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# Effective Practitioner Funded Projects 2013-14 Evaluation

## Final Report

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## Executive summary

The Effective Practitioner (EP) initiative was launched by NHS Education for Scotland (NES) in June 2011. In 2013/2014 NES funded 34 projects for Nursing, Midwifery and Allied Health Professional (NMAHP) staff with the focus on using the EP resource to impact positively upon staff, service users and/ or service delivery. In order to evaluate whether or not the funded projects met their intended aims and objectives NES commissioned an independent reviewer to conduct a meta-evaluation of them. The aims of the review were to evaluate the short and medium term impact of the EP funded projects; the use of the EP resource; and the supporting infrastructure.

A comprehensive range of data sources were used in the evaluation: reports from the Project Leads, Practice Educators and Practice Education Leads; Google Analytics; and delegate feedback from the EP National Event in 2014. The majority of these data was collected by the NES team and supplied to the reviewer. The reviewer also contacted all the Project Leads to explore the medium term impact of their projects. To enable the systematic extraction of consistent qualitative and quantitative datasets data extraction templates were created and piloted by the researcher. Quantitative data from Google analytics were analysed for the time period from April 2013 to December 2014.

The project leads were from a wide range of NMAHP staff from nine of Scotland's Health Boards across a variety of practice settings, e.g. Mental Health, Cardiovascular, Neurology, Learning Disabilities, and frail Older Adult Care. Project topics areas encompassed the Quality Ambitions of Safe, Effective and Person Centeredness, including: leadership; quality improvement; health and social care integration; enhanced patient centred care and experience; service users and carers; and self-management. Good use was made of a broad selection of the EP resources consistent with the specific objectives of the project.

There were many different project outputs, the most common (n=14) being training sessions or workshops. Some specific 'products' were developed as the result of some projects, such as: delirium cards; self-management resources; and an activity resource directory.

The short term impact reported by the project leads included: increased staff confidence in evidencing practice; enhanced interprofessional communication and team working; increased knowledge and skills in psychological therapies; development of care pathways; development of training materials; enhanced person centred care and self-management; and service improvements.

In the medium term (9 months post project) the majority of projects appeared to demonstrate service delivery improvements and service user satisfaction. Of note, work from one of the projects was used in a health economic evaluation; another led to improved service user feedback mechanisms being put in place; and one led to efficiency savings due to fewer 'wasted' appointments occurring in the service.

Projects demonstrating organisational level impact reported factors such as: the development of a new Health Board policy; sharing of practice across different Health Board areas; service users' views being heard and represented; service improvements for Learning Disabilities; improved referral pathways; faster access to assessment and treatment; enhanced effectiveness of the Learning Disabilities User Reference Group across Health Boards; and the creation of a Scotland wide Learning Disabilities service directory. One of the projects was showcased to the Health Board's Chief Executive and the Member of Scottish Parliament (MSP) for Health. These commendable successes should be capitalised upon as case studies and used for promoting the EP resource amongst current and future stakeholders.

## Contents

# 1 Background

The Effective Practitioner (EP) initiative was launched by NHS Education for Scotland (NES) in June 2011. The resource is web based and provides a range of work-based learning activities and resources, primarily, for Career Framework Levels 5 and 6 Nurses, Midwives and Allied Health Professionals (NMAHP).

During 2011/2012 a range of EP awareness-raising activities took place across Health Boards to introduce the resource to as many practitioners as possible. Then in 2012/ 2013 NES funded five Health Boards to undertake 13 focussed projects, using the EP resource, which were supported and evaluated from a company external to the Health Boards.

In 2013/ 2014 a further 34 projects were funded with the focus of these projects being on using the EP resource to impact positively upon staff, service users and/ or service delivery. In order to evaluate whether or not the funded projects met their intended aims and objectives NES commissioned an independent reviewer to conduct a meta-evaluation of the funded projects and the supporting infrastructure.

All projects had the support from current Health Board infrastructure, i.e. Nursing and Midwifery Practice Educators (PEs) and AHP Practice Education Leads (PELs). Additionally, an external consultancy supported the 2012/2013 projects and two NES bank staff supported the 2013/14 projects.

# 2 Reviewer

The reviewer was independent from NES and did not have any involvement in setting up or supporting the EP funded projects. The reviewer has extensive experience working within higher education and research environments, and was very familiar with the EP resource having previously completed an independent review in 2014 of all the EP learning materials and activities.

