a leader does not make you one. You are a leader because of what you do. So what does a leader do? Adair identifies eight roles for a leader, but NDU leaders seem to have nine:

- providing the team with vision
- planning
- briefing the team
- guiding the team
- evaluating the team's work
- motivating and involving the team
- listening to the team's needs
- managing the unit's work
- setting an example.[27]

A bald list like this can misleadingly suggest that the leader has to do all these things. That is not so. The leader has to make sure that all these things are done, but delegation will often be needed to achieve that. For example, the leader will not do all the evaluation nor all the organising, but will make sure these happen.

If you do these well, and are seen to do them well by your team, then you are a good leader. If you do not do them well, then each can be learnt and practised.

A leadership checklist

One way to develop your leadership skills is to identify what type of leader you are now. Blake and Mouton's managerial grid helps you do this. You can use the five steps below to identify your managerial style.[28] This will be a useful basis to discuss your own development needs with a colleague.

Step 1

The checklist has six elements and each element has five statements. For each element, tick the one statement that best typifies you.

Element: Decisions

- ❑ 1 I place high value on maintaining good relations.
- ❑ 2 I place high value on making decisions stick.
- ❑ 3 I place high value on getting sound creative decisions that result in understanding and agreement.
- ❑ 4 I accept decisions of others.
- ❑ 5 I search for workable, even though not perfect, decisions.

Element: Convictions

- ❑ 6 I go along with opinions, attitudes and ideas of others or avoid taking sides.
- ❑ 7 I listen for and seek out ideas, opinions, and attitudes different from my own. I have clear convictions but respond to sound ideas by changing my mind.
- ❑ 8 I stand up for ideas, opinions, attitudes, even though it sometimes results in stepping on toes.
- ❑ 9 I prefer to accept opinions, attitudes, and ideas of others rather than to push my own.
- ❑ 10 When ideas, opinions, or attitudes different from my own appear, I initiate middle ground oppositions.

Element: Conflict

- ❑ 11 When conflict arises, I try to be fair but firm and to get an equitable solution.
- ❑ 12 When conflict arises, I try to cut it off or to win my position.
- ❑ 13 I try to avoid generating conflict, but when it does appear, I try to soothe feelings and to keep people together.
- ❑ 14 When conflict arises, I try to identify reasons for it and to resolve any underlying causes.
- ❑ 15 When conflict arises, I try to remain neutral or stay out of it.

Element: Emotions (temper)

- ❑ 16 When things are not going right, I defend, resist or come back with counter arguments.
- ❑ 17 By remaining neutral, I rarely get stirred up.
- ❑ 18 Under tension, I feel unsure which way to turn or shift or avoid further pressure.
- ❑ 19 Because of the disturbance tensions can produce, I react in a warm and friendly way.
- ❑ 20 When aroused, I contain myself, though my impatience is visible.

Element: Humour

- ❑ 21 My humour fits the situation and gives perspective; I retain a sense of humour even under pressure.
- ❑ 22 My humour aims at maintaining friendly relations or when strains do arise, it shifts attention away from the serious side.
- ❑ 23 My humour is seen by others as rather pointless.
- ❑ 24 My humour is hard-hitting.
- ❑ 25 My humour sells myself or a position.

Element: Effort

- ❑ 26 I rarely lead but extend help.
- ❑ 27 I exert vigorous effort and others join in.
- ❑ 28 I seek to maintain a good steady pace.
- ❑ 29 I put out enough effort to get by.
- ❑ 30 I drive myself and others.

Step 2

Write the numbers of the statements you have ticked in column headed **'Your selection'** in the table below.

Element	Your selection	Managerial style
Decisions		
Convictions		
Conflict		
Emotion		
Humour		
Effort		

Step 3

Now use the key below to match each of your selections against its management style. Write the number of that style in column 3 of the table on the previous page.

Key

Selection	Style	Selection	Style	Selection	Style
1	1.9	11	5.5	21	9.9
2	9.1	12	9.1	22	1.9
3	9.9	13	1.9	23	1.1
4	1.1	14	9.9	24	9.1
5	5.5	15	1.1	25	5.5
6	1.1	16	9.1	26	1.9
7	9.9	17	1.1	27	9.9
8	9.1	18	5.5	28	5.5
9	1.9	19	1.9	29	1.1
10	5.5	20	9.9	30	9.1

Step 4

Now mark your six style scores onto the grid in Fig. 4.1. Put a cross in the relevant style area.

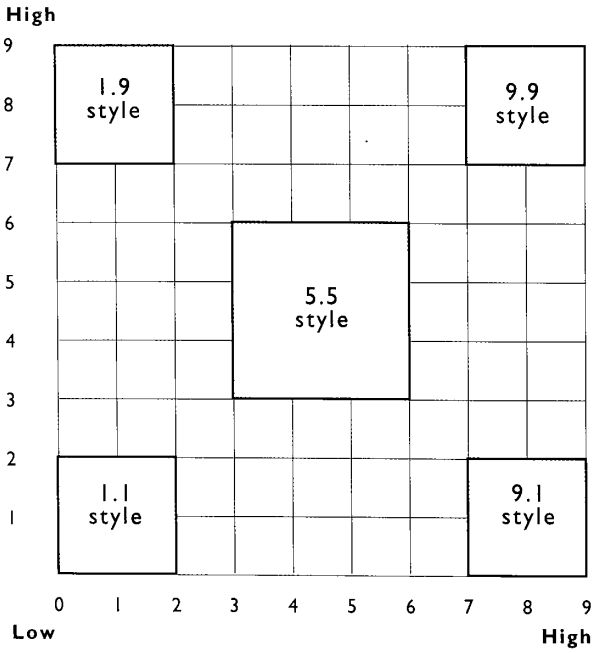


Fig. 4.1 Blake and Mouton's managerial grid

Step 5

The final step is to interpret your score.

The 9.1 style shows a concentration on tasks, while ignoring individual needs, i.e. a tendency to treat people as 'units of work'.

The 1.9 style corresponds to running the unit like a cosy country club, valuing people and friendly relations at the expense of getting the work done.

The 1.1 style shows little concern for either people or for the task, but just keeps the manager out of trouble.

The 5.5 style balances people and productivity. It sticks to the rules, tries to get as much done as possible, but avoids upsetting anyone.

The 9.9 style gives high productivity through gaining commitment. It harnesses individual and group motivations to the common task.

If you find that your style is not optimal, then you will need to consider how to change it. This might be done through the mentoring help of a colleague, through reflective practice, or through a more formal development course. Your organisation's own development staff should be able to help in this area. Consulting one of the standard works on leadership styles may also be helpful.[29]

The selling role

In the NDU context, the leader has a particular responsibility for selling the NDU concept – and, later, its operation – to the rest of the organisation. If the NDU is not sold, then:

- it may never start because those ignorant of its purpose oppose it
- some staff may see the NDU as a threat to their power base – assertive, knowledgeable clinical nurses can be seen as a threat to others
- it may be seen as a threat to nurses, midwives and health visitors in other units who may regard the special status of the NDU as downgrading their status
- even if successfully started, it may close or fade away through lack of organisational support.

Activity: Selling the NDU

At this point in the guide, the key selling role is the one to engender support for the NDU's creation.

1. ***Whose support does the team need? Identify three-to-five key people.***
2. ***What activities might the leader undertake to sell the idea of the NDU to these people?***

Selling the idea of the NDU (in other words, being a change agent) is a critical part of the clinical leader's role. 'The role of the NDU leader as 'change agent' is crucial to its success and must be recognised as important in its own right and separate from that of the ward manager.'[30] These two roles, though, will usually be carried out by the same person.

The leader's need for support

The clinical leader will need extensive support at different stages of setting up and running the NDU. Research has found that the needs of NDU leaders fall into three main categories:

- how to meet the expectations thrust upon them once they are known as the NDU leader
- how to exploit the opportunities and handle the challenges that arise in the job
- how to cope with the burden of the additional responsibility.[31]

Before choosing the main sources of support, you need to think about what sort of support you are likely to need. This might include:

- help and advice on dealing with your organisation
- help and advice on clinical problems
- help and advice on managing your team
- help to provide expertise not available in the team, e.g. knowledge of evaluation methods or of equal opportunities
- support in meeting your own personal needs and avoiding burnout from trying to do too much too quickly.

Among others, this support might come from a mentor.

Activity: Support for the clinical leader

This activity is for the clinical leader. You may, though, wish to use a colleague to help you talk through the issues raised here. However you carry out the activity, the conclusions should be yours alone.

1 ***Write down all your concerns about setting up the NDU. For example:***

- ***your worries***
- ***new things you will have to learn to do***
- ***things that might go wrong.***

2 ***Examine this list and draw up a new list of the types of support that you are going to need.***

3 ***Against each type of support, write down the name of a person who can give you that support.***

Example

Support needed	***Possible supporter***
Working with management	
Planning the developments	
Evaluation	
Personal support	
Peer support	
Learning sets	

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.2 Team building

Why is team building important?

A team is a group of people who share a common aim which can only be achieved through the collaborative working of the team members. However, just putting a group of people together does not make an effective team and, if a team is not effective, individual members can feel frustrated.

At their best, teams make everyone feel that they are achieving well beyond what they could ever do by themselves. At their worst, teams make everyone feel that everything they try to do is ruined by someone else. For these reasons, building and maintaining your team is an essential part of your work.

What is a good team?

Corey and Corey list the following as the characteristics of a good team:

- members trust each other or are able to express their lack of trust
- the group has clear and specific goals, jointly determined by the members and the leader
- most members feel a sense of inclusion
- participants talk directly to one another about what they are experiencing
- group members share leadership functions
- members risk disclosing threatening material
- the group has high cohesion
- members identify with one another
- members recognise, discuss and often resolve conflict
- feedback is given freely and accepted without defensiveness
- members feel that constructive change is possible
- group norms are developed co-operatively by the members and the leader
- group members use out-of-group time to work on problems raised in the group.[32]

Activity: How good is your team?

If you feel that your team is good at discussing team issues, then try the following. If you are concerned about the current state of your team, you might like to answer the questions for yourself and then think about the implications for the team's development.

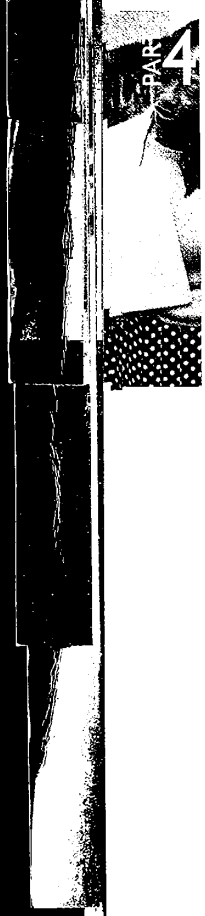
1 ***Give each member of the team a copy of the Corey and Corey list with, against each item, four boxes:***

❑ *Never true of our team* ❑ *Sometimes true of our team* ❑ *Usually true of our team* ❑ *Always true of our team*

2 ***Ask each member to tick the box that matches their personal view of the team. They should not discuss this with anyone else.***

3 ***Collect in the sheets, without names on them.***

(cont'd)



Activity: How good is your team? *cont'd*

4 ***Count the number of ticks for each box and display them on a flip-chart. For example:***

Members trust others or express their lack of trust

Never true of our team	*Sometimes true of our team*	*Usually true of our team*	*Always true of our team*
0	*1*	*3*	*5*

5 ***Discuss the results.***

6 ***Split into small groups. Ask the groups to identify what the team needs to do to improve its performance.***

7 ***Return to a single group and ask the small groups to feed back their ideas for improving team performance.***

How do you prepare and develop the team?

There are essentially two approaches to team-building: the direct and the indirect.

The direct approach involves specific team-building exercises such as mountain climbing or building structures out of various odd materials. Practically, these do not seem appropriate to the typical nursing unit.

The indirect approach simply says that, if you do the right things in your leadership role, the team-building will take place as you go along. So, what are those 'right things'? They fall into three categories:

- the vision and strategy
- the members
- the individual.[33]

The vision and strategy

To get the vision and strategy right, you need to:

- be clear about the aims of your NDU and make sure that your team is clear too; ideally, your team should have shared in the process of defining the aims
- put a support structure in place which your team can see will help them deliver the vision and strategy – the most likely structure will be a steering group
- ensure that you have the authority and time to carry out the leader's role
- make sure that the team has the resources for whatever it commits itself to
- prepare detailed plans for implementing the vision and strategy, preferably involving the team extensively in this process
- check that the team has the skills needed for the vision and strategy and, if it has not, provide access to suitable training
- set a good example of how you wish team members to approach (a) their vision and strategies and (b) being a team member.

The members

To enable the team members to work most effectively you need to:

- ensure that the team understands the vision and strategy and the plans for implementing it
- knows the rules and standards to which the team works (e.g. that members will always seek to give feedback to each other)
- be fair in your treatment of all members of the team (e.g. over workloads, resources, access to your time)
- seek ways of team building
- review progress with the team
- show yourself open to criticism and suggestion
- support and represent the team to others.

The individual

To get the individual members right, you need to ensure that each team member:

- understands the aims and the plans for implementing those aims
- has clearly defined responsibilities (in writing)
- has clearly agreed tasks to implement the plan
- has the skills they need for their role
- has successes recognised
- is given regular and supportive feedback
- is given opportunities for development
- is listened to.

You can see from these three lists that much of team-building is about being a good manager. Much of what is in these lists will happen as part of the systematic planning of any NDU.

Activity: Your team-building

This is an activity for the full team, but small groups can meet at times that suit them.

1 ***Use the lists above (under 'Vision and strategy', 'Team members' and 'The individual') to create a checklist of things a team leader needs to get right. For example, your list might start:***

   – team is clear about the aims of NDU –
   – team share in defining the NDU's aims ...

2 ***Give every team member a copy of the list and ask them to score with a scale such as:***

Never happens	*Sometimes happens*	*Usually happens*	*Always happens*
❑	❑	❑	❑

3 ***Collect the results, count up the scores and identify the strengths and weaknesses of your approach.***

4 ***Discuss these with a supporter or mentor.***

5 ***You might also like to ask one or two team members to give you some feedback on these points.***

PART 4

An example of team building at Byron Ward

An initial assessment of learning needs focused on increasing interpersonal skills and in making provision for teaching physical assessment skills. Strategies were devised to meet these needs:

- *a member of the interpersonal skills team from the Normanby College, the local college of nursing, began work with nurses of all grades*
- *the assistance of a supportive consultant physician was sought to begin to teach the techniques of physical assessment.*

The team also had two days away from the ward before the project start to explore concerns and fears. Accountability and responsibility proved to be the dominant issues and these were explored through imaginary case studies.[34]

Team building can also build on and reinforce reflective practice as the example below illustrates. Here, reflective practice, owned as it is by each individual team member, becomes a mechanism for team development and evaluation.

The team reviewing itself

All nursing staff are asked to write (every three months) a page about their feelings relating to work on the day ward. John (the researcher) transcribes them and forms a report from the comments. ... Issues raised can be discussed at a ward meeting.[35]

Team building can also be seen as a product of team working where team development arises out of team projects. An example of how this is done at the Chelsea and Westminster Hospital NDU is given below.

Interteam projects – an approach to team building in an intensive care unit

There are seven teams in this NDU. Interteam projects are used as a means of developing the teams together. In 1994-95 there were projects covering:

- *quality assurance*
- *journal reviewing*
- *coordination of teaching and development activities*
- *off-duty planning team*
- *marketing*
- *finance.*[36]

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.3 Your vision of nursing

Everything that the team does will be based on its vision (or philosophy) of nursing. At the start of the guide you looked at developing a vision for your NDU. Here we look at some of the components that might make up your vision of nursing.

The key issues are:

- what vision of nursing does the team have?
- is that a fully shared vision?
- how does the team develop and support that vision?

Developing your vision

The team needs to be sure that it has a shared vision of nursing. As when you looked at developing a vision for your NDU, identifying a shared vision of nursing involves three steps:

- enabling individuals to identify their visions
- sharing the visions
- agreeing the team vision.

The clinical leader may already have a clear and strong vision of how she/he wishes to work. However, having a vision is not enough; it needs to be shared by the team. Sharing and ownership of the vision come best from the whole team creating the vision rather than from the leader selling her/his vision to the team.

The next activity guides you through a team exercise to create a team vision.

Activity: Creating the vision

This is a lengthy exercise, but few exercises that you and your team do will be more important.

You may wish to base it around a social event such as an extended lunch time. It may also be one of those activities for which a facilitator is particularly useful.

1. ***This exercise should involve as many team members as possible – the more people who take part, the greater the ownership of the result.***
2. ***Ask the members to work in small groups.***
3. ***The groups should brainstorm every possible value word or phrase that describes good nursing practice for them. For example:***

   - ***caring***
   - ***supportive***
   - ***open***
   - ***equal.***

   Participants may wish to make one list of words to describe patient care and another to describe staff issues.

   Remind the group to include core values such as: access to health care, appropriateness, race, gender, age, sexual orientation, disability and class.

   If possible, record the words on flip-chart sheets or sticky paper. *(cont'd)*

Activity: Creating the vision *cont'd*

4 ***Ask the groups to stick the flip-chart sheets on the wall and then to walk round, looking at and discussing each one.***

5 ***Recall the group and work with them to produce a reduced list of words. This list should capture all the points made by all the groups, but should avoid duplicates.***

6 ***Then ask each individual to rank the words from one ('most important word to me') downwards to 'least important word for me'.***

7 ***Count up the total score for each word. The highest scoring words are those which best reflect the team's shared vision.***

8 ***Divide back into small groups. Ask the groups to write a draft vision statement using a good range of the highest scoring words.***

9 ***Recall the full group and discuss the draft vision statements.***

Another approach to team definition of its vision is the value clarification exercise. This uses the nominal group technique[37] around a set of prepared but incomplete value statements. Example statements for an intensive care unit are shown in the box below; these are easily adapted to other types of unit.[38]

Value statements for a value clarification exercise

I believe the purpose of ITU is ...
I believe my purpose in ITU is ...
I believe critically ill patients need ...
If I were a patient in ITU I would like ...
I believe families/relatives/significant others of ITU patients value ...
I believe I can help an ITU patient ...
As a member of the ITU team I feel valued when ...
I believe the ITU environment for staff should be ...
I believe the ITU environment for patients should be ...
I believe individuals learn best when ...
What beliefs do you hold about the nurse-patient relationship?
What do you value most highly as an ITU member?
What do you believe makes a good team?
Other values and beliefs I consider important are ...

Other sources of vision

Vision can also come from individual interests, provided it is in keeping with shared values.

In the Michael Flanagan NDU, one nurse wanted the opportunity to work with adults who had been sexually abused. The service was started with half a day each week, but rapidly grew into a major activity of the unit.[39]

Reviewing the vision

Once the vision is created, the team needs to find ways to keep the vision under review, ensuring that it changes to reflect changing team membership or any new directions in the team's work.

How does the team develop and support that vision?

Once you have a vision statement, you need to develop and maintain that approach to nursing. Your vision statement might have included processes such as:

- user involvement and empowerment
- clinical supervision
- ethically based practice
- knowledge-based practice
- multiprofessional working
- quality-assured practice
- reflective practice
- self- and peer-assessment.

Whichever of these you pick as core to your vision of nursing, the team will need:

- a system to promote their use
- a system to develop the skills
- a system to monitor and evaluate their use.

Some of the issues involved are discussed below.

Clinical supervision

The idea of clinical supervision is central to working as an NDU since the central concern of clinical supervision is helping nurses, midwives and health visitors to take responsibility for improving care through their own development. These critical qualities of clinical supervision are emphasised in the NHS Management Executive's definition:

> *'Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex clinical situations. It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills.'*[40]

Each unit, though, needs to develop its own approach to clinical supervision in order to fit its organisation's approach and philosophy. Whatever approach is chosen, it should be within the post-registration education and practice project (PREPP) framework.

Benefits of clinical supervision as seen by a range of NDUs

- *Encourages personal growth*
- *Role in supporting staff*
- *Increases options by broadening thinking*
- *Contributes to improved clinical practice*
- *Improves professional development process*
- *Motivates people*
- *Acknowledgement of stress and workload*
- *Provides guidance on clinical issues*
- *Offers an objective view of work*
- *Challenge is seen as important to providing better services.*[41]

Activity: Clinical supervision

This activity is designed for the clinical leader and anyone else involved in giving clinical supervision.

1. ***How are you going to decide which model of clinical supervision to adopt? (e.g. by reading, by consulting others.)***
2. ***Over what period do you aim to introduce clinical supervision? (It typically takes six months to one year to set up.)***
3. ***Does the team need training for clinical supervision? You might use the list of qualities above to assess your own readiness to give clinical supervision.***
4. ***If there are gaps in your skills, who can provide you with training or support in developing these skills?***
5. ***How will clinical supervision be organised?***
6. ***How will clinical supervision be monitored?***

Qualities of a supervisor

In promoting clinical supervision, you need to think about what makes a good supervisor. Those qualities identified by some other NDUs are shown in the box below.

Qualities of a supervisor – views from a range of NDUs

- *A good listener*
- *Facilitates rather than directs*
- *Gives positive feedback*
- *Has greater nursing knowledge than the person being supervised*
- *Is committed to giving supervision*
- *Is challenging when necessary*
- *Is supportive*
- *Is trustworthy, honest and open*
- *Works in the same environment and culture.*[42]

Ethically-based practice

Ethical issues arise all the time in nursing. For example, there are many ethical issues about users' rights, especially about what intervention should or should not be made. There are also emerging issues about nurses, midwives and health visitors' rights, for example over who owns reflective practice notes and whether they can be used in disciplinary procedures.

An awareness of ethics and how your own moral stance influences the way you practise is essential, as it will influence how you make your vision of yourself a reality.

One way of bringing to the surface the way in which your decisions always have an ethical component is to consider the sources of knowledge which you draw on when making judgements.

Carper[43] suggests that in any situation there are four sources of knowledge which all contribute:

- *empirical* knowledge, gained through observation and testing of theories, and sometimes called the science of nursing;

- *aesthetic* knowledge, concerned with action or doing, and often called the art of nursing;
- *personal* knowledge which is about knowing self and how you react to things;
- *moral* knowledge arising from what we believe is right or wrong.

For example, even in a simple act like deciding what you will eat you may consider nutritional values of the food (science), your cooking skills (art), your taste (personal) and your views on what is acceptable, based on your beliefs and values (moral).

This situation is relatively straightforward, but in the real world of practice you will frequently be faced with more complex issues to which there is no single right answer. If, however, you believe that nursing practice should encompass the huge variation of individual views and values then it is important that these issues are addressed.

Activity: Ethical decisions

This activity is suitable for small group work.

1. ***Each group should identify two or three clinical activities in which every member of the group is regularly involved.***
2. ***Ask each member to identify, using Carper's four headings (i.e. empirical, aesthetic, personal, moral), the factors which influence their judgement in that situation. They should record each factor on a separate piece of paper.***
3. ***Collate the responses onto four large sheets of paper, one for each of Carper's categories.***
4. ***Identify and discuss the similarities and differences.***
5. ***Looking just at the factors on the 'moral' sheet, discuss how the variety of views might be reflected in different approaches to care.***

Ethics and prioritising

Another day-to-day issue is prioritising resources. For example, you are faced with two wet beds and one clean sheet. Or you are the only nursing input and there are two people needing attention.

While there are never simple answers to questions like these, sharing them helps team members feel less guilty about not being perfect. It also helps surface shared difficulties and concerns.

Activity: Prioritising

This is an exercise for a small group. It can be difficult to conduct so you may wish to invite a facilitator to help you.

1. ***Form a small group of people who are willing to discuss difficult decisions they have made over the use of scarce resources. Each member should be prepared to bring one story to the group, based on their own experience. Bring a story of your own in case the group feels uncomfortable about starting the discussion.***
2. ***Invite one member of the group to recount her/his story.***
3. ***Discuss what factors might influence the action taken in such a situation, bearing in mind that there will be no right answer.***

(cont'd)

PART 4

Activity: Prioritising *cont'd*

4 Cover as many stories as seems beneficial. You man only cover one if it proves rich enough.

Not every member of the team will feel able to take part in this type of exercise. You may wish to offer some one-to-one time to such team members to discuss their stories with you.

Ethics in development, evaluation and research

For an NDU, an additional and special area is likely to be the ethical issues surrounding development work, evaluation and research. Issues such as the following are likely to occur:

- how do you proceed when wishing to compare two treatments or services? What do users need to be told?
- if evaluation or research involves collecting additional user data, is that part of the service, or is it separate and does it need separate negotiation with users?
- how do you deal with variations of opinion about treatment or service options:
  - between users and health care workers?
  - between health professionals?
- with scare resources, how do you prioritise work?
- does development work take time away from client care? If so, is this acceptable?
- should young people be involved in evaluation and research?
- how can you be sure you have informed consent from people whose first language is not English?
- how do you prevent the desire to complete a project from leading you to put pressure on reluctant colleagues?

Activity: How you will handle ethical issues

This activity is suitable for small group work.

1 The team should identify a few ethical issues that might arise on the unit as a result of NDU work. Ideally, these should be issues that the team has not discussed before.

2 Each small group should choose one ethical issue to work on.

3 The small groups should:

- ***set out what the ethical problem is***
- ***decide on a method by which the team would be alerted to such an issue***
- ***decide on a method (or methods) by which the team could resolve the issue.***

4 Ask the small groups to report back to the full team.

5 Redivide into two groups:

- ***Group 1 takes all the ideas on how the team would be alerted and from these produces a draft team policy on 'Raising ethical issues'.***
- ***Group 2 takes all the ideas on how ethical issues could be resolved and produces a draft team policy on 'Resolving ethical issues'.***

6 The full group reassembles and discusses the two draft policies.

Ethics committees

You do not need to resolve all these sorts of issues before your NDU starts, but you do need, as a team, to agree how ethical issues will be resolved as they arise. You also need to be familiar with your organisation's ethical guidelines for research and other activities.

Knowledge-based practice

Developing and promoting knowledge-based practice is discussed later (see page 51).

Multiprofessional working

Traditionally, each health profession has tended to work in isolation from the others. Increasingly, it is felt there are benefits to sharing views about care. There are three main reasons for this approach.

1 Learning from each other

Each profession can learn a lot from other professions. For example, in treating mentally ill people, the doctor, the nurse and the social worker may all find their understanding enhanced by hearing the other's point of view. Working together can also help in negotiating boundaries with other professions.

2 Benefiting from mutual support

An NDU needs the organisation's commitment if it is to survive. One way to gain that commitment is to ensure that other professions fully understand what the NDU is doing and why. There is no better way to promote that understanding than through multiprofessional working.

3 Promoting coherent treatment

However many professionals are involved with the user, there is only one user. She/he expects to understand the service as a whole and has a right to some choice. The more the professionals work together, the more coherent the service is likely to be.

Activity: Links with other professions

1 ***Make a list of all the professions that may deal with the same users in your unit. Remember to include non-health professionals such as social workers and probation officers.***

2 ***Rank these in order of the greatest potential impact that they could have on the users you work with.***

3 ***Take the two or three with the highest ranking and ask yourselves:***

- ***how could we involve these professions in the planning of our NDU?***
- ***what would they expect of our NDU?***
- ***how could we develop closer working practices with these professions?***
- ***what do we have to gain from them?***
- ***what do users have to gain from a closer working relationship?***

4 ***You can return to the points lower down your ranked list on some other occasion.***

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.4 Support for the team

Why support is needed

NDU leaders repeatedly refer to the need for strong management support, both when setting up the unit and once it is running. This external support can be used to protect the NDU from arbitrary organisational decisions. To achieve this it might help to have on your steering group representatives from such organisations as:

- the purchaser
- the community health council
- local voluntary organisations
- user representatives.

If such a group creates an outline business plan and circulates it widely, this helps to establish a profile for the unit that then makes it more difficult for others to oppose. It is, though, essential that the NDU's agenda is consistent with, and supports, the corporate agenda of the organisation.

How to get support

Addressing the organisation's priorities

A key part of winning the organisation over involves addressing its priorities and speaking its language. You can do this in a number of ways:

- reading your organisation's aims and objectives carefully and identifying all possible links between what you wish to do and what the organisation is committed to doing. If you cannot find any links, think carefully about whether you can ever expect organisational support for your vision of an NDU.
- making sure that your unit can offer distinct benefits to the organisation and make sure these are benefits which the organisation values.
- ensuring that your unit brings clear added value to the organisation.
- convincing people that your service is based on what users and the organisation want.
- listening carefully to how the organisation expresses its day-to-day priorities and concerns – the language it does its business in. Use this language in your own proposal.
- working closely with your line manager. You will need his/her total commitment, but you can only expect that if:
  - you involve your manager fully
  - your NDU proposal meets your manager's needs – understanding your manager's agenda is crucial.

Of course, the above may sound as if the organisation is shaping the NDU, leaving you no say of your own. That should not be the case. You will rightly have your vision and part of getting the organisation on your side involves selling that vision to your organisation.

Responding to changing organisational priorities

The organisation of which Stepney NDU was a part changed three times during the first three years of the unit's existence. This was accompanied by changing organisational aims and objectives. This brought two additional problems:

- *the need for the unit to retain its core principles while responding to the changing organisation*
- *the need to brief successive managers as the organisational structure changed.*[44]

Publicising your work and vision

Part of building up support involves publicising your vision and your views. As with any communication, you will need a clear message which should include:

- what the unit does well now
- what can be achieved with an NDU
- what benefits the unit will bring to the stakeholders, including:
  - users
  - the trust
  - the purchaser
  - other units
  - other professionals.

  (Remember that all readers will look for some benefit for themselves.)

Throughout, link your message to others' agendas, which means linking what you wish to do to such issues as:

- putting users first
- quality
- value for money
- throughput targets
- outcome measures.

Choose and use a few key people

You cannot hope to talk to or influence everyone in the trust, so you need to decide early on who the key people are in your audience. Typically these will be:

- your line manager
- one or two medical people who use your unit
- the executive nurse.

You can increase the chances of your NDU succeeding by helping management to provide you with the support you need. This may sound the wrong way around, but it is worth remembering that your managers may not have a clear idea of your needs. It is likely that you will need from them:

- a clear contract (negotiated with you) between the organisation and the NDU setting out a clear strategy of action
- regular reviews of progress based on your NDU's objectives
- a steering group with regular attendance
- clear plans of how the NDU's performance is to be measured

- regular meetings between managers and NDU leaders.[45]

Activity

1 ***What support do you want from the management of your organisation?***

2 ***How are you going to ensure that management has a clear view of your support needs?***

The steering group

Why it is needed

Steering groups have a number of functions for NDUs, but one function overrides all the others: survival. The primary function of the steering group is to ensure that the NDU receives the support that it needs to continue its work. A fuller list of steering group functions might include:

- building and maintaining links with the rest of the organisation
- putting the NDU's aims, objectives and work programme into the wider context of the organisation's aims, objectives and work programme
- marketing the NDU
- providing feedback to the NDU
- providing support and additional expertise to the NDU, and particularly to the clinical leader
- validating the NDU's applications for external support and funding
- helping to evaluate the NDU's work
- developing team meeting skills (e.g. by rotating the chairperson).

One steering group's role

The group has many functions, but perhaps the most important is in acting as a sounding board for the NDU to discuss project areas and any difficulties that are being experienced. This has occurred, for example, following changes in staffing, reviewing evaluation strategies and in identifying extra resources for certain project areas.[46]

A steering group's frame of reference

One NDU used the whole team to develop the frame of reference for its steering group. The result was as follows.

1 *To facilitate the establishment of common goals and objectives within the NDU.*
2 *To provide opportunities for involvement by everyone in the change process.*
3 *To maintain an environment of open communication.*
4 *To act as a resource and to provide impetus.*
5 *To administer and coordinate the implementation, monitoring and evaluation of all activities concerning the NDU's mission and objectives.*
6 *To represent the NDU and liaise with other departments within Westminster Hospital and Riverside Health, as well as external to it.*[47]

Activity

If you have one, consider the role of your NDU's steering group.

1. ***Which of the above functions does it perform?***
2. ***If there are any of the above functions which it does not perform, should it take up these functions?***
3. ***Take the one or two most important functions which it does not perform and make a note of steps you could take to add to these functions.***

Who to involve

The success of your steering group will depend on a number of things:

- the range of roles represented on it
- the individuals on it
- the range of groups represented on it (e.g. race, gender, culture, role)
- the range of stakeholders represented on it
- the work which you give it to do.

The last of these five points will be considered later.

When you consider the roles which need to be represented on your NDU, you should think about representation from areas such as:

- users
- key parts of the organisation
  - those parts whose positive support is essential (e.g. director of nursing)
  - those parts whose potential to disrupt your work must be neutralised by involving them on the steering group (and/or within a multidisciplinary team)
- other parts of the local health system who need to understand the NDU (e.g. purchasers)
- those with skills which you might need (e.g. higher education)
- other locally influential bodies (e.g. social services)
- national bodies.

Not all these *need* be represented. The important thing is that you consider the relevance of each to your NDU. You need to match membership to what your NDU aims to do and to the politics of your local situation.

The representation for two NDUs is shown in the boxes below.

Steering group membership: a community NDU (Stepney)

- *A director of nursing*
- *A bilingual linkworker*
- *A health visitor/lecturer*
- *Two neighbourhood nurse team managers*
- *A community nurse adviser (from the RCN)*
- *A district nurse*
- *A director of nursing and quality (from another trust)*
- *A service user*
- *A lecturer.*[48]

Steering group membership: Newcastle NDU

- *The local director of nursing*
- *A university lecturer*
- *A director of nursing studies*
- *A senior nurse from an NDU*
- *A research worker*
- *Two ward sisters*
- *A clinical director*
- *The NDU's clinical leader*
- *A superintendent physiotherapist*
- *A King's Fund project worker*
- *A health care manager*

As associate members:

- *The local district purchaser*
- *The local director of finance.*[49]

Activity

Think of:

- ***the aims of your NDU***
- ***the local political situation.***

In the light of this, make notes on the possible membership of your steering group.

How to use your steering group

The steering group is not a management group – managing the NDU is up to the NDU itself. However, the steering group is still important and, if used well, can be enormously beneficial to the NDU.

These groups seem to work best when:

- the chair is a senior person with executive power
- the clinical leader has the appropriate committee skills
- members have a clear role to play (e.g. the meetings need their expertise)
- meetings are held at appropriate times
- their importance is emphasised by a suitable setting (e.g. the boardroom)
- the clinical leader briefs the chairperson in advance of the meetings.

However, any of these guidelines might prove wrong for your NDU. For example, one NDU chose to meet in a far from prestigious setting since it wished to meet in the community (see page 32).

Quite often people emerge from a steering group meeting with the phrase 'Well, that didn't go too badly' on their lips. They usually mean that nothing much happened. While this may guarantee a quiet life in the short-term, it risks no life at all in the long-term. While the NDU may see the steering group as a hurdle to get over, the steering group will only wish to stay in existence if it has a real job to do. We have discussed some potential functions for a steering group above; it is the clinical leader's job to ensure that these functions are carried out, doing

that by giving the group work to do. The main thing to avoid is only 'reporting' to the steering group, which should be a minor activity. If you are doing a good job, there is little that the group can do in response. Such a role is dull for them and can lead to their feeling that their time would be better spent elsewhere. So, what can you do to avoid just reporting? The following are possible strategies:

- instead of saying what you plan to do over the next few months, list a range of things that you could do (making sure that all are acceptable to the team) and ask the steering group for their views on the strengths and weaknesses of each
- instead of showing them the draft of your publicity brochure or annual report, or whatever, give them a range of approaches and a range of contents; ask them to advise you on the best approach
- offer each member of the group the chance to visit the NDU, perhaps on an annual basis
- when you need to contact people beyond your NDU, make contact via a steering group member where possible; this helps the member to be identified with the NDU, so increasing their support for your work
- make a list of all the skills of your steering group members; identify where these skills might be used in your work.

Activity: Involving the steering group

If you already have a steering group look back over their work and identify:

1. ***What tasks they carried out. How many did they initiate? How many did you initiate?***
2. ***Whether, on balance, you are using the group as a hurdle to overcome or as a genuine partner and source of help.***
3. ***At least one item which you could put on the group's next agenda to genuinely involve them in the NDU's work.***

If you do not yet have a steering group, think about how you intend to use the group when you do have it. Make a list of some possible tasks for the group.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.5 Marketing

What is marketing?

You may be surprised to find marketing as an NDU activity since you are not selling anything to anyone. Essentially, though, marketing is meeting (and showing that you are meeting) your users' and stakeholders' needs. The process of 'showing' may be more like one of 'selling' when it comes to showing purchasers what you are achieving. Whether you are showing or selling, though, the central point is that you are demonstrating that you are meeting needs.

So, marketing for an NDU is a two-stage process:

- identifying needs (of users, of the organisation, of the purchasers ...)
- showing that you are meeting those needs.

Why do you need marketing?

Marketing is needed for much the same reason as your steering group is needed: to ensure your survival. More specifically, you need to market what you do in order to:

- obtain funding
- keep the unit open
- be recognised both within and outside the organisation (e.g. by colleagues, the Royal College of Nursing, the Department of Health, social services, or the probation service)
- attract research interest
- ensure that lessons learnt are disseminated.

Who are you marketing to?

Your marketing will be aimed at your stakeholders, that is at any one who has the capacity and the inclination to help or hinder your work. This audience might include:

- managers
- educationalists
- chief executive
- executive nurse
- innovators
- clinical leaders
- purchasers
- other local services (e.g. social services, probation)
- the public
- users and their representatives
- local media
- nursing colleagues in your organisation
- the community health council
- the FHSA
- voluntary organisations.

What are you marketing?

Your marketing message is that you have met your stakeholders' expectations so you need to examine those expectations. (You identified these earlier in this guide in section 3.5.) You need to examine each expectation and ask:

- what is the evidence that we have met/are meeting this expectation? For example:
  - quality measures
  - outcomes
- how can we present this evidence as a marketing message?

Activity: Stakeholders and marketing

This can be done as a group or an individual activity.

Use the list of your stakeholders' expectations that you produced earlier in the guide (section 3.5) for this activity.

1. ***Divide the team into small groups and share out the stakeholder roles between the groups.***
2. ***Ask each group to consider what the marketing messages should be for the stakeholders they are looking at. For example, managers (one of the stakeholders) will need to receive messages about the extent to which the NDU has met organisational needs.***
3. ***Ask them to record these in the following format.***

Stakeholder	***Marketing objective***
Example	
Managers	*Demonstrate that organisational needs have been met*

How can you market?

Finally, you need to consider what marketing mechanisms you have access to. These could include:

- annual report
- other reports
- notices and displays on the unit
- presentations at meetings and conferences
- articles in journals
- brochures
- press releases to local and (sometimes) national media
- visits to your unit
- visits by you to others (e.g. to other units)
- membership of networks.

There are two important principles to bear in mind in this sort of marketing:

- never pay when you can get your message across for free
- plan your marketing around communications channels that your stakeholders naturally use.

Free publicity

You are unlikely to have more than minimal funds for marketing so you will want to look for low-cost or free marketing opportunities. Many such opportunities are free (although there is the cost of your time). For example, getting an article in a journal, newspaper or newsletter provides you with free publicity.

Existing channels

If you put a full page advertisement addressed to managers in a journal that is not read by managers, that will be a waste of time and money. A few lines of positive editorial comment in

a journal that managers do read will greatly support your work. Networking can be similarly effective. Getting your message into the channels your stakeholders naturally use is critical to successful marketing.

It is also important to use the existing systems within your organisation. For example, using your organisation's communications manager or press officer will not only give you access to their skills, but also ensure that you are not seen as an autonomous, break-away unit.

Activity: Marketing methods

This activity can be done in the same groups that you used for the activity 'Stakeholders and marketing' (see page 25).