# 3 Aims & objectives

The aims of the evaluation were to evaluate the short and medium term impact of the EP resource; the use of the EP resource; and the supporting infrastructure.

## 3.1 Objectives

The following objectives were set at the outset of the evaluation by the NES team:

1. Review current data of all EP projects that were undertaken in 2013/2014.
2. Summarise the extent to which EP is impacting on practice, both short and medium term.
3. Review PE quarterly and PEL tri-annual reports.
4. Summarise the approaches taken to embedding and sustaining EP.
5. Use the findings to make recommendations for improving the web resource and the supporting infrastructure.

# 4 Methodology

Five key sources of data were used in the evaluation; the types and purposes of which are outlined in Table 1. The majority of these data was collected by the NES team and supplied to the reviewer.

The methods of data analysis and synthesised results for each of the five sources of data are described in the following sections.

*Table 1: Data sources, type(s) and purpose*

| Purpose | Data source(s) | Type(s) of data |
|---|---|---|
| 1. Evaluate short term impact of funded projects, use of EP resource, barriers/ facilitators to undertaking project | Project leads' activity & reflection logs/ final reports/ presentations* | Quantitative & qualitative |
| 2. Evaluate medium term impact of funded projects (9 months post project end) | Tables of information completed by project leads† | Quantitative & qualitative |
| 3. Evaluate EP support infrastructure, activity and engagement within Health Boards | PE quarterly/ PEL tri-annual reports* | Quantitative & qualitative |
| 4. Evaluate EP website user activity over the time period of the funded projects and up to 9 months post completion | Google analytics* | Quantitative |
| 5. Evaluate national conference attendees' views as to how EP resource could be further embedded into practice | Data from national event* | Qualitative |

* Collected and provided by NES team; † Collected by reviewer

# 5 Evaluation of short term impact of funded projects

## 5.1 Methods

For the purposes of this review the results from 23 funded projects were evaluated. In order to do this templates were created in Microsoft Excel to enable the systematic extraction of consistent datasets from the funded project final reports, action and reflection logs and presentations. The templates were piloted with a sample of reports, discussed with the NES team, and adjusted accordingly to ensure that they were fit for purpose.

The following descriptive and quantitative data were extracted and analysed from the funded projects' reports and presentations: Health Board; profession of project lead; project topic areas; project outputs; EP resources used to support project; learning outcomes set and whether or not these were achieved (Appendix 1).

The following qualitative data extracted from the funded projects were themed and summarised: short term impact of projects; key learning points; challenges in conducting the projects; and recommendations for improving the EP Website (Appendix 2).

## 5.2 Results

### 5.2.1 Demographics

The project leads comprised 11 Nurses; four Occupational Therapists (OT); two Physiotherapists; AHPs; two Midwives; one Podiatrist and three unspecified NMAHPs from nine Scottish Health Boards (Table 2). The recipients of the funded projects comprised Band 5 staff in three projects; Bands 5/6 staff in four; Band 6 in three; Bands 6/7 in two of the projects; and were not explicitly stated in the remaining 11 project reports.

*Table 2: Health Boards, number of projects & project lead professions*

| Health Board | No. of projects | Professions of project lead |
|---|---|---|
| NHS Ayrshire & Arran | 3 | Nursing, OT, 1 NMAHP |
| NHS Fife | 4 | 2 Nursing, Midwifery, OT |
| NHS Forth Valley | 2 | 2 Nursing |
| NHS Greater Glasgow & Clyde | 2 | Nursing, Podiatry |
| NHS Highland | 2 | 2 NMAHP |
| NHS Lanarkshire | 2 | 2 Nursing |
| NHS Lothian | 2 | 2 Nursing |
| NHS Tayside | 4 | Midwifery, OT, 2 Physiotherapy |
| NHS Western Isles | 2 | Nursing, OT |

### 5.2.2 Project topic areas & practice settings

A broad range of topics areas were addressed across the projects, contributing towards the Quality Ambitions of Safe, Effective and Person Centeredness. These topics included: team and staff role or workforce development; team working; clinical supervision; mentor training; staff engagement with EP; leadership; research; quality improvement; improved clinical practice; training programme development; communication strategies; health and social care integration; enhanced patient centred care and experience; service users and carers; and self-management.