1. ***Ask the groups to work on the same stakeholders as in the activity 'Stakeholders and marketing'.***
2. ***For each stakeholder, identify one or two channels that you could use for marketing. These might be:***
   - ***journals***
   - ***meetings***
   - ***conferences***
   - ***media.***
3. ***Record these by extending the previous format to:***

Stakeholder	*Marketing message*	*Channel*
Example		
Managers	*Demonstrate that organisational needs have been met*	*Annual report*

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.6 Planning

Nursing tends to be reactive and day to day, since so much of what nurses, midwives and health visitors do depends on immediate patient needs. Setting up and running an NDU requires another form of work alongside this reactive process: it needs planning.

Planning is a systematic process which ensures that you achieve what you wish to achieve *despite* the unforeseen. It involves four steps which are illustrated in Fig. 4.2.

Aims

You have already looked at the aims of your NDU in section 3.2 above. As you would expect, the aims guide the whole of the planning process, since at every stage of planning and implementation, you need to ask, 'Will this help us meet our aims?'

The plan

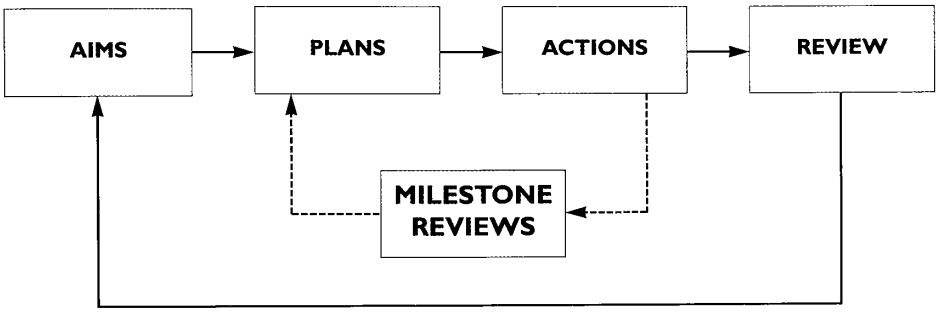


Fig. 4.2 The four steps of the planning cycle

The plan sets out the means of achieving the aims. It will describe:

- a set of results to be achieved, each more detailed than an aim and less detailed than an action
- the resources needed for each activity
- contingencies for alternative scenarios. For example, what if the organisation is taken over? What if there is a change of government? What if a key member of staff leaves?
- where the resources are to come from. For example:
  - the people to be used
  - the equipment to be used
  - the physical space to be used
  - other resources needed.
- the timescale with start and end dates
- milestones, i.e. major steps towards the completion of the plan; these are used for interim reviews, indicated by the dotted feedback arrow in Fig. 4.2
- how the budget is to be monitored
- how the outcomes are to be evaluated.

The plan might be broken down into a number of sub-plans, e.g. for different projects within the NDU programme.

The actions

An action is the smallest discrete component of planning and is normally assigned to one person only. So, in the example in Table 4.1, although perhaps the whole team needs to agree the recording format (action 1), one person (Angela) is put in charge of the action. On occasions, though, an action is equally shared by several people (e.g. action 4, the trial run, in the example below).

It is usual to specify for each action:

- its predecessor action, e.g. you cannot start collecting baseline data until you have agreed the recording format, so 'recording format' is a predecessor action to collecting baseline data
- who will do it
- how much resource is allocated to the action.

Actions are normally set out in a format such as the one shown in Table 4.1. The start and end dates are put in after considering:

- when each predecessor action will be completed
- when each person will be available.

For reasonably straightforward projects, charts like this can be done on paper. For more complicated projects you can use a project planning computer program.

TABLE 4.1

Action	Predecessor	Who	Resource/ budget	Start date	End date
1. Agree recording format	None	Angela	1 day		
2. Produce forms	1	Gupta	1/2 day		
3. Brief users	2	Angela	1/2 day		
4. Trial run	3	Angela, Janet, Peter	1/2 day each		
5. Review trial	4	Angela	1/2 day		
6. Revise forms	5	Angela	1/4 day		
7. Full survey	6	Angela, Janet, Peter	3 days each		
etc.					

Milestone reviews

Plans rarely work out as expected. Some actions prove more difficult than expected; people fall ill; external events get in the way. To prevent the unexpected from derailing your plan, you need to review it at intervals and adjust it as necessary. Such review points are called 'milestones'.

A milestone is a natural break-point in a project. For example:

- the end of the planning phase
- completion of a pilot study
- the end of data collection.

At each milestone, you can ask:

- what have we achieved?
- are we working to schedule?
- are our methods proving appropriate?
- have we encountered unexpected difficulties?
- have we encountered unexpected opportunities?
- what changes are needed to the plan to still meet our aims?

Review

The final review is conducted when the plan is completed or abandoned (which sometimes happens). Its purpose is to:

- acknowledge and confirm what has been achieved
- learn lessons for similar project work in future

- adjust the aims in the light of what has been learnt.

Activity: Your planning system

Check how well your system meets the requirements of good planning.

1 Is there a plan which translates your aims into specific activities with:

– timescales?
– resource needs?

2 Is there a sub-plan for each major part of your programme?

3 Are there action lists for each sub-plan?

4 Have milestones been identified?

5 Do you review the plan at each milestone?

Planning for flexibility

All of the above can make a plan appear sacrosanct. In practice, you must be ready to change a plan to accommodate new circumstances, e.g. a change in government policy or a new, creative idea from the team.

Plans, therefore, are not unchangeable. They are an aid to change management, but are themselves subject to (considered) change.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.7 User involvement

User involvement – what and why

User involvement and user information feature strongly in NDU activities, in the belief that this leads to better care. When user involvement works well, its value can be demonstrated. For example, Brighton NDU found distinct benefits from its user involvement.

User involvement – its therapeutic possibilities

Homeward Rehabilitation Unit of Brighton NDU developed a users' forum in order to gather patient views on the ward and so improve the care offered. At first patients were reluctant to offer any criticisms, but once the staff presented criticisms as having been made by previous patients, discussion flowed.

Within three months, patients could see the changes being made as a result of their comments. However, a major impact of the forum was the therapeutic effect on the patients (all elderly) themselves. They:

- *became more active*
- *became more outgoing*
- *moved around more, paid visits around the ward and created new friendships*
- *became active in pursing issues between meetings, including writing letters to managers.*[50]

This particular example demonstrates the powerful effect on people of feeling listened to and significant.

User involvement can take many forms from information (see the Glenfield NDU example below) to organisational activity as in Michael Flanagan NDU (see below), to help in evaluation (see the Maud Alexander Ward example below).

Providing patients with information in these ways empowers them and enables them to participate in the planning and management of their own care.

Examples of patient information at Glenfield NDU

- *Patient information booklets on:*
  - *angioplasty*
  - *cardiac catheterisation*
  - *driving*
  - *electrophysiological studies*
  - *heart attack*
  - *pacemakers*
  - *stents*
  - *transoesophageal echo.*
- *Large-print information booklets for use by visually impaired patients.*
- *Tape recordings of patient information booklets for use by visually impaired patients.*[51]

User involvement at Michael Flanagan NDU

- *A user sits on the steering group for the NDU.*
- *Users contribute to the annual report.*
- *There is a local users' group which runs itself and, among other things, arranged its own meeting with the chief executive of the trust.*
- *Users have written articles about the unit's work.*
- *Users are involved in clinical supervision, e.g. nurses consult patients to see if they are doing the right thing from the patient's perspective.*[52]

Adapting work patterns to involve patients – Maud Alexander Ward

Handovers at shift changes need to take place whether patients are involved or not. The Maud Alexander Ward of the West Dorset NDU introduced bedside handovers in order to promote more effective communication.

The research that went alongside the change helped to identify how frequently bedside handovers should take place and how many people should be involved. It also demonstrated patient satisfaction with the scheme.[53]

User involvement is not, though, something that can be put in place without a philosophical understanding and commitment, and much effort. The guidelines below, based on the experience of five NDUs, show the degree of planning and attention that is needed if user involvement is to succeed.

Guidelines for user involvement based on the experience of five NDUs

- *Genuine involvement and partnership will take time and commitment to achieve. Ensuring honesty and clarity of intention is crucial.*
  - *be clear about what you want out of user involvement*
  - *be clear about what users want.*
- *An awareness is needed regarding possible constraints to user involvement, such as:*
  - *fear of change*
  - *lack of resources*
  - *staff concern about empowering patients.*
- *All staff, patients, carers and relatives should be offered the opportunity to be involved in the planning of patient participation. Recognising the climate which helps user involvement to flourish is one of partnership and collaboration:*
  - *create an environment where it is safe to take risks*
  - *prepare staff for users challenging them.*
- *Units need management support to implement and to maintain user involvement initiatives:*
  - *identify who is likely to support the work*
  - *encourage people to see complaints as a positive tool.*
- *Involving users should take place at both informal and formal levels within the organisation:*
  - *formal involvement may be seen as tokenism*
  - *informal involvement involves more immediate participation*
  - *identify the levels at which decisions are made and introduce user involvement at each of those levels.*
- *Support and training are usually required for user involvement to take place at all levels of the organisation. According to the level of involvement both users and staff will need this training. Examples include:*
  - *committee skills (for users)*
  - *understanding the change process (for staff).*
- *Communicating good, relevant information is a prerequisite to user involvement.*[54]

Activity: What type of involvement do your users want?

This is a group activity.

1. ***Divide up into small groups and brainstorm methods for finding out from users what type of information and involvement they want and what their priorities are.***
2. ***Collate the ideas in a plenary session, removing duplicates.***
3. ***In pairs, ask people to rank all the ideas according to how feasible they are with available resources.***
4. ***As a whole group, agree on one or two ideas to put into practice.***

How can you promote user involvement?

Promoting user involvement requires the same steps that you would take to introduce any new method of working, that is:

- make sure user involvement is reflected in the team's vision of nursing
- identify practical ways in which it can be applied
- make sure staff have the understanding and skills (e.g. communication skills and self-awareness) to practice user involvement
- make sure user involvement is evaluated at:
  - the team level
  - at the individual level.

A range of methods have been used to promote user involvement. These include:[55]

- training users of a mental health service to become advocates for other users
- a Bangladeshi women's group
- getting students to make a video in which local women talk about their needs
- helping children to state their views
- fostering individual choice in a learning disability unit, including setting up an empowerment group
- patient focus groups in an oncology unit
- a patients' forum in a rehabilitation unit.

One way of supporting user involvement is to build it into self-audits. An example of this at the Glenfield NDU is in the box below.

Example of staff checklist for user involvement

- *Did I include him/her in the assessment process?*
- *Did I let him/her establish the order of priorities?*
- *Did I preserve his/her self care rights and responsibilities?*
- *Is he/she able to tell me why he/she is not doing the nursing activity?*[56]

User involvement: choosing where to meet

'The project planning group itself includes community members whose involvement has been facilitated by the use of child-friendly community venues for meetings and the provision of interpreting support and transport.'[57]

User involvement: involving patients' carers

The Southport NDU is based on a ward for the elderly, including patients admitted for respite care. The NDU, wishing to involve the carers of these patients, developed a carers' panel. This has brought together carers, nurses, social workers, physiotherapists, occupational therapists and other professionals. This has led to substantial developments in the involvement of carers in the service on the ward and in methods to help carers generally. This work has focused on:

- *developing a teaching programme for carers*
- *developing carers' understanding of medications*

(cont'd)

User involvement: involving patients' carers *cont'd*

- *publishing an information booklet for carers*
- *a 24-hour help line for carers*
- *better respite care.*

Carers are encouraged to come onto the ward and help with the care of their relative, helping with such tasks as feeding, washing, changing catheter bags and applying simple dressings. Their presence on the ward enables them to have contact with other professionals such as physiotherapists and pharmacists. Every effort is made to replicate the home-care pattern, including, for example, the carer administering drugs at whatever time of day would be the case at home.[58]

User involvement: involving relatives

'...relatives are generally encouraged to be actively involved in patents' nutritional care. We encourage them to bring in fresh fruit and patients' favourite cereals.'[59]

Activity: Promoting user involvement

This is a group activity based on the same groups that you used to identify user involvement and user education ideas for your NDU.

1. ***Select one or two of the more promising user information and user involvement ideas.***
2. ***Each small group should work on one of the ideas, and should answer the questions:***
   - ***what organisational changes do we need to make to introduce this?***
   - ***what training do we need?***
   - ***what preparation will patients need?***

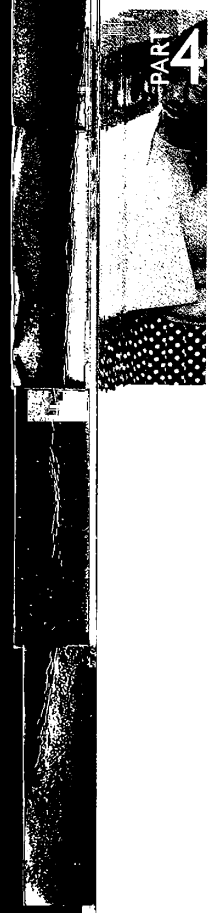
Challenges in user involvement

Being committed to user involvement will not guarantee success since users may find it difficult to respond. You may therefore need to think about:

- how you will support users
- what training users might need to participate on an equal basis with the team.

This, in turn, raises the issue of what training and support the team will need.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.



4.8 Managing change

Why people resist change

People need change to keep them alert and interested in life. Too much change, though, or the wrong kind of change, is heavily resisted. In the health service there has been no lack of change, so suggesting anything new like an NDU may well lead to some negative remarks.

Generally, people seem to resist change for reasons such as:

- anything that management wants should be resisted
- it threatens something they value, including the value of their current work
- previous changes have not gone well for them
- they believe that it is the wrong change for the organisation
- they do not feel capable of carrying out the tasks involved in the change
- they do not like the way the change is being approached
- they feel the change will cramp their own way of working
- they have a sense of individual or group commitment to 'how we do things now'
- they misunderstand the change, i.e. they are resisting their imagined version of the change.[60]

Activity: Resistance to change in your unit

If you have a reasonably effective team, try this activity with them.

You will need a good supply of stickers for this exercise.

1. ***Tell the team that you want to identify all the problems that will arise from the process of setting up an NDU so that the team can discuss how to respond to the problems.***
2. ***Ask people to write down individually their personal concerns about setting up the NDU, putting each separate concern on a separate sticker.***
3. ***Ask the team members to put all their stickers in any order on one wall.***
4. ***Now ask them to look at all the stickers and to start moving them around into columns so that each column represents one type of problem.***
5. ***When there is a reasonable consensus about the columns, share out the columns between small groups, e.g. if you have eight columns and four groups, each group will have two columns to work on.***
6. ***The groups have, for each column allocated to them, to write a short, precise description of what the problem is.***
7. ***Ask the groups to report back in a plenary session. You now have an accurate description of all the key reasons your team has for resisting change.***

(You may find it useful to look back at what you did in the 'hopes and fears' activity in section 3.3.)

Change in NDUs

Research on NDUs indicates that change is most likely to succeed where:

- there is systematic attention to all aspects of the change (the aspects this research looked

at were structure, strategy, systems, staff, skills, style and shared values[61])
- there is an explicit strategy plan at the outset
- staff have considered whether to adopt a radical or incremental approach
- the effect of the speed of change on individuals has been considered
- how the change will be carried out has been explained clearly.[62]

Planning the change

The clinical leader has a special responsibility for planning the change. There are likely to be two versions of this plan. One is the plan you share with the team: 'This is what we, as a team, are going to do'. The other is your private thoughts on 'This is what I, as leader, need to do to help my team make the change'. The following seven-point plan will probably start as the leader's private thoughts, but the team version will evolve from it.

Change action planning

1 **Identify the need for change/for the NDU**
How does the need relate to the core mission of the unit?
How does the need relate to the core mission of the organisation?
What will be your ideal outcome?
What will be an acceptable outcome?
What will be an unacceptable outcome?

2 **Keep sensitive to resistance**
Who is most likely to resist?
What will be their official reasons?
What will be their unofficial reasons?
What will be their underlying reasons?
What power do they have to resist?

3 **Consult and generate options**
People above me to consult ...
People on the same level as me to consult ...
People below me to consult ...

4 **Evaluate your options**
Methods of evaluating options will include ...
The evaluation will involve ...

5 **Plan the change**
What are the key objectives?
For those who will be affected by the change:
— how will their jobs be affected?
— how will their roles change?
— how will their job boundaries change?
— what opportunities are there for improving their job design?
— how can you overcome their resistance?
— how will they be supported through the change?
How will you communicate the changes?
What systems and procedures will need to be changed?
When will the change start?
When will it be complete?

6 **Implementing the change**
Carry out your action plan.

7 **Review and evaluate the change**
How will the change be monitored?
How will the change be evaluated?[63]

Activity: Writing your change plan

Write out a first draft of your change plan using the headings in the seven-point plan.

Leave gaps or make notes on what you need to find out where you do not yet have the information you need, e.g. 'Discuss with ... ideas for monitoring the change'.

Insert questions where you are not yet sure what to do, e.g. 'Start in October?'

Various NDUs' experiences of barriers to change

Medical staff accused the chief executive of not consulting them about setting up the NDU. Nurses outside the NDU have said that they do not see why the NDU should be seen to take the lead.

The view that 'of course the NDU can do all these things – they have got extra resources'.

Competition between specialities means that the NDU is only used by the speciality within which it is based.

How to help people accept change

People are more ready to accept change if they believe that it will not threaten them and that they will benefit from it. Neither of these is easy to prove in advance of a change. However, you can create an atmosphere in which people feel that you will protect them from threats and that you will help them to seek benefits through the change. Helping people to accept change therefore concentrates on:

- the leader managing in a consultative and supportive style
- the leader putting support mechanisms in place to help people make the change.

The leader's management style

A clinical leader needs to be a change agent, that is a person who can make change happen. Being a change agent does not mean forcing change through, so creating anxiety and resentment. Rather, it means motivating people to support the change and supporting them in carrying it through with commitment. Leigh suggests that the characteristics of a good change agent fall into five categories. The agent:

- provides a clear sense of direction
- promotes core values
- engenders excitement
- encourages teamwork
- promotes accountability.[64]

Activity: Check your change agent readiness

You can use the checklist below to assess how ready you are for the role of change agent in your unit. Score yourself using: Never = 1; Sometimes = 2; Usually = 3; Always = 4. (See page xx for scores)

If you scored over 77, then you are a highly effective change agent.

If you scored 55 to 76, then you often use the skills of an effective change agent, but have some areas where greater use would be beneficial.

If you scored under 55, then you ought to consider developing your change management skills further before getting too involved in starting an NDU. A good starting point would be to talk to someone who you recognise is an effective change agent and identify some good practice tips from them.

Direction

1	I ensure goals are clearly defined	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
2	I like to succeed in what I do	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
3	I take unpopular decisions when necessary	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
4	I ensure that the team understand the goals	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
5	I ensure that the team share in defining the goals	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
6	I am a self-starter	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*

Values

1	I ensure that our core values are identified	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
2	I promote those values through my work	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
3	I promote those values in the work of the team	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*

Excitement

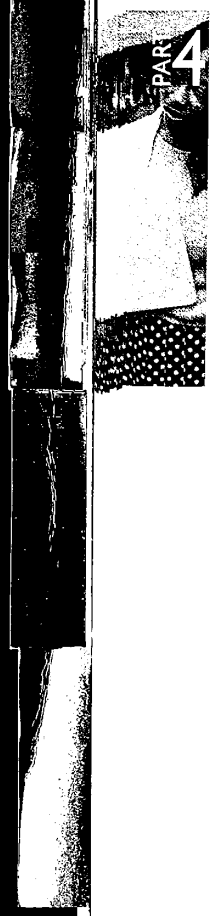
1	I am excited by the work we are doing	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
2	I promote that excitement to the team	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
3	I see problems as a challenge	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
4	I am an effective talker – people listen to me	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*

Teamwork

1	I see and promote the team as the way we work	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
2	I promote a climate in which people feel they can take risks	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
3	I appraise my team's needs and provide them with the training they need	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
4	I identify the needs of each team member, support them and involve them in the whole team activity	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
5	I am a good listener	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*

Accountability

1	I ensure that people in the team have the authority to do their work	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
2	I expect team members to be accountable for what they do	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
3	I encourage team members in taking risks	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*
4	I accept that failure happens sometimes and help team members to learn from it	❑ *Never*	❑ *Sometimes*	❑ *Usually*	❑ *Always*



Providing support mechanisms

The second part of supporting change is to provide support mechanisms which help people to make the changes. There are four main areas in which support is needed:

- ensuring consultation at every point in the change
- providing development opportunities for staff
- counselling staff who find the changes difficult
- managing and resolving conflicts that arise.

Consultation

At first sight, consultation may not appear to be a support mechanism. However, the process of listening to staff and involving them in decisions gives them a sense of control over the changes which, in turn, lessens their fear of those changes. You can therefore regard consultation both as a means of getting good ideas and as a means of helping people to feel comfortable with those ideas.

The following activity helps you to identify how consultative your current working style is.

Activity: How consultative is your current working style?

Think about how you have worked over the last year, and then answer the questions below.

By comparing the lengths of the two lists of names for each question, you will get a good impression of how consultative you are.

1 ***Think of any plans which you made for your unit during the year:***

   - ***list the people who could have commented***
   - ***list the people who did comment.***

2 ***Think about what your unit achieved over the last year:***

   - ***list the people who could have commented on these achievements***
   - ***list the people who did comment on these achievements.***

3 ***Think about any changes that you have had under consideration during the last three months (or changes that come from outside that you will have to implement):***

   - ***list the people whose views and ideas you could have solicited on these changes***
   - ***list the people whose views and ideas you have solicited and received on these changes.***

In reviewing this activity, remember that some people are very reluctant to become involved. You should recognise that such people are not likely to change in the foreseeable future. Their non-involvement is not a reflection on your working style.

Embedding change

Part of the process of change is thinking about how to make the change stick. Any piece of organisational activity is likely to stick if it is:

- built into systems
- part of the culture.

There are a variety of things that you can do to embed change along these two dimensions.

Embedding change into systems

Methods which have been used by NDUs include:

- writing the changes into job descriptions
- writing the changes into purchaser specifications
- amending audits to include indicators of the changes
- including the changes in formal documents such as business plans and annual reports
- training staff for the changes and including such training in induction programmes for new staff
- modifying procedural documents to reflect the changes.[65]

Embedding change into culture

Cultural methods which have been used by NDUs include:

- team-building activities
- building a critical mass of opinion to carry the changes through and keep them going
- critical dialogue with stakeholders to develop the service, including joint audit and liaison groups
- ensuring a constant acting out of the new approach so as to make it part of the culture.[66]

Recognising resistance

There are many ways in which people can resist change. Being able to recognise these is the first step to being able to undermine them. Signs of resistance to change include:

- industrial action
- refusal to participate
- absenteeism, poor timekeeping
- sabotage, theft
- poor-quality work
- indifference
- applying for other jobs
- scare mongering, gossip, rumour
- tension, fear.[67]

As leader, you need not only to identify these signs, but you also need to decide whether your planned change is the cause and what to do about them. This requires careful analysis of the causes which will tend to be factors such as those listed under 'Why people resist change' on page 34.

Whatever the reason for resistance, there is usually something the leader can do, even if it is only to support people in facing an undesirable aspect of a change. People involved in the change should be thanked for their hard work.

Activity: Spotting signs of resistance to change

This activity is for the team leader.

1 ***Think of any change that you have introduced with your current or a previous team.***

2 ***Identify any signs which might indicate resistance to change.*** *(cont'd)*

Activity: Spotting signs of resistance to change *cont'd*

3 Allocate all these reasons to the categories above (see page 34).

4 Consider whether the proposed change was the cause of these symptoms or whether some other factor might be present.

5 Consider whether this helps you see how to react to some of these resistances.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.9 Participation

Participation in decision making is widely regarded as an effective method of team building and gaining commitment to shared goals. Many of the activities in this guide involve the team exploring an issue and arriving at a shared view of what needs to be done.

In general, participation is about:

- where do the ideas come from for potential solutions to problems – the leader, the team or both?
- how was the decision reached – by the leader, by the team or together?
- how was the decision shared?

Most managers think of themselves as flexible and participatory. Their staff do not always share that view. One way of tackling this mismatch is to ask the team for their views on the level of participation. The following activity explores this issue.

Activity: Team assessment of the current level of participation

This activity is designed for the whole team.

1 Ask the team to work in small groups.

2 Each group should identify five-to-ten decisions that were made (or problems that arose) about the unit's work during the last three-to-six months.

3 The groups should record these on a flip-chart sheet and then stick them on the wall so that each groups can see the work of all the others. Delete any duplicates so that no decision or problem appears more than once.

4 Number all the points made from 1 onwards – the order of numbering does not matter. Just make sure that each point made has a unique number.

5 Hand out a participation scoring sheet to each group (see opposite).

6 Ask each group to consider every decision/problem on the wall and to allocate its number to one of the boxes in column 2 of the scoring sheet.

7 Collect all the scoring sheets together, count up how many numbers have appeared in each box across all the sheets. Record the totals for all the sheets in column 3.

(cont'd)

Activity: Team assessment of the current level of participation
cont'd

By examining the spread of totals in column 3, you can see the team's view of the degree of participation in the team. For example, if most of the scores appear in the top few boxes, the approach is highly consultative. If most are at the bottom, there is little participation. A spread from top to bottom suggests that the team has a mix of styles.

Scoring sheet layout

Level of consultation	Problem number	Total problem numbers for all groups
One person offered the problem to the team and asked for solutions		
One person shared the problem with the team and a decision was reached through discussion		
One person shared the problem with the team and then that person made a decision		
One person proposed a decision to the team and asked for the team's views		
The leader made a decision and explained it to the team		
One person made a decision and announced it to the team		
One person made a decision but did not communicate it to the team		

Disadvantages of teams

While there is general agreement that teams are the most effective way of organising most forms of work, they still have some drawbacks. The most important one is where a group mind-set develops, shutting off new ways of thinking. Danger signals for this include phrases such as 'We don't do it that way …', 'We always …'

Sometimes it falls to the clinical leader to make difficult decisions which may not be popular with everyone. Indeed, when change is introduced it is not unusual for some team members to feel that the new ways are not for them and decide to leave. Nevertheless it is important for any team to find ways of challenging itself and keeping itself open to new ideas.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.10 Individual and team development

The need for development

Time dedicated specifically for education and development work needs to be considered as an essential part of quality patient care when setting establishment budgets. Time and resources are essential to enable nurses to develop skills and tools for evaluating innovations.[68]

'We develop our nurses so that they can help users develop.'[69]

Developing staff is one of the most important functions of any management system and is crucial to quality. It is also crucial to managing change since change often means that people have to carry out new tasks.

Development tends to fall into two categories

- development to meet personal needs
- development to meet organisational needs.

While the extent to which an organisation can or should encourage and finance development to meet needs which are not immediately relevant (or not seen by all as relevant) to the organisation is debatable, it is imperative for the organisation to meet all development needs that arise from the organisation's needs. To meet those needs, they first have to be identified. This is the first part of the development cycle.

The development cycle

Formal staff development is a four-stage cyclical process as illustrated in Fig. 4.3. The stages are:

- identify the developmental need
- select or design a development programme
- carry out the programme
- evaluate the result.

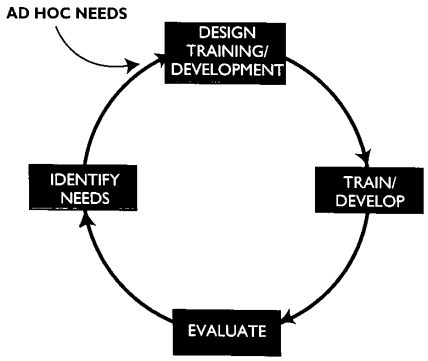


Fig. 4.3 The development cycle

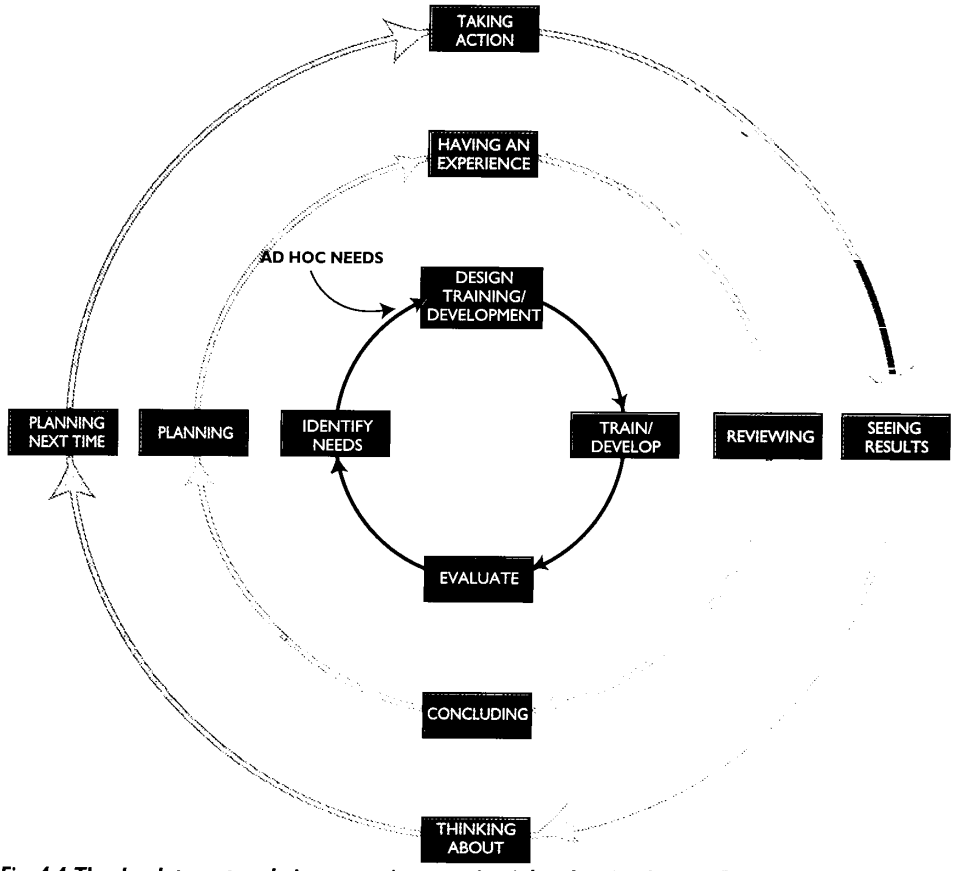


Fig. 4.4 The development cycle incorporating experiential and action learning[70]

As this point, the cycle starts again as new needs may arise since the last needs identification. In practice, though, many managers incorporate this cycle into personal reviews or appraisals, ensuring that a needs review takes place once or twice a year, or through more frequent clinical supervisions.

However frequently the review process takes place, situations may arise where an unforeseen development need occurs and needs to be met quickly. These ad hoc needs may be identified by the leader or by the member of staff concerned, and a development programme is then arranged rather than waiting for the next full review.

The incorporation of the ad hoc entry point in the model enables it to be extended to include experiential and action learning as in Fig. 4.4.

Identify the need

There are four steps in identifying a development need:

- clarify the task to be done
- identify the knowledge and skills needed for that task
- identify the knowledge and skills possessed by the member of staff
- if there is a gap between the knowledge and skills needed for the task and that possessed by the individual, then that is the development need.

Usually, the most difficult step in this process is identifying the knowledge and skills needed for the task. Various methods can be used, including:

- asking someone who is known to do the job well to describe:
  - what they do (skills)
  - what they look for/observe as they do it (application of knowledge)
  - what decisions they make (application of knowledge)
  - what knowledge they use to make those decisions (knowledge)
- carrying out a critical incident analysis – this approach is especially suitable to identify the extra skills needed by a qualified person to carry out some additional task or role which is an extension of their current role
- observing a skilled performer – this approach is most applicable to narrow tasks with a high skill but low knowledge level
- interviewing the manager of a person who does the job.

Self-awareness and personal development

The above steps are relatively formal and so are better suited to lower-level tasks where good practice is not too difficult to describe. Much of NDU work, though, requires skills of a higher order (particularly skills of self-awareness and personal development) which are (a) hard to specify and (b) tend only to develop by circuitous routes.

These skills are best developed through creating an atmosphere which promotes those processes which encourage the growth of such skills, for example by developing:

- a questioning attitude
- a reflective approach
- a sense of the need for personal responsibility for one's own performance
- a sense of the need for personal responsibility for one's own development
- self-audit
- an emphasis in the unit on audit and evaluation
- a learning atmosphere
- access to support when necessary.

Clinical supervision is one approach which many NDUs have taken to support the development of self-awareness.[71]

Select the programme

When selecting a development programme, you need to consider what type of programme would be most applicable. Training and development methods include:

- full or part-time taught courses
- open and distance learning courses
- secondments
- on-the-job programmes (including clinical supervision and reflective practice)
- individual research
- brief instructional sessions
- working alongside a colleague.

The strengths and weaknesses of these methods are explored in Table 4.2

TABLE 4.2

Development method	Strengths	Weaknesses	Consider for
Full or part-time taught courses requiring attendance at an institution	• Systematic • Brings in experience from other institutions • Usually certificated	• Needs time-off • Expensive • May not relate well to unit's needs	• Meeting individual rather than unit needs • Meeting long-term rather than short-term needs
Open and distance learning courses based on learning materials supplied to the learner and supported by a tutor with whom the learner has occasional contact	• Systematic • Brings in experience from other institutions • Usually certificated • Fits around work	• Demanding for the individual • May not relate well to unit's needs	• Meeting individual rather than unit needs • Meeting long-term rather than short-term needs
Secondments or attachments (e.g. to another unit)	• Can arrange at short notice • Ensures practical, relevant development	• Content hard to control • No certification	• When time is of the essence
On-the-job programmes (e.g. a learning assignment or a project) supported either by a member of the team or by someone outside the team such as a tutor at a local university. (When supported by a manager, this is often called 'coaching'. Clinical supervision and reflective practice are examples of this approach.)	• Very high relevance to unit's work • Helps maintain motivation	• Demanding on whoever supervises the programme • May interfere with the work • May be limited by the unit's collective experience, but could seek from outside the unit	• When a keen supervisor (appropriately trained) is available • When relevance to the unit's work is paramount • When you are sure the unit has enough experience to meet the need
Individual research programmes, usually supervised by a local university	• Individual gets what what she/he wants • Accesses other experience • Certificated	• May have little relevance to the unit's needs	• Meeting individual's long-term needs
One or more brief instructional sessions where an experienced person passes on knowledge and skills to an inexperienced person	• Quick • Highly relevant to the unit's work	• May lack theoretical background • May lead to doing without questioning or understanding	• Meeting small immediate needs
Working alongside another person on the unit – usually called 'sitting by Nellie'	• Easy to arrange • Can help team-building	• May be experience without learning • Limited by the teaching skills of the person used • Can perpetuate bad practice	• When it is your only option, *or* • If well supported by some more systematic study and reflection

Creating a learning environment for staff

Provision at the Glenfield NDU includes:

- *an induction programme for new staff*
- *in-service training programmes run by the clinical nurse specialist*
- *a resource/study room, stocked with books, videos and other resources*
- *unit-based workbooks and posters which are used for both staff and patient education*
- *quizzes, games and videos*
- *time and money allowances for personal development*
- *two on-site libraries*
- *a researcher who can help individuals with their own research projects.*[72]

Examples of nurse development services at one NDU

- *Money to pay for training courses.*
- *Advice and support on conducting their own research.*
- *Help with publishing their own work.*
- *Purchasing books and resources for learning.*
- *Providing clinical supervision.*
- *Building contacts with universities.*
- *Career counselling.*[73]

Activity: Selecting a development method

This activity needs to be based on an identified development need and carried out in collaboration with the person concerned.

It helps if you have two highlighter pens to hand.

1. ***Make a copy of Table 4.2.***
2. ***Consider the identified need. Work down the 'strengths' column and highlight in your first colour all those strengths which would be critically important to meeting the need. Ignore any strengths which would be useful, but not critical.***
3. ***Now work down the 'weaknesses' column, highlighting any weaknesses which would critically hinder meeting the need. Ignore any weaknesses which would be a problem, but not critical.***
4. ***Look at your table. Is it clear which of the methods (there might be more than one) appear to be appropriate? These would be methods that:***

   – had one or more highlights in the 'strengths' column
   – had no highlights in the weaknesses column.
5. ***If just one method meets these two criteria, then you have found a method that meets the need. If you have found more than one method, you may be happy to use these in a mixed-method approach. But, if you wish to sift the methods further, follow steps 6 and 7 below.***
6. ***If more than one method meets the criteria in 4 above, then repeat steps 2 and 3 just for those methods which meet the criteria in 4. This time consider strengths which would be useful (but not critical) and weaknesses which would be a hindrance (but not critical).***
7. ***Any methods which survive the sifting in step 6 will be satisfactory for the development need.***

Carry out the development programme

This stage may involve the team hardly at all (e.g. when the provision is an external course) or considerably (e.g. when the tutor or coach is a member of the team). Whatever the level of involvement in delivering the development, the system should allow for:

- reviews of progress
- adjustments to the development programme if needed
- opportunities for the team to share what is being learnt.

Approaches to development

Clinical supervision

Clinical supervision is a major method of development, offering the benefit of helping the learner to relate theory to practice. The approach will only work, though, with careful planning and appropriate skills on the part of the supervisor. A clinical supervision system requires:

- a clear purpose, clearly communicated to the unit staff
- the involvement of all staff in its planning
- appropriate qualifications, skills and experience in the supervisor
- supervision for the supervisors
- that supervision is made available to all levels of seniority
- clarity about what is and is not to be covered during supervision time
- a formal relationship between supervisor and supervisee with agreed ground rules
- a monitoring and evaluation system involving both supervisor and supervisee
- support of the organisation.[74]

Reflective practice

Reflective practice is another important, but less structured approach to development. Implementation requires:

- that the practitioner allocates time well in advance – say for the next six-to-twelve months; this is essential to avoid other activities displacing reflective practice
- providing cover for reflective practice time
- a quiet place, away from the interruptions of the daily routine
- support
- monitoring and evaluation.[75]

Suggestions for reflective practice time – a community NDU's approach

Time might be used for:

- ***reading***
  - *clinical practice*
  - *policy documents*
  - *other material considered required reading by managers and team members.*
- ***research***
  - *locating and reading research relating to clinical practice and health care delivery*
  - *planning, undertaking and writing up research, based on projects you are undertaking*
  - *participating as a research subject by completing questionnaires*
  - *collecting data relating to health needs, standards of care, health outcomes, activity, etc.*

(cont'd)

Suggestions for reflective practice time – a community NDU's approach
cont'd

- ***reflection***
  - *time to reflect on practice. This means thinking about particular work experiences and whether you could have handled them differently to produce a better or different outcome for the client*
  - *preparing objectives for clinical practice*
  - *drafting standards, audit protocols, protocols, etc.*
  - *writing up notes or reports following working group meetings.*[76]

PREPP

With new and expanding roles for health professionals, increasing technological advances in treatment and care, and continuing reorganisation of resources, it is vital to continue to develop knowledge and competence throughout your career in order to cope with the demands and complexities of professional practice.

Wherever possible, development should be linked into the PREPP framework and recorded in the person's personal profile. The purpose of PREPP is to improve standards of patient and client care.

Coaching and supervisory skills

Supervising the learning of a colleague is generally classified into two main types of relationship:

- coaching
- supervision.

These two terms are widely used throughout training and development. Other texts also refer to the less frequently used (and much less clearly defined) processes of mentorship and preceptorship.

Coaching

This has been defined as 'structured training which is conducted on a one-to-one basis between trainer and trainee',[77] but this definition underplays the negotiated, informal nature of coaching and the fact that the coach rarely possesses any specialist training skills.

Where a team member is to be the coach, that person will need the appropriate skills (the acquisition of which may require an additional development programme). A good coach needs to be able to:

- lead discussions, including being able to:
  - set up a dialogue with the learner
  - use questions to encourage participation
  - be clear about the purpose
  - reach mutual understandings
  - explore joint learning
  - listen, rather than tell
  - prepare adequately
- draw people out, including being able to:
  - help people think for themselves

- help people decide for themselves
- answer questions with questions

- agree objectives, including being able to:
  - agree both task and learning objectives
  - encourage staff to propose their own objectives
  - ensure objectives meet the individual's and the unit's needs
  - ensure the objectives are challenging but attainable
  - express the objectives in precise terms, with measures if necessary
- evaluate, including being able to:
  - assess against agreed objectives
  - take notes during an event
  - review outcomes at the end
- give and receive feedback, including being able to:
  - focus on what the learner did
  - give descriptive feedback
  - give specific feedback
  - give prompt feedback
  - use feedback to reinforce success
  - encourage and listen to feedback from the learner
  - give, receive and handle negative feedback.[78]

Activity: Reviewing the team's coaching skills

This is an exercise for those individuals who will be involved in coaching activities.

1 Look at the five main skill areas for coaching and rate yourself on experience and confidence in each.

Experience			
Leading discussions	❑ *Never*	❑ *Some*	❑ *Considerable*
Drawing people out	❑ *Never*	❑ *Some*	❑ *Considerable*
Agreeing objectives	❑ *Never*	❑ *Some*	❑ *Considerable*
Evaluating	❑ *Never*	❑ *Some*	❑ *Considerable*
Giving and receiving feedback	❑ *Never*	❑ *Some*	❑ *Considerable*
Confidence			
Leading discussions	❑ *Never*	❑ *Some*	❑ *Considerable*
Drawing people out	❑ *Never*	❑ *Some*	❑ *Considerable*
Agreeing objectives	❑ *Never*	❑ *Some*	❑ *Considerable*
Evaluating	❑ *Never*	❑ *Some*	❑ *Considerable*
Giving and receiving feedback	❑ *Never*	❑ *Some*	❑ *Considerable*

2 Discuss the results and any coaching skills development needs you have with your clinical leader.

Supervision

The role of supervisor is perhaps one of the most demanding and important ones in NDU work. It requires complex skills, yet its outcome is critically important to an NDU's performance –

what an NDU achieves is a reflection of the skills of its staff, which, in turn, is a reflection of the quality of supervision.

The qualities needed by a supervisor include:

- a greater knowledge than the supervisee
- can teach, but does not spoon-feed
- committed to supervision
- gives positive and challenging feedback
- good analytical skills
- good listening skills
- honesty and trustworthiness
- non-judgemental approach
- openness
- shares the same work environment and culture as the supervisee
- supportive, builds confidence.[79]

Activity: Reviewing the team's supervisory skills

Adapt the previous activity to review the team's supervisory skills.

Evaluating staff development

The choice of method for evaluating development is a difficult and technical issue which is beyond the detail of this guide. However, the essential requirements of the evaluation process are the following.

- Evaluation must include measuring the outcomes against the original learning objectives or the original learning need. Essentially, what you are asking here is: 'Can ... now meet the requirements of the job or task for which the development was provided?'
- Wherever possible, agree with the learner how the evaluation will be done.
- Wherever possible, ask the learner to produce evidence of what she/he has learnt – this both involves the learner in the evaluation process and is a powerful piece of reflective learning in its own right.
- Make sure that your evaluation process can detect unplanned outcomes from the development – both desirable and undesirable ones.
- Make sure that the evaluation is recorded in writing and signed by both parties.
- Consider whether any parts of the evaluation should involve other members of the team. For example, if the purpose of the development was to learn a new treatment technique, it makes sense to review with the whole team what the impact of introducing that technique has been.
- Consider the implications of the acquisition of skills and knowledge. For example, the evaluator might feel empowered by the development. Are the team's systems and methods able to respond and adjust to this?

Activity: Development of evaluation methods

This is set out as a team activity, but can be adapted for individuals if needed.

1. ***Split the team into pairs.***
2. ***Ask each person to recall one developmental activity that they underwent. For that activity, they should identify how its effect was evaluated.***
3. ***The pairs then discuss the developmental activities which they have chosen and identify:***
   - ***how suitable the evaluation was***
   - ***how the evaluation could have been improved.***
4. ***In a full group session, discuss all the outcomes from the pairs. Draw up for the team a list of ideas for more effective evaluation of development.***

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.11 Knowledge-based practice

Any professional carrying out any task has to choose a particular way of achieving the task. In choosing an approach, the paramount question is: 'How do I know that this is the best way?' The answer will be a combination of:

- this is what I have found through reflecting on my own practice
- this is what others have found, as recorded in research literature.

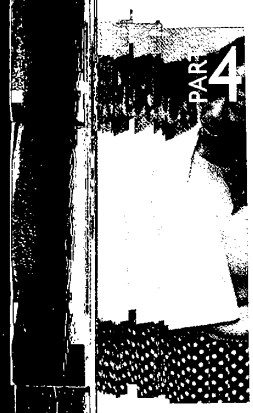
This process of applying knowledge to practice is what is known as knowledge-based or evidence-based practice.

The importance of the knowledge-based approach

The terms knowledge-based and evidence-based imply an understanding of the knowledge or evidence, which explains the importance of this approach. Without understanding, any practice is just a rule and a rule may be applied in the wrong circumstances. Without evidence, there is no guarantee that the rule is ever valid. So, by basing practice on knowledge, it is possible to ensure that:

- only methods which are generally agreed to be best practice are used
- these methods are used and *interpreted* appropriately.

One way of thinking about knowledge-based practice is to contrast it with the defence 'but we've always done it that way'. This, when used, implies that what was once right must be always right. With the pace of development of nursing knowledge, the chances are that 'what we've always done' has now been improved on.



Activity: Leader promotion of knowledge-based practice

This activity is for the clinical leader.

1. ***Review your unit's use of the various methods of promoting knowledge-based practice, filling in the table below. 'Never used', 'Sometimes used' and 'Often used' refer to what your staff generally do, not to your own use of these methods.***
2. ***Then consider whether you are satisfied with the balance and range of your use of knowledge-based practice.***
3. ***If you are not satisfied, make notes on which methods you wish to use more of and with whom you might use them.***

Sending staff on formal updating courses	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Carrying out research projects based on the unit's work	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Literature searches	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Visiting other units doing similar work	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Clinical supervision	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Building into the outcomes of performance reviews and appraisals	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Reflective diaries	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*
Ad hoc exchanges with other units	❑ *Never used*	❑ *Sometimes used*	❑ *Often used*

Promoting knowledge-based practice

Promoting knowledge-based practice depends on:

- promoting a questioning attitude – 'Why I am doing this?', 'How do I know this will work?' Developing this attitude is the most critical skill needed in an NDU
- ensuring staff have the skills to:
  - ask questions
  - record evidence
  - consider evidence
  - use information sources
- building good recording systems so that the evidence is available for later analysis and reflection
- promoting the pooling of information.

The development of knowledge-based practice can take place at a number of levels, including:

- sending staff on formal updating courses
- carrying out research projects based on the unit's work
- literature searches
- membership of professional networks and groups
- journal clubs
- visiting other units doing similar work
- clinical supervision

- building into the outcomes of performance reviews and appraisals
- reflective diaries
- ad hoc exchanges with other units.

No one of these approaches is preferable to any other. Instead, promoting knowledge-based practice is a matter of being both systematic (e.g. building it into IPR) and of being opportunistic (e.g. on the unit, saying to a nurse 'Have you looked to see how ... compares with ... for people with this problem?').

Knowledge-based practice in action

The Homeward Rehabilitation Unit of the Brighton NDU became concerned about wound management, feeling that they were being instructed to use methods which experience told them were ineffective or dangerous. However, they lacked the detailed knowledge to challenge their instructions.

A member of staff carried out an exploratory study of wound management so giving the ward an expert on site and leading to improvements in ward practice. Using the knowledge gained:

- *the stock of dressings has been rationalised*
- *a wound assessment scheme is being developed to guide staff in judging healing stages*
- *each wound is the responsibility of one nurse so that wound changes can be monitored*
- *nurses now help patients develop understanding of their wounds and the treatment being used.*[80]

Activity: Team promotion of knowledge-based practice

This activity is for the team.

Its purpose is to help to get the team thinking how knowledge-based its practice is. Although some gaps in evidence may be identified, that is not the task's purpose and you could not hope to comprehensively identify the gaps with this activity.

1. ***Ask the team to split into small groups, asking each group to identify two aspects of treatment/advice used by the unit. These could be strictly clinical aspects (e.g. chemotherapy) or they could be organisational (e.g. allowing users to control their own medication).***
2. ***Bring all the groups back together. Sift the suggestions to remove duplicates.***
3. ***Ask each group to choose two topics to work on, at least one of which must have been proposed by another group.***
4. ***Now ask the groups to review their topics, asking for each:***

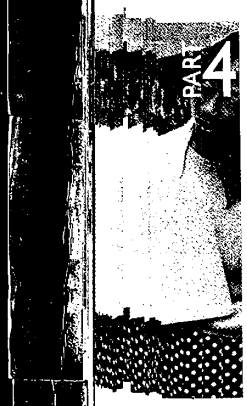
   'How do we know that this is the best way to do this?'

   They should note down their answers to this question on a flip-chart sheet.
5. ***Bring the groups back together to review the flip-chart sheets and discuss with the group:***

   – do we seem to work in a knowledge-based way?
   – where do we seem to have gaps?

Linking knowledge-based practice to development

Having completed this section, you may find it useful to go back to section 4.10 to explore how promoting knowledge-based practice links with staff development.



Using lectures and discussions

'... we have plans to introduce a series of short lectures and discussions on nutritional topics. Both day and night staff will be invited to participate and to share knowledge and experiences.'[81].

Comment in relation to promoting nutritional awareness in elderly patients.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.12 Equal opportunities

Equality for whom?

In the context of an NDU, the term 'equal opportunities' refers to both users and staff.

Users

All NDUs will wish to ensure that every user receives the same quality of health care and that the service is sensitive to people's different needs. For example, some patients will wish to be seen by a female doctor, others by a male doctor; some will find it essential that they are cared for by someone who understands their cultural background.

However, for this aim to be fully meaningful, 'users' must refer to those who need the service yet do not get access to it, just as much as it refers to current active users. In other words, providing equal opportunities for users includes finding out why certain categories of people are non-users and finding ways to make the service more accessible to them.

Reasons why people might not use a service include:

- language barriers
- racist barriers
- any belief that the service is not appropriate for them
- lack of transport
- problems of physical and sensory access to and circulation around the NDU's building.

Staff

Equality for staff is about who is taken on in the first place (do all those of equal ability and qualifications have an equal chance of being employed?) and about how those people are treated once they are on the staff.

The following factors might contribute to discrimination:

- advertisements are placed in media that are not accessed by certain groups
- the recruitment process and its tone of language carry suggestions that certain groups of people are not likely to be employed
- the selection process might be biased in the questions that are asked or the way the selectors use the answers to reach a decision

- the job itself might be designed in a way which makes it inaccessible to certain groups of people.

Once employed, groups can be discriminated against through:

- straightforward prejudice
- the allocation of work roles in ways that are not equally accessible to all groups
- the allocation of development opportunities in which not all groups can take advantage of
- determining promotion using criteria that not all groups can meet.

An NDU's commitment to equality

The NDU is firmly committed to producing equity and equality in care for patients and other carers – regardless of age, sex, beliefs, culture or nationality. It is also committed to equal opportunities for its staff – in employment, learning and so on. The NDU shows its commitment to these in its policy documents, philosophy and practices. A review programme exists to ensure that these aspects can be maintained and acted upon if failings occur.[82]

The user issues

The most discussed equal opportunities issues are:

- race
- culture
- gender
- sexuality
- disability – sensory and physical
- age.

There are other dimensions, though, along which inequality of access can take place, such as:

- location – if the location of a service makes it inaccessible to people in a particular area, then those people have been discriminated against
- time – if a service is only available at times which make it inaccessible to certain people, then they too have been discriminated against.

The key question in each case is: 'Are all the members of the group equally likely to gain access to the service when they need it?'

This is not easy to establish since it cannot be measured by a straight comparison of the numbers in each group in the community with the numbers using the service. For example, certain conditions are more prevalent in certain groups. Without complex statistical techniques, this question probably has to be rephrased as: 'Are we (the NDU), and the groups concerned, convinced that we have done everything feasible to make the service as accessible as possible to them?'

The staff issues

The most discussed equal opportunities issues for staff are the same as those identified for users above.

The questions at issue are:

- 'Does our recruitment system ensure that people have an equal chance of working in our team, regardless of race, culture, gender, sexuality, disability or age?'
- 'Does the way the team is run ensure that people have equal access to support, development and promotion, regardless of race, culture, gender, sexuality, disability or age?'

Checking that either of these is the case is extremely difficult because of the low numbers involved. Just counting and comparing numbers will not help and may perpetuate a tokenistic approach. Here, then, the main thing is to make sure that you know and implement your organisation's equal opportunities policy.

Detecting issues in your NDU

While using pure numbers to detect failures in equal opportunities is not reliable, Marsh and Macalpine have suggested a useful qualitative approach.[83] It consists of asking two questions: Who is present?; Who is absent?, as you look around your NDU. Here, we have expanded the two questions to four:

- Who is present?
- What is the service like for them?
- Who is absent?
- How do the 'absents' perceive the service?

These questions are about which groups of people you see around you. They can take many more specific forms such as the four below (in the following questions 'appropriately' means with respect to the area in which your unit lies). For example, your unit may serve a mixed ethnic population; the speciality you work in may be gender and age-related and so forth.

Race

- Which ethnic groups are present?
- What is the service like for them?
- Which ethnic groups are absent?
- How do they perceive the service?
- Are all ethnic groups appropriately represented?

Gender

- Which genders are present?
- What is the service like for them?
- Which genders are absent?
- How do they perceive the service?
- Are both genders appropriately represented?

Culture

- Which cultures are present?
- What is the service like for people with these cultures?
- Which cultures are absent?
- How do these people perceive the service?
- Are all cultures appropriately represented?

Sexuality

- Which sexualities are present?
- What is the service like for them?
- Which sexualities are absent?
- How do they perceive the service?
- Are all sexualities appropriately represented?

Disability

- Which disabilities are present?
- What is the service like for them?
- Which disabilities are absent?
- How do they perceive the service?
- Are all disabilities appropriately represented?

Age

- Which ages are present?
- What is the service like for them?
- Which ages are absent?
- How do they perceive the service?
- Are all ages appropriately represented?

All of these five questions can be applied to users and to staff.

Acting on the answers

It should be noted that it is equally discriminatory to appoint people purely because of their race, gender and so on, as it is to fail to give them equal opportunity.

Activity: Looking at who is absent and who is present among users

This is an impressionistic activity. You should not put too much weight on the numerical validity of its conclusions.

1. ***This activity should draw on the views of everyone in the unit. You do not all have to be together at the same time to do it.***
2. ***Brainstorm all the groups of people in the area served by your unit using the headings 'race', 'gender', 'culture', 'sexuality', 'disability' and 'age' as guidelines.***
3. ***Reduce the ideas to a list in which (a) the whole community is covered and (b) you minimise overlap between groups. Some overlap is unavoidable since people can belong to more than one group. For example, one person might be grouped under 'Asian women' as well as under 'over 60s'.***
4. ***Give everyone in the unit a copy of the list and ask them to score each category with one of the following:***

   ❑ *This group is underrepresented in our work*

   ❑ *This group's representation in our work is about right*

   ❑ *This group is overrepresented in our work*

   ❑ *This group is underrepresented in our written/verbal information*

   ❑ *This group's representation in our written/verbal information is about right*

(cont'd)

Activity: Looking at who is absent and who is present among users *cont'd*

❑ *This group is overrepresented in our written/verbal information*

5 ***Pool the results of everyone's scores. If there is clear agreement on the underrepresented categories, then you are ready to think about how to make your service more accessible to these groups. If there is no clear agreement, then you need to discuss and research the issue in more depth.***

Bilingual workers as a means of improving access – a community NDU's approach

A health visiting profile of the ward had identified that 73 per cent of families in the area required interpreting support to access health visitor and clinic services and that attendance at health centre provision was limited among this client group. This was exemplified by the low uptake of appointments for developmental screening within the health centre.

Against this background, the facilitation of access to bilingual workers and the siting of provision within a local community venue were identified as key means of improving provision for the local Bangladeshi community.[84]

Further action

Detecting (or just suspecting) inequalities is just the start. There then needs to be a system to ensure the continual promotion of equality. There are four main ways in which you can take action:

- through employment policies
- through service policies
- through specialist help
- through staff training (e.g. in anti-racist practice)
- by monitoring and reviewing.

Employment policies

Your organisation is bound to have fully developed policies to cover race and gender. It may also have policies on sexuality, disability and age.

The steps to take are:

- obtain copies of the policies
- ensure that the team knows how the policies apply to them
- monitor to ensure that the policies are being followed (your organisation may have a specific method for monitoring these policies).

Service policies

Service policies are a good way of promoting equal opportunities, but will almost certainly need the approval of your organisation's equality officer.

Specialist help

If you feel that your unit might have a particular problem in implementing the policies, then seek specialist advice. This will normally be available through your organisation's personnel or human resources office.

Staff training

If individual members of staff lack the knowledge and skills to implement the policies, then you need to arrange training for them. Again, your organisation almost certainly has its own approved sources of equal opportunities training.

Monitoring and reviewing

Finally, you will need to set up whatever monitoring system is needed in addition to that in place at the organisational level.

Activity: Equal opportunities action list

1 ***Get copies of all the relevant policies of your organisation.***

2 ***Review these policies to ensure that:***

- ***you understand them***
- ***your unit is implementing them.***

3 ***Consider whether your unit needs specialist advice.***

4 ***Consider whether any team members need specialist training.***

5 ***Decide how monitoring equal opportunities can be built into the unit's routines.***

Supporting staff working with racism – a community NDU's experience

Community nurses increasingly encounter the problem of how to challenge racist remarks and actions, without alienating white clients or putting their own safety at risk. Stepney NDU took a lead to initiate racism training sessions and joined with colleagues on the Isle of Dogs to discuss the effects of racism on health. The training sessions on racism awareness produced the following outcomes:

The project team is now drafting a nursing standard to support staff and enable them to respond appropriately, consistently and positively to racism, whenever it occurs.

Ongoing staff support via training sessions is being arranged.[85]

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.13 Evaluation and research

What is evaluation?

We sometimes talk about research and sometimes refer to evaluation. The methods used by these two approaches are similar, although the intention tends to be different.

Research emphasises developing new knowledge, rather than knowledge which is new to you. It is generally applied to topics that are thought to be of interest to nursing as a whole, or to a nursing speciality or process.

Evaluation focuses on finding out how effective your unit's work (or an aspect of it) has been. Its main focus is to improve practice in your unit, although it may yield information of value outside your unit.

Somewhere between these two processes, there is audit. Audit is generally the process of assessing the quality of care by examining the records of the care given. It focuses on whether or not agreed standards are being met. Sometimes this is called retrospective audit to distinguish it from concurrent audit which checks the care as it is given.[86]

The three processes run into each other as on the continuum shown in Fig. 4.5.

Activity: Research or evaluation?

This activity can be done by an individual or by the team.

1 ***Make a list of any issues which have been investigated by your unit over the last one or two years. Put them into two columns:***

Evaluation-oriented	*Research-oriented*

2 ***Is it clear from this list whether your unit's work is:***

- ***mostly research?***
- ***mostly evaluation?***
- ***a fair spread of the two?***

3 ***Are you happy with this balance? If not, discuss what balance you would like to see. Remember that research is a rigorous, highly skilled activity which requires specific expertise. Much early work in NDUs may be 'pre-research' that is using research evidence, explaining or piloting new ideas, gathering data to influence policy, and so on. This is all critical work for NDUs.***

4 ***Make a brainstorm list of all the issues which your unit would like to investigate over the next one-to-three years, putting them in two columns as above.***

5 ***Is it clear from this second list whether your unit's future work will be:***

- ***mostly research?***
- ***mostly evaluation?***
- ***a fair spread of the two?***

6 ***Are you happy with this balance? If not, discuss what balance you would like to see.***

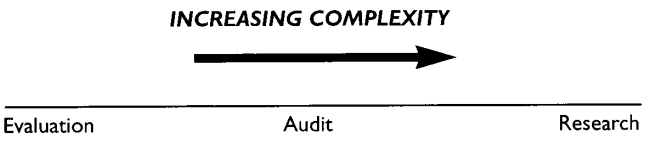


Fig. 4.5 The evaluation, audit, research continuum

Why is evaluation essential?

Evaluation is essential since it is the means by which the unit confirms to itself that what it is doing works – or does not work. Once you have a strategy and a plan for implementing it, you need some way of knowing whether things are going according to plan.

Activity: Evaluation now

This activity is for the team. It has some overlap with the activity on knowledge-based practice in section 4.11.

Its purpose is to start your team thinking about how it uses evaluation to support knowledge-based practice.

1. ***Ask the team to split into small groups, asking each group to identify two aspects of the unit's work. These could be strictly clinical aspects (e.g. looking after premature babies) or they could be organisational (e.g. how users are involved in decisions).***
2. ***Bring all the groups back together. Sift the suggestions to remove duplicates.***
3. ***Ask each group to choose two topics to work on, at least one of which must have been proposed by another group.***
4. ***Now ask the groups to review their topics, asking for each:***

   'What evaluation have we carried out to see how well ... works in our unit?'

   They should note down their answers to this question on a flip-chart sheet.
5. ***Bring the groups back together to review the flip-chart sheets and discuss with the group:***

   – is there enough evaluation going on?
   – if not, what steps does the team need to take to increase evaluation?

What should you evaluate?

The external review of NDUs has identified a wide range of measures which NDUs might use to evaluate the key areas of their work. These cover:

- client-centred care
- the development of nurses, midwives and health visitors
- the process of nursing care
- barriers to NDU development.

To these we could add:

- to ensure that the service is sensitive to differences.

The measures for each of these are discussed in more detail below.

Evaluating client-centred care

Possible measures:

- client/family satisfaction surveys and/or focus groups
- health profiles indicating changes in health behaviour, compliance to treatment and outcomes of care
- length of stay and readmission rates
- analysis of client documentation (e.g. free of jargon, frequent reference to client's views)
- client correspondence – complaints and appreciation
- audit of continuity of care and its benefits or otherwise
- audit of quality of communication
- analysis of quality, content and amount of information available in the units for clients and their relatives
- a survey of community health councils' records of user satisfaction
- a survey of nurses, midwives and health visitors' attitudes
- audit of services and therapies initiated in direct response to client need.[87]

Activity

1 ***What methods does your unit use to evaluate user-centred care at present?***

2 ***What information do these methods give you?***

3 ***What more would you like to know?***

4 ***Identify one or two methods from the list above (or other methods of your own) which your unit would like to explore using.***

Evaluating the development of nurses, midwives and health visitors

Possible measures:

- staff satisfaction surveys
- sickness, recruitment and retention records
- exit interviews
- audit of staff development
  - attendance records at study courses/updating activities
  - the range of projects in which staff have participated
  - portfolios
  - personal development plans/learning contracts
  - articles published
  - conferences attended/presentations made
  - cost
- tracking staff recruitment, retention and career progression
- status and value of nursing staff as perceived by other trust members, senior nurse managers, medical personnel and other units
- audit of staff support mechanisms.[88]

Possible organisational methods for embedding such evaluations include:

- individual performance review (IPR)
- clinical supervision.

Activity

1 ***What methods does your unit use to evaluate the development of nurses, midwives and health visitors at present?***

2 ***What information do these methods give you?***

3 ***What more would you like to know?***

4 ***Identify one or two methods from the list above (or other methods of your own) which your unit would like to explore using.***

Evaluating the process of nursing care

Possible measures:

- audit of networking practices:
  - visits from within and outside the host organisation
  - workshops provided or attended
  - conference papers/attendance
  - internal teaching
  - annual report
  - involvement in the Nursing Developments Network
- observation of practice
- audit of volume, outcome and quality of research activity
- quality of care audit using established tools (e.g. QUALPACS and Monitor)
- outcome studies
- audit of grade-mix
- continuing review of communication systems, workload distribution, costs of new and old methods.[89]

Activity

1 ***What methods does your unit use to evaluate the processes of nursing care at present?***

2 ***What information do these methods give you?***

3 ***What more would you like to know?***

4 ***Identify one or two methods from the list above (or other methods of your own) which your unit would like to explore using.***

Evaluating barriers to NDU development

Possible measures:

- surveys of staff morale, stress, dissatisfaction, coping mechanisms and expectations
- activity analysis (e.g. number of telephone calls, visitors, letters sent, although these could be positive indicators)
- action plans and points not achieved on them
- sickness rates – who? how often? Observe for patterns
- staff recruitment, retention and complaints
- staff diaries to identify particularly significant and stressful events at work.[90]

Possible organisational methods for embedding such evaluations include:

- individual performance review (IPR)
- clinical supervision.

Activity

1 ***What methods does your unit use to evaluate factors impeding development at present?***

2 ***What information do these methods give you?***

3 ***What more would you like to know?***

4 ***Identify one or two methods from the list above (or other methods of your own) which your unit would like to explore using.***

Evaluating that the service is sensitive to differences

It may be useful here to return to the section on equal opportunities on page 54.

When considering methods, attention should be given to those groups whose views and experiences have historically been underrepresented within health services. For example, feedback from Black and minority ethnic communities should inform the development of a health and race strategy. Women may be the majority of users in the health service but their views and concerns may not be represented adequately. Equally, it is important to ensure that methods are used which do not prevent disabled people from participating in all aspects of user involvement. Lesbian women and gay men who use the services can also face negative attitudes which may prevent them from expressing their specific concerns.

Planning evaluation

This is an area which is new to many nurses and it may be useful to seek outside help from, for example, your local college or university.

Planning evaluation can mean two things in an NDU:

- planning the policy and strategy for evaluation
- planning an individual evaluation project.

Planning the evaluation policy and strategy

The first thing to consider is the evaluation priorities of the team. It will never be feasible to evaluate every aspect of a unit's work, although quite a lot can be achieved in a large team, given time and a sharing out of the work. The ways in which two units addressed their range and priorities for evaluation are illustrated below.

Deciding the focus of evaluation

... the radical nature of the unit demanded that evaluation should focus on the ultimate results of the service – both in terms of patient well-being and overall service provision. There are three strands to this.

First, we are conducting a significant outcomes-based research project aimed at evaluating the effectiveness of the service as to overall health status and efficiency of bed usage.

Second, the project development nurse is responsible for a qualitative research project aimed at determining the perception of the service among other professional groups. The purpose is to use this information to refine the referral mechanisms.

Third, the peer review process has been expanded to include weekly case reviews with the NDU leader in order to continuously monitor clinical performance and facilitate the functioning of primary nurses in their new roles.[91]

One NDU's evaluation activities

Self-care

- *Formulation of a working definition of self-care.*
- *Examination of patient perceptions of self-care.*
- *Examination of the practice of self-care.*

Research

- *Evaluation of the cost of self-medication.*
- *Evaluation of patient knowledge and compliance.*
- *Evaluation of patient satisfaction.*
- *Examination of nurses attitudes towards self-medication.*

Primary nursing

- *Reformulation of primary nursing philosophy.*
- *Evaluation of nursing roles within primary nursing.*
- *Evaluation of nurses' perceptions of primary nursing.*
- *Evaluation of practice of primary nursing.*

Patient education

- *Examination of aspects of care, including access to information and education, from a cultural perspective.*

Nurse education

- *Examination of the development and success of a primary nurse development programme.*[92]

Planning an evaluation project

Any project goes through a number of steps:

1. Choosing a relevant problem

'Relevant' means that:

- it relates to a current clinical or organisational issue
- you expect to be able to use the results of the project to inform unit activity
- the people who will do the project are keen to do it
- the team are willing to support the evaluation (e.g. by collecting additional patient data).

2 Search the literature

In this step, you find out what others have already learnt about the topic. This helps you:

- avoid repeating others' work
- design your own project and its methods on the basis of others' experience
- gain a good understanding of the topic.

3 Make a plan

The plan will set out:

- the precise problem that you wish to investigate
- the methodology or approach (philosophical view) that you wish to take
- the methods you will use
- the resources you will need
- the schedule
- the data collection or measuring methods you will use
- the data analysis methods you will use
- how you will deal with any ethical issues that the project raises.

4 Pilot the plan

This includes:

- a general test of your methods
- testing your measuring systems, if appropriate
- testing your data collection approach, if appropriate
- testing your data recording systems
- identifying unexpected problems.

5 Revise your methods as needed.

6 Carry out the full study.

7 Analyse the results – you may need specialist help for this.

8 Interpret or make sense of the results.

9 Act on the results in the light of the study's limitations.

Choosing a relevant problem at Worthing NDU

Two commonly used treatments are MLB (multilayered bandaging) and MLD (manual lymphatic drainage), both of which are used on the day ward. Practitioners tend to prefer one or the other, but very little evidence as to their relative efficacy exists. As one treatment needs about 30 minutes of nursing time, and the other over 2 hours, this is an important question. A sequential trial to compare volume outcomes has been initiated on the ward ...[93]

Testing a survey questionnaire at Worthing NDU

Before the final 'finished questionnaire' was distributed to patients, we needed to undertake a pilot study. This proved to be interesting and made us aware that the questionnaire was too long.'[94]

Evaluation methods

When choosing research methods you need to consider whether you need specialist help. For example, you might need help to:

- devise scales
- write questionnaires
- set up focus groups
- use unstructured interviews
- set up data recording systems
- devise data analysis systems.

Wherever possible, though, you should use prevalidated tools, i.e. scales, questionnaires, etc. which other workers have tested to make sure they do the job.

Activity: Sources of evaluation expertise

For this activity, think about the sources of help which might be available to you. Make a list of these, perhaps noting for what they might be especially helpful.

(Your choice of expert help for a particular project will depend on the specific project, so you cannot make any firm choices at this stage.)

Perhaps the overriding point to bear in mind is that methods need to be kept simple. If they become too complex, the investigation will outstrip the skills of the team and get in the way of day-to-day care. In general, the methods you choose must be:

- applicable to the problem being investigated
- acceptable to users
- within the skill range of the team – unless you are using an external worker
- need no more time than has been allocated to the project.

Good evaluation tools are often simple

The West Dorset NDU designed a simple pain measurement tool [see Fig. 4.6], tried it out on their own ward and other wards, and then modified the chart. They wanted to find out (a) what makes a good chart from the point of view of nurses having to keep the records and (b) whether the charts help improve pain control.

Later, an equally simple one page audit tool was used to assess pain control.[95]

SCALE	TIME	DEGREE OF PAIN					ANALGESIA	LOCATION OF PAIN
		1	2	3	4	5		
5 As much pain as I could possibly bear	02.00							
	04.00							
4 A very bad pain	06.00							
	08.00							
3 Quite a lot of pain	10.00							
	12.00							
2 A little pain	14.00							
	16.00							
1 No pain at all	18.00							
	20.00							
	22.00							
	24.00							

Patient: No: Ward: Date:

Consultant:

Primary Nurse:

Associate Nurse:

Fig. 4.6 A pain measurement tool

Evaluating bedside handover

Methods used:

- *participant observer who noted how participants reacted to the discussion, the types of question asked and the structure of the discussion*
- *maps to show where the participants were in relation to each other, who talked to whom and with what frequency*
- *questionnaires to collect views from patients and nurses.*[96]

Who should do the evaluation?

A crucial issue is deciding who should do the evaluation. This greatly affects the feasibility of any one project. For example, a very complex project with lots of desk work may need a full-time evaluator. A simpler project with lots of patient contact may best be done by a member of the team.

Seven models of NDU research have been identified. Table 4.3 shows how the methods could be adapted to evaluation.

TABLE 4.3

Model	Strengths	Weaknesses
External evaluators	• access to high level of expertise and rigour • access to evaluation support systems	• evaluator may not share unit's timetable • communication problems
Evaluator as part of NDU team	• expertise directly available to staff • good communication	• role can be isolated • difficult to find people with right experience
Clinical leader directs evaluation	• high integration and commitment • good learning experience	• risk of overload • how to maintain high level of evaluation skills
Clinical leader shares evaluation and clinical work with one another	• high integration • evaluator is an expert practitioner	• risk of overload • evaluation time may lead to feelings of isolation
Team members conduct evaluation	• good staff development • direct influence on practice	• limits depth of evaluation
External process evaluation	• effective insight into processes • skilled writer maximises impact of work	• only addresses processes
Unit is an evaluation resource to the whole organisation and weaknesses	New approach, not developed far enough to show strengths	

Source: King's Fund[97]

Activity: Choosing who might do a particular evaluation project

This activity can be done by one or more team members.

The activity needs to be based on a proposed evaluation project.

Two highlighter pens are useful for this activity.

1. ***Make a copy of Table 4.3.***
2. ***Consider your proposed project. Work down the 'strengths' column and highlight in your first colour all those strengths which would be critically important to the project. Ignore any strengths which would be useful, but not critical.***
3. ***Now work down the 'weaknesses' column, highlighting any weaknesses which would critically hinder the project. Ignore any weaknesses which would be a problem, but not critical.***
4. ***Look at your table. Is it clear which of the approaches (there might be more than one) appear to be appropriate? These would be approaches that:***
   - ***had one or more highlights in the 'strengths' column***
   - ***had no highlights in the 'weaknesses' column.***
5. ***If just one approach meets these two criteria, then you have found the approach you need.***

(cont'd)

Activity: Choosing who might do a particular evaluation project
cont'd

6 If more than one approach meets the criteria in 4, then repeat steps 2 and 3 just for those approaches which meet the criteria in 4. This time consider strengths which would useful (but not critical) and weaknesses which would be a hindrance (but not critical).

7 Any approaches which survive the sifting in step 6 will be satisfactory for your project.

Linking evaluation to action

It is important to think about how the knowledge gained by the evaluation will be shared with the team and put into action in patient care. If this issue is left until the evaluation is completed, interest may then be hard to raise. The team is more likely to put the evaluation into action if:

- they are involved in the evaluation (e.g. through data collection)
- they are kept informed about and have opportunities to discuss the evaluation as it progresses
- they are specifically asked to take on the problem of discussing how the results might be used, putting ideas to the evaluator rather than the other way round
- they are asked to share the work of disseminating the results (e.g. by going to another unit to talk about them – the Cartmel NDU networking chart (see Fig. 4.9, on page 77) shows how wide such dissemination can be).

Of course, though, the most certain way to ensure that evaluation leads to action is to choose a problem that matters deeply to the team.

Specific recommendations arising from a patient satisfaction survey

- *That staff be more aware of some patients' need for privacy, and make more use of curtains and screens where possible.*
- *That work on clearer directions to the day ward be carried out. That a long-term solution for patients' confusion between day ward and day hospital be sought.*
- *That staff examine ways to improve communication between endoscopy suite and recovery area staff regarding sedation, complications of procedure, patient characteristics, etc.*
- *To further examine the information needs for the following patients:*
  - *venesection patients*
  - *bone marrow aspiration patients*
  - *blood transfusion patients*
  - *gastroscopy patients.*
- *That ward schedules be examined to allow the ward to be staffed on Friday afternoons.*[98]

Activity: Evaluation into action

1 If your team has conducted any evaluation in the past, discuss:

– in what ways the evaluation led to a change in practice
– in what other ways you could have turned the evaluation into action.

2 What are the lessons in this for any future evaluation by your team?

Evaluation problems

Pursuing evaluation can bring its own problems, but knowing about them in advance can help you face them.

Specifically, the team needs to watch out for:

- trying to do too much evaluation. It is time-consuming and has to be done with care if it is to yield useful results. It is better to start with too little and build up gradually
- coping with answers you do not want. While we all may say that we are openly seeking for knowledge through evaluation, there are still some results that we do not want. Facing these can be difficult. For example, how would your team react if:
  - they found that a treatment they had great faith in was ineffective or unacceptable to users?
  - an 'improvement' which they had enthusiastically made to the unit routines led to worse patient care?
- complacency with positive outcomes. If your evaluation keeps telling you that you are doing a good job, it is then easy to become complacent. You may then:
  - cease to try out new methods
  - become less searching in the questions you ask about your methods.

Research

So far this section has looked at evaluation. Most of the evaluation and research activity within the majority of NDUs will be evaluation. Research, the acquisition of *new* knowledge, rather than knowledge *new* to the NDU, will be a less frequent activity, except in the cases where NDUs are moving towards being research units.

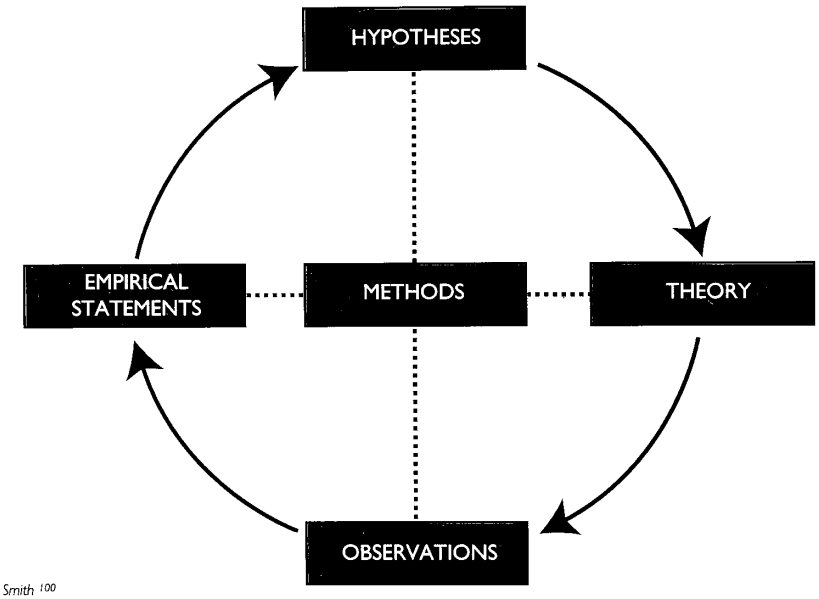
The aim of research is to arrive at generalised statements which can guide future patient care or help make sense of phenomena. These generalised statements are called theory.

Wallace[99] suggests that there are five components to research:

- the methods you use
- observations
- empirical generalisations (i.e. what seems to be true from your observations)
- hypotheses (i.e. predictions you make, based on a theory)
- theories (i.e. general statements that describe, explain or make sense of reality).

However, it should be noted that in some forms of research (e.g. phenomenological research) this model hardly applies and you will need to look for other appropriate models.

The relationship between these components can be seen in Fig. 4.7. Most nursing tends to involve the four stages in Wallace's circle, but formal research makes nurses, midwives and health visitors conscious of the stages and enables them to use the stages to increase knowledge in a formal way.



Source: Smith [100]

Fig. 4.7 Wallace's model of research

Why is research needed?

Without research, nursing would never change, or if it did change, it would change randomly. Improvements in care come from trying things out, observing what works and what does not and then drawing conclusions to apply to future care.

Each NDU needs to decide what research, if any, is appropriate for it to carry out. This will depend on:

- the skills of the staff
- the interests of the staff
- the care being given and the issues that arise from that
- what research is being done elsewhere – the Project Registers System (PRS) available through the regional offices of the NHS Executive, is one source of such information.

How one NDU decides research priorities

Research priorities are decided by nursing staff in consultation with patients, the King's Fund project coordinator and academic advisers from institutions in the area.[101]

Activity: Your team's research strategy

This activity is designed for the team.

1 ***Split the team into small groups and ask each group to brainstorm:***
   - ***why it thinks the NDU should carry out research***
   - ***what criteria should be used to decide which research projects should be supported by the team.***

2 ***In a plenary group, discuss the various ideas and draw up a statement of research policy for the NDU.***

Examples of approaches to research in the Michael Flanagan NDU

- *Individual nurses doing master's degrees.*
- *Commissioned research being undertaken by a local university.*
- *Independent (i.e. non-commissioned) research by staff at a local university.*
- *Case studies for the Department of Health.*
- *Annual review.*[102]

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.14 Communication

In this guide, 'communication' is used to refer to the day-to-day exchange of information arising from running the unit. 'Dissemination' (as in the next subsection) is used to refer to communicating the results of the unit's work.

Sending and receiving messages

Communicating with those outside the team has been looked at under marketing (section 4.5). This section looks at communicating within the team.

Communicating is about getting messages across to other people. There are many complex models for this, but essentially the stages are represented in Fig. 4.8. The steps are:

The message

- decide what you wish to achieve – your objective
- decide what you need to say – the message.

The medium

- decide on the method you will use. For example:
  - a casual chat
  - a formal one-to-one meeting

- a group meeting
- a telephone call
- a rough note
- a memo
- a formal paper
- a letter
- a notice

- compose and send the message.

The reception

The 'reception' is how the recipient interprets what she or he hears. For example, you were talking about more effective patient care, but the recipient heard 'So, I'll lose my job as soon as I have helped with this lot of changes'.

Feedback

The feedback tells you how you know whether your message has been received and understood. To find out what message the recipient has heard, you can:

- ask questions, e.g.
  - so, how do you think you can help with this?
  - what problems do you see with this?
- listen to the reaction, e.g.
  - does the receiver show interest?
  - does the receiver show understanding?
- observe body language, e.g.
  - does the receiver look involved?
  - does the receiver look hostile?

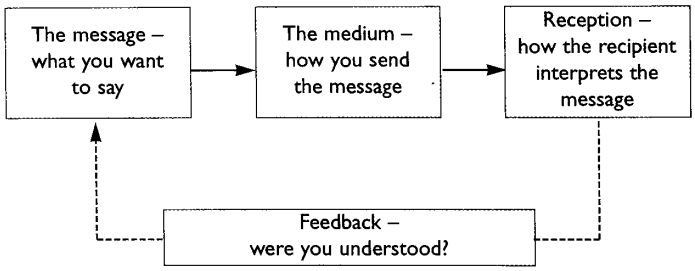


Fig. 4.8 Sending and receiving a message

Communication in the team

The model above suggests that you can monitor and develop your team's communication by asking:

- do we initiate the right messages?
- do we compose those messages clearly?
- do we choose the right media?
- do we check the recipients' understanding?

Activity: Communication

This activity is designed for the team leader. It could also be carried out by any other member of the team.

1 ***Think of ten or so messages that you have needed to communicate over the last month or so. Include as wide a range of types as possible, e.g.:***

- ***non-critical user information***
- ***staff performance review***
- ***a communication to the organisation's management***
- ***protocols.***

2 ***For each one, note:***

- ***the communication method you used***
- ***how you checked on the recipient's understanding of the message and consider:***
- ***how effective the overall communication process was.***

3 ***Then rate your communication practice on the following scales:***

Composition of the message

❑ *Always clear* ❑ *Sometimes clear* ❑ *Often unclear*

Choice of communication method

❑ *Always appropriate* ❑ *Sometimes appropriate* ❑ *Often inappropriate*

Checking of understanding

❑ *Always checked* ❑ *Sometimes checked* ❑ *Rarely checked*

Communication with users

The ideas discussed in relation to team communication can equally be applied to communication with users but particular attention needs to be paid to language, which can contain jargon, and assurance that all team members are in agreement about the message content.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.15 Dissemination

In this guide, 'dissemination' is used to refer to communicating the results of the unit's work. 'Communication' (as in the previous subsection) is used to refer to the day-to-day exchange of information arising from running the unit.

The need for dissemination

You have looked at the need to meet the expectations of your stakeholders and the need for marketing. Dissemination – telling the world about what you have done – is one way of meeting stakeholders' expectations and of marketing your NDU.

Dissemination is needed for a variety of reasons, including:

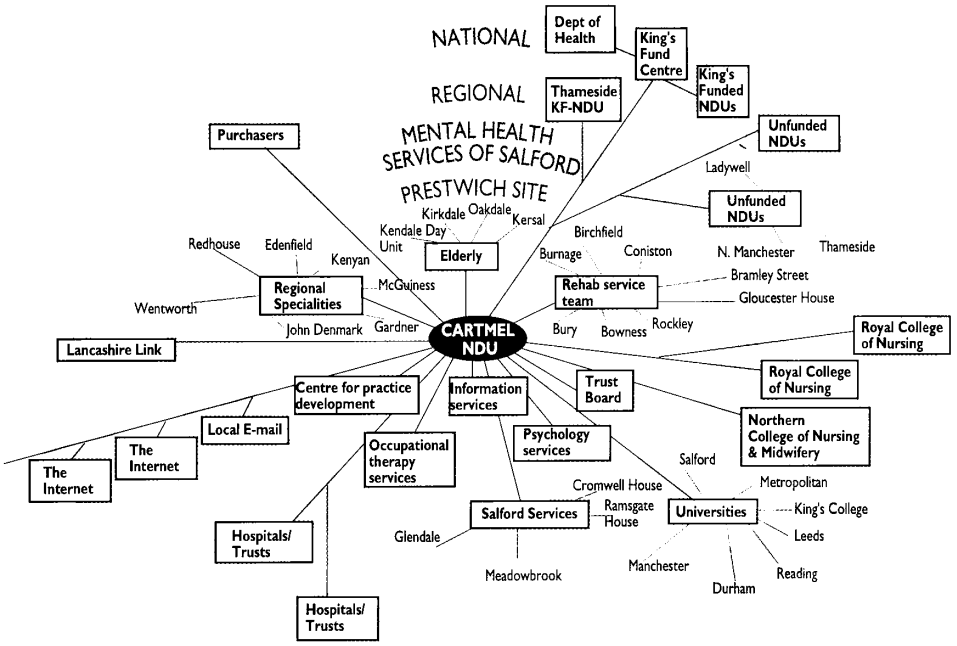
- the need to have your work understood so as to gain support for future work
- the need to submit your work to outside peer review
- the need to acknowledge the work of your team and those who have supported your team
- your obligation to share your knowledge so as to promote its widest possible application in patient care.

Dissemination audiences

Your dissemination audience – or audiences, since different groups have different needs – have probably been identified when you looked at stakeholders.

The communication targets for Glenfield NDU

- *Nurses*
  - *within the NDU*
  - *within the Cardiology Unit*
  - *within the Glenfield Hospital Trust*
  - *within Leicestershire and nationally.*
- *Multidisciplinary team*
  - *doctors (senior, junior)*
  - *radiographers*
  - *technicians*
  - *physiotherapist*
  - *social worker*
  - *pharmacist*
  - *occupational therapist*
  - *dietician.*
- *Managers*
  - *speciality board*
  - *directors and chief executive*
  - *quality assurance board*
  - *medical assurance board.*
- *Patients and their relatives/carers.*
- *Purchasers*
  - *GPs*
  - *LHA*
  - *other health authorities.*
- *Other potentially interested groups*
  - *colleges*
  - *community health councils*
  - *other hospitals.*[103]



Source: Cartmel NDU[104]

Fig. 4.9 The network of contacts for Cartmel NDU

Methods

A range of methods are available. These include:

- open days
- workshops
- publications (including audios and videos)
- media
- conferences
- networks
- student teaching
- responding to enquiries
- following up requests for help in journals
- inviting visits.

In choosing your range of methods, you need to think carefully about just how much dissemination you can do so that you get the most out of each activity. To do this:

- look for the dissemination opportunities in work that you are committed to doing, irrespective of planned dissemination (e.g. if you have to attend a conference for your personal updating, you could use it for dissemination as well)
- look for dissemination methods that meet the needs of as many stakeholders as possible (e.g. if you commit yourself to an open day you could invite a wide range of stakeholders to that one event).

Also, while it does not reduce the total dissemination load, sharing the dissemination throughout the team does help the clinical leader and meets your need for team-building.

Examples of dissemination at Michael Flanagan NDU

- *Journal articles*
- *Newsletter for all hospital staff and other ndus*
- *Annual report*
- *A network of local meetings*
- *Ward managers' meetings*
- *Advisory group meetings*
- *Attending conferences*
- *The NDUs network and the King's Fund Nursing Developments Network*
- *Talking to visitors*
- *Correspondence*
- *Visiting other units.*[105]

Activity: Planning a dissemination strategy

Stage 1: the needs matrix

1 Draw up a list of the key messages that you wish to disseminate from your last year's work. Put these items along the top of a matrix as in the table below.

2 Put your stakeholders down the left-hand side of the matrix.

3 Now tick inside the boxes to indicate which stakeholders need which items. You might want to use a scale such as:

✓ = of some interest

✓✓ = of considerable interest

✓✓✓ = of critical interest.

Your format should look something like this:

Stakeholders	Message 1	Message 2	Message 3 ...
Trust board	☑	☑✓	☐
Other units	☐	☑	☑
Users	☐	☑	☐

Stage 2: methods selection

4 For each method in the dissemination methods list above, decide how many of the messages it would cover. Note your counts as below.

Method	*Three-tick messages*	*Two-tick messages*	*One-tick messages*	*Total*
Open days	4 x 3 ticks	2 x 2 ticks	1 tick	
Workshops	2 x 3 ticks			
Publications	5 x 3 ticks			
Conferences	1 x 3 ticks			
Student teaching	1 x 3 ticks			
Responding to enquiries	1 x 3 ticks			
Inviting visits	2 x 3 ticks			

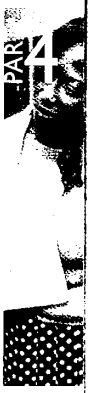
(cont'd)

Activity: Planning a dissemination strategy *cont'd*

5 ***To find the totals, you count the total ticks for each method. So, in the example above, Open days has 4 lots of 3 ticks, 2 lots of 2 ticks and 1 lot of 1 tick; a total of 17 ticks.***

6 ***The method with the most ticks is the one that will give you the best overall dissemination if you use only one method.***

Almost certainly, this activity will reveal that you could usefully use many methods, but through prioritising you will be better placed to be realistic about how much you can do.



Other languages

Where necessary, you will need to consider how information will be provided to people whose first language is not English.

Formal translation can be very expensive but contact with local groups may overcome this problem.

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

4.16 Quality-assured practice

What is quality assurance?

The need for quality assurance – an in-patient NDU's experience

The need to measure outcomes is twofold. First, there is a need to assure quality outcomes from a broad perspective in order to evaluate the effect of the service on the patient's health as a whole. Second, there is a requirement to determine which, if any, aspects of health outcomes are sensitive to 'nursing'. The urgent imperative for this assessment within the unit is to determine whether links can be made between particular patient groups, nursing therapy and patient outcomes in order to refine the criteria for selection of patients to the unit[106]

'Quality assurance is broadly the prevention of quality problems through planned and systematic activities ...'[107] It involves two main steps:

- knowing what should be done (i.e. using proven methods)
- monitoring what has been done (i.e. finding out what the result was).

From this it can be seen that quality assurance is already implicit in good nursing practice so the issue for an NDU is how to make quality assurance explicit. One NDU (see box overleaf) did this by drawing up a list of indicators of good practice.

Some examples of indicators used by one NDU

- *There is evidence of a quality strategy for The Foundation which assists nurses to integrate quality-assurance methods as a contributory factor in developing mental health nursing practices.*
- *There is evidence that nurses are involved in setting, monitoring and evaluating clinical standards.*
- *Nurses will be supported and trained to be active within the clinical audit process.*
- *There is evidence that nurses consider and include appropriate quality standards, outcomes and methods as part of the care-planning process.*
- *Nursing is represented within the contractual negotiations with purchasers.*
- *Examples of user involvement can clearly be identified at all levels of planning and care development within nursing practice.*
- *There is evidence of a quality-assurance protocol which clearly identifies nursing involvement.*
- *There is evidence of a protocol which clearly addresses what the users need and which recognises the users' voices*[108]

Quality assurance in nursing

Manley summarises the meaning of quality assurance in nursing as '[the] process involves converting values and beliefs into explicit standards, then measuring, monitoring, maintaining and reviewing these standards'.[109] You have looked at the conversion of your vision to standards in section 4.3; formal quality assurance just builds on that work as below.

Quality-assurance methods

Quality assurance essentially involves:

- setting standards
- checking performance against those standards
- taking action when performance falls below the standards.

Standards can be defined in various ways, including:

- benchmarks
- protocols
- standards
- policies.

It helps if you can use prevalidated tools and standards since (a) it saves the team work and (b) you then know that you are working to standards that are accepted by others.

Any one unit may well use all of these methods for different purposes.

Benchmarking is relatively new to health care. It consists of:

- locating centres that are acknowledged as demonstrating best practice
- identifying what standards those centres work to
- measuring your unit's work against those standards.

One NDU's approach to benchmarking is described in the panel opposite.

Benchmarking in action

The approach to benchmarking involved three main stages: planning, analysis and action, as follows.

Planning

Select the subject area to benchmark
Define the process
Identify potential benchmarking partners
Determine the data required.

Analysis

Collect the data and select the benchmarking partners
Determine the performance gap
Establish any differences in process.

Target future performance

Communicate the benchmark findings and gain acceptance
Adjust targets and develop your plan
Implement the plan
Review progress and calibrate.[110]

Activity: Quality assurance in your NDU

Quality assurance in nursing is primarily about answering the questions:

- ***what standards does your unit work to?***
- ***how do you know that those standards are good practice?***
- ***how do you measure the performance of your unit against those standards?***
- ***what is the system for action when performance falls below the standards?***

1 What would the answers be for the practices in your unit?

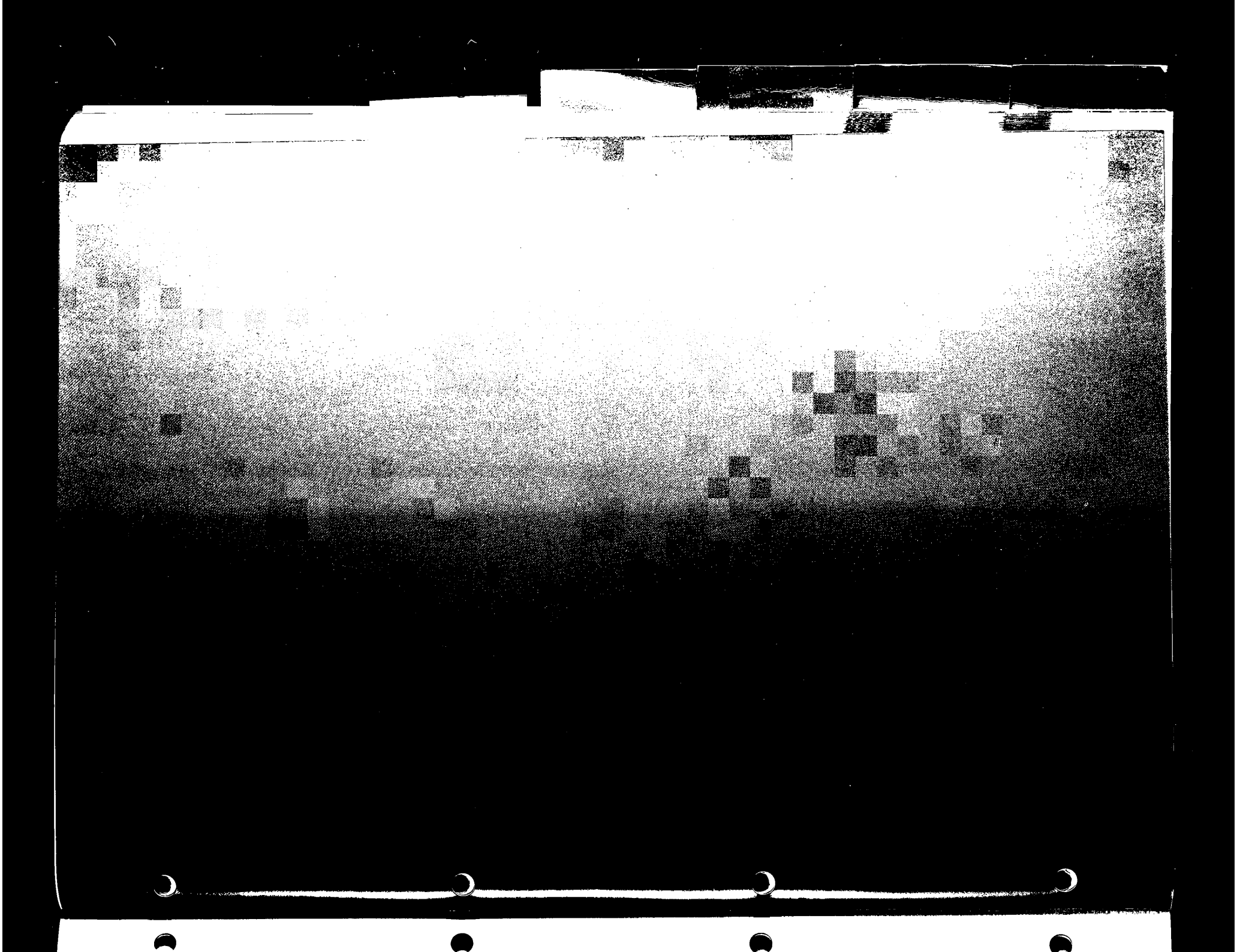
2 Do these answers suggest that you have an adequate quality-assurance system?

3 If not, what do you need to do to create such a system?

Go to Part 2. Use the team self-assessment to choose your next topic to work on.

PART

RESOURCES



5 RESOURCES

What resources does an NDU need?

A survey of NDUs showed that they typically need the following resources:

- leadership
- dedicated time for development
- dedicated time for group development
- someone with knowledge and expertise in research methods
- secretarial and administrative support
- space for development work, study and storage of resources
- computing skills and equipment, and someone to teach the skills
- access to a major library and associated facilities
- access to suitable accommodation to hold seminars and study days
- interest and support from outside the unit.[111]

On average, the NDU King's Fund grants in 1992/93 were spent as follows:[112]

- research and evaluation 47%
- replacement time 22%
- secretarial and administration 12%
- staff development 9%
- information technology 7%
- other 3%

(Figures rounded to nearest whole number.)

Your NDU's needs

Whatever the NDU's needs, though, your assessment should take stock of the resources available to the unit.

People and other support

Throughout this guide, various suggestions have been made about who might support your unit, how to choose your supporters, and how to develop a productive relationship with them. To recap, some possible supporters include:

- other units in your organisation
- specialist supporters in your organisation
- managers in your organisation
- other NDUs
- local health organisations (e.g. community health councils)
- local voluntary organisations
- regional networks
- universities
- national networks.

6 REFERENCES & NOTES
7 FURTHER READING

Obtaining money

NDUs have raised money in a variety of ways, including:

- sponsorship
- open days
- speaking at conferences
- offering consultancy
- selling publications
- running conferences and study days
- specific money-raising events
- central government initiatives, e.g. the junior doctor initiative
- purchasers' development funds
- grants
- the trust, to meet organisational objectives.

Activity

This activity is ideal as a delegated task for a small group within the team.

1. ***Develop a brainstorm list of ideas for ways in which the team could access money.***
2. ***Evaluate the ideas in terms of their feasibility and how much money they might raise.***
3. ***Produce a list of priority methods to present at the next team meeting for further discussion.***

Other non-money resources

Sometimes NDUs have obtained the resources they need without payment. Methods have included:

- borrowing equipment
- obtaining equipment through donations
- trading resources, e.g. a university researcher provides expertise in exchange for someone in the unit giving a lecture at the university
- pooling resources (e.g. two or more NDUs working together on a piece of research, each gaining access to the other's data and expertise).

Publications

You will find it useful to have access to good library facilities, including computerised literature searching – this is invaluable for knowledge-based practice. Many nurses are now joining the Internet as a means of sharing information.

PART

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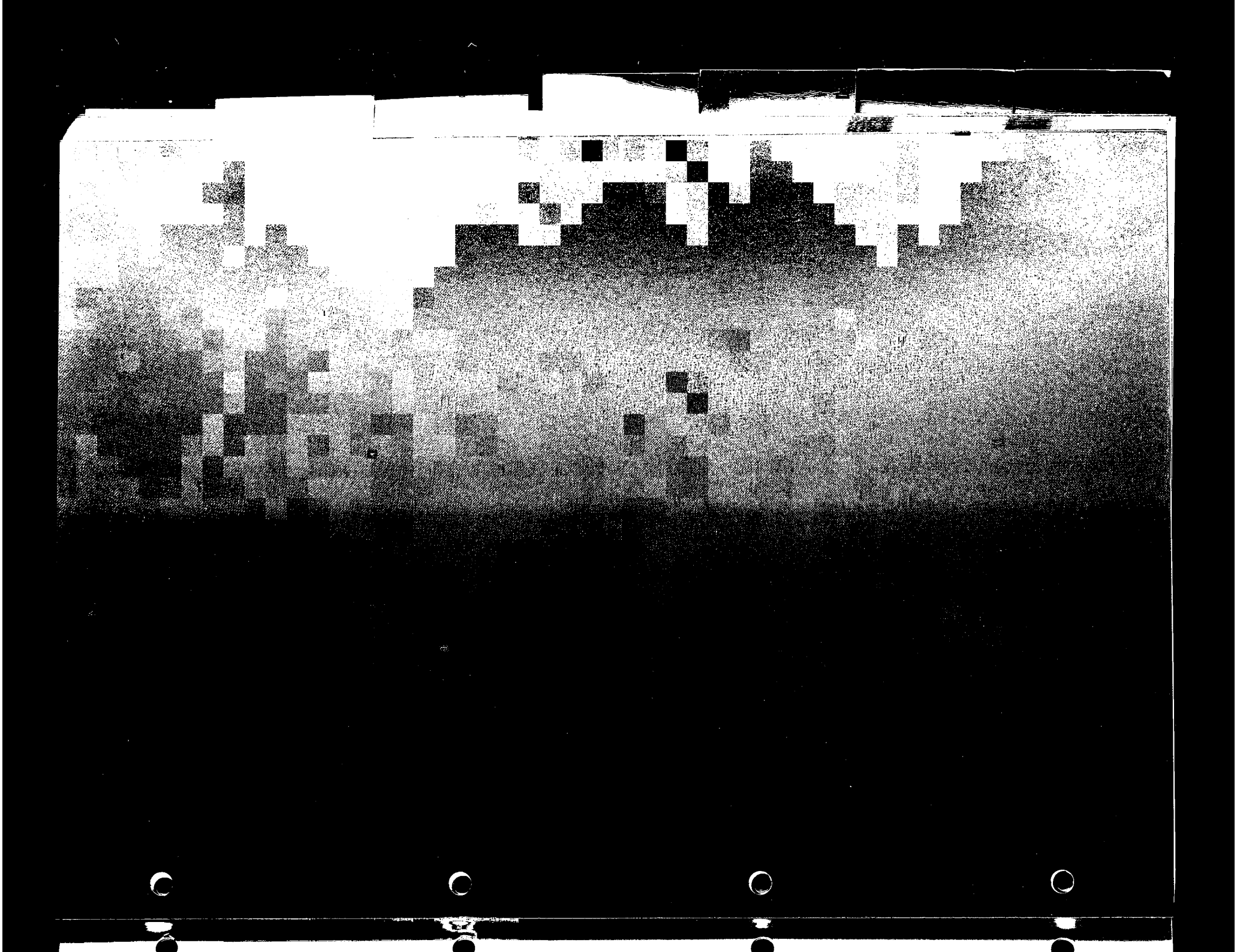

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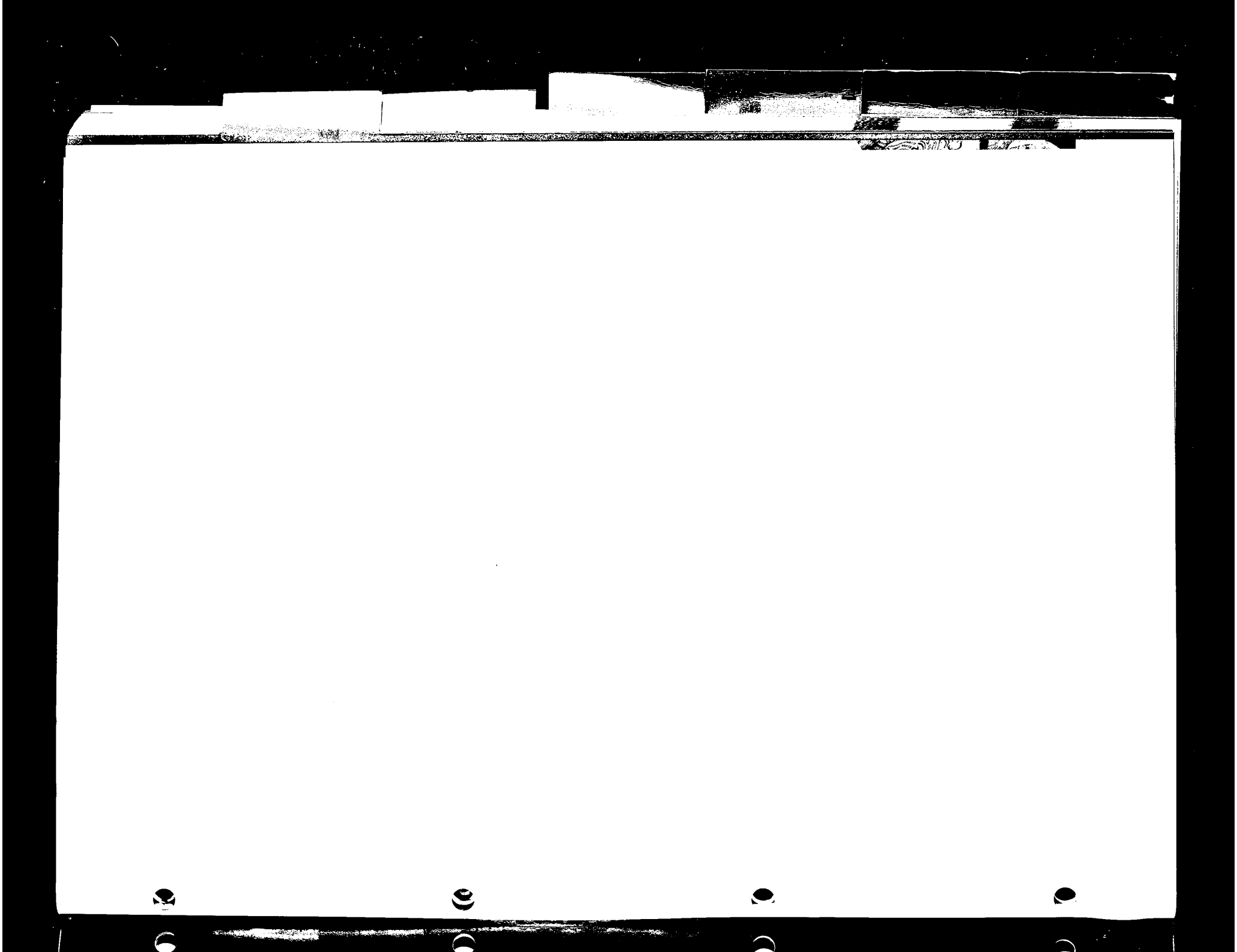
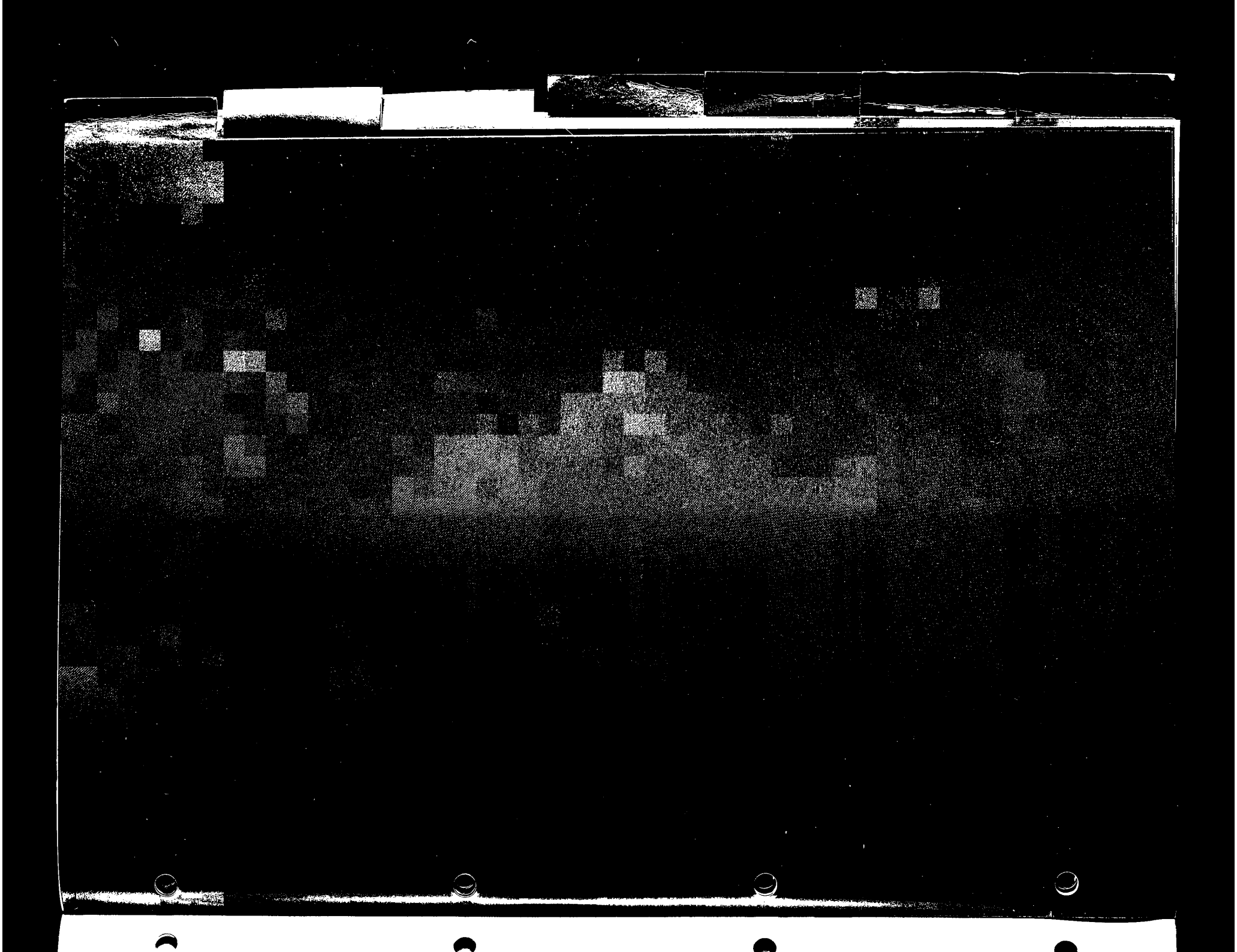


PART

FURTHER READING



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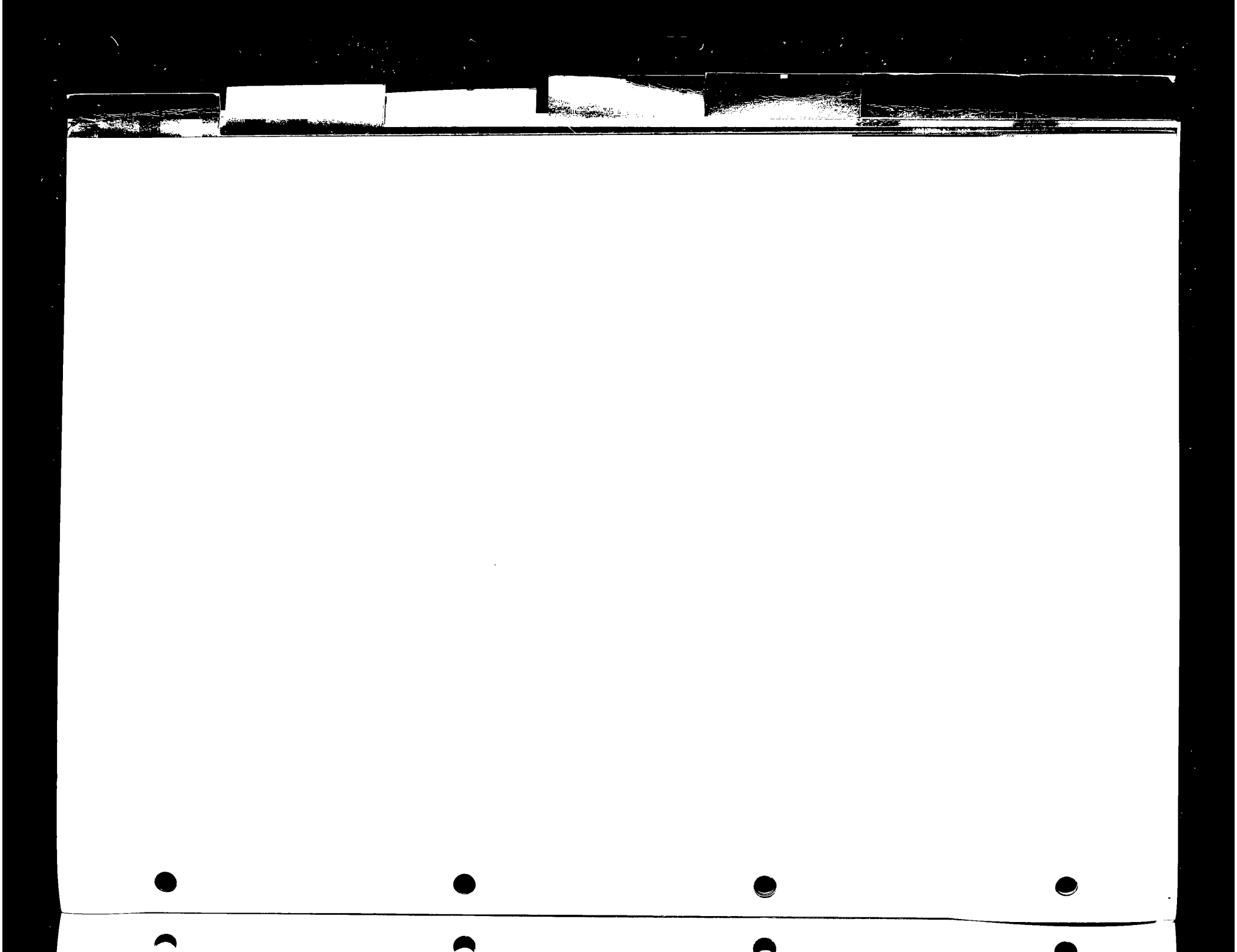

Nursing Developments Network

King's Fund

The Nursing Developments Network (NDN) was established at the King's Fund Development Centre in response to increasing demand from nurses, midwives and health visitors.

The NDN facilitates the dissemination of ideas and the sharing of experiences in relation to the development of nursing, midwifery and health visiting practice within the UK and potentially within Europe.

Membership is open to both clinical units and individuals and offers:

- accurate and up-to-date information on practice initiatives both locally and nationally
- a quarterly newsletter
- access to the Network database
- access to a network of clinical leaders of existing Nursing Development Units
- facilitation of education and development through workshops, seminars and conferences based on identified areas of need/interest
- promotion of collaborative activities, for example, exchanges and role swaps.

Subscription to the Nursing Developments Network costs £10.00 per year for individual membership and £25.00 per year for unit membership.

For details of how to join the Nursing Developments Network and an application form, please contact:

Yvette Kirnon
Nursing Developments Programme
King's Fund
11–13 Cavendish Square
London
W1M 0AN

Tel: 0171 307 2648
Fax: 0171 307 2810 (or 2801)

Order Form

A number of briefing publications have been completed describing work from NDUs. The publications offer guidelines on how to take various aspects of nursing practice forward. A copy of each Executive Summary of these books is available free. If you would like a copy please tick below.

	Copy of Executive Summary
Clinical Supervision in Practice	_____
Interface between Research and Practice	_____
Our Own Capabilities – Clinical nurse managers taking a strategic approach to service improvement	_____
We Thought We Knew ... Involving patients in nursing practice	_____
Ethics (working title)	_____

If you would like more than 10 copies there will be a charge. Please contact Liz Tevlin – see below.

Name .....

Address .....

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Fax .....

Please complete and return your order form to:

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King's Fund
11–13 Cavendish Square
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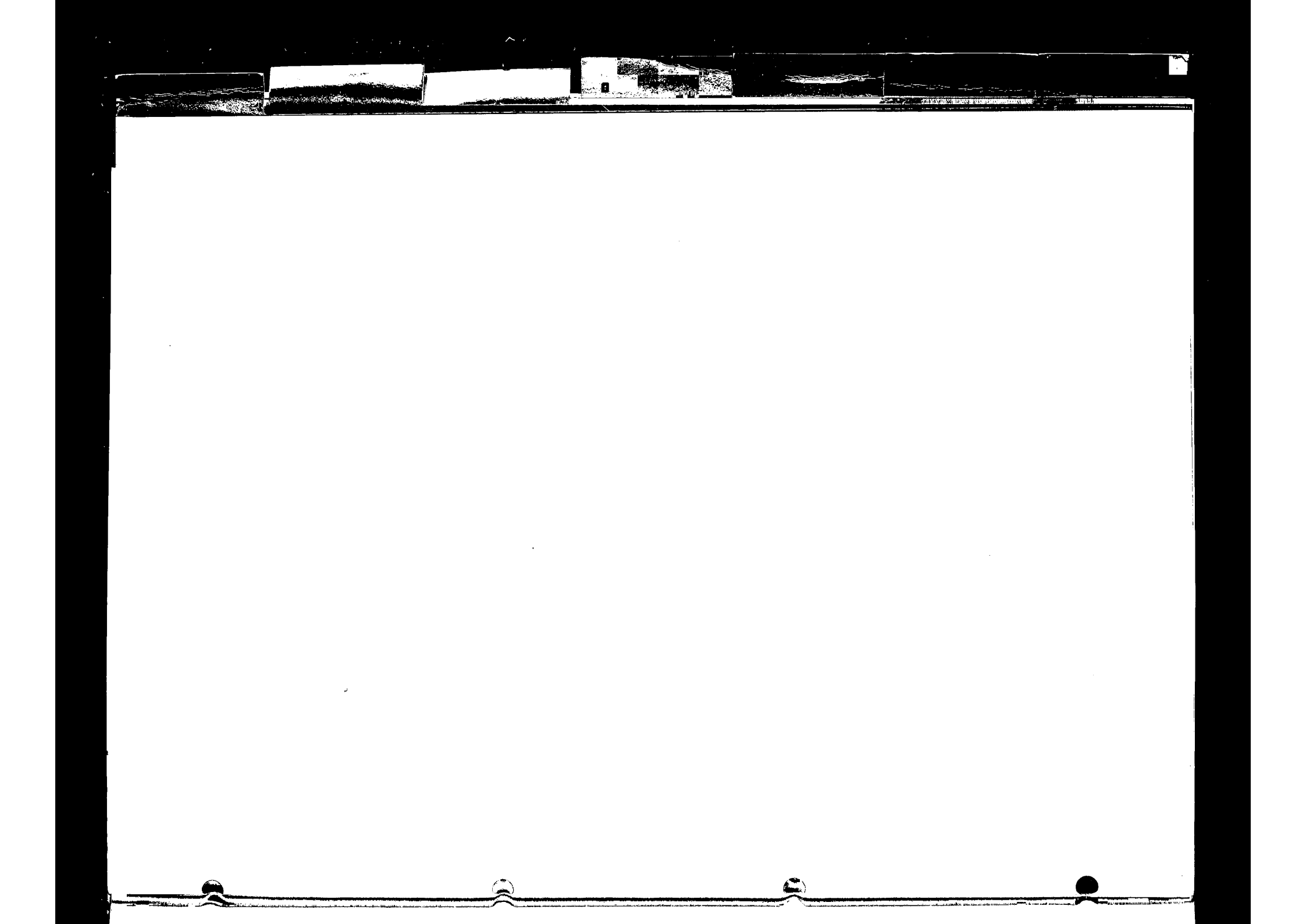

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