Several of the projects took place in specific practice settings including: paediatrics; frail older adult; mental health; cardiovascular; neurorehabilitation; Midwifery; Intensive Care; musculoskeletal out-patients; and learning disabilities.

### 5.2.3 Project outputs

In addition to there being a broad range of topic areas for the projects, there were many different project outputs. The most common output (n=14) was some form of training session or workshop, in either group or individual formats, which ranged from a couple of hours to two days in length. Some of these included computer use or video conferencing in their delivery. Four of the projects developed and/ or distributed questionnaires for scoping and evaluation purposes. Some specific 'products' were developed as the result of some projects, such as: delirium cards; self-management resources; an activity resource directory for patients; and a clinical placement.

### 5.2.4 EP resources used in projects

The majority of project leads outlined the key EP resources that they accessed during their projects. These included resources to assist them in conducting their projects, such as: self-assessment tools;

Plan, Do, Study, Act (PDSA); reflective activity log; Gantt chart; planning a project; questionnaire design; and writing an evaluation report. Other resources accessed related to leadership, such as: leadership questionnaire and styles; leadership and management; change management; equality and diversity; and quality improvement tools. Patient centred resources included: 'a different way of knowing' – patient stories; engaging patients; 'getting to know me'; care measures; and self-management. Further resources accessed related to: research methods; literature searching; data analysis; evidence into practice; facilitation of learning; learning in the workplace; and the 'teach back' resource.

### 5.2.5 Achievement of learning objectives

In general project leads did not write explicitly measureable objectives; therefore, it was not clear in some instances whether or not they had been met. It appeared that project objectives were met for 14 of the projects and it was unclear for the remaining nine; this lack of clarity was primarily due to the wording of the objectives and did not mean ultimately that the project objectives were not met.

### 5.2.6 Short term Impact of projects

All of the project leads described the positive impact that the projects had for patients and staff, including: increased staff confidence in evidencing practice; development of interprofessional communication tools; increased knowledge and skills in psychological therapies; enhanced team working; development of care pathways; ongoing staff training programmes; development of training materials; enhanced person centred care; service improvements; savings in time/ money due to more efficiently run clinics; and enhanced patient self-management.

### 5.2.7 Key learning points

The project leads described a range of knowledge and skills that were developed as a result of undertaking their projects. Interpersonal skills included: networking across and outwith the organisation; and improved multi-disciplinary team working and communication. Service delivery skills included: developing a care pathway; improving patient centeredness; designing self-management resources; and engaging service users and carers. The enhancement of skills such as literature searching, IT literacy, research, project planning, audit, reflection, using Quality Improvement (QI) tools and methodologies, and report writing were also described. Other personal improvements for project leads that were cited included increased confidence, improved leadership abilities, and enhanced motivation for personal development planning (PDP).

### 5.2.8 Challenges to undertaking projects

Many challenges were cited by the project leads, these included logistical problems, such as: obtaining suitable accommodation for group sessions; organising bank staff coverage; adverse weather conditions; accessing computers; and IT access in clinical areas. The most frequently mentioned challenge related to time, both the projects leads' and project recipients'. It was often difficult for staff to be released from the workplace to attend sessions, particularly more senior staff. Managing and keeping the project on track and to time was a challenge to many, at times due to lack of experience, but also due to sickness absence or staff rotating to different work areas. Recruiting staff to the projects and then keeping them engaged and preventing attrition was challenging, as was working cross-organisationally across health and social care. Project leads also reported challenges to trying to change participants' behaviours and dealing with unrealistic expectations.

### 5.2.9 Recommendations for EP website

On the whole the project leads and recipients found the EP website and phone application more than satisfactory. However, there were some challenges that were reported, such as: a rather busy home page; accessibility difficulties; too many links, making it complicated; duplication of resources; difficulty retrieving resources when returning to the website for subsequent visits; the focus primarily being on health more than social care; perception that some resources were at too low a level; and problems with some documents not opening.

Several suggestions for improvement were made, these included: having survey templates that can be adapted; including a site index rather than just a site map; having more resources for specific skill sets; having more colour coding in each section so that users are visually prompted when they move to another subject area; making the clinical decision making template available; and the providing more explicit guidance so as to eliminate accessibility difficulties.

# 6 Evaluation of medium term impact of funded projects

## 6.1 Methods

All the leads for the funded projects for whom details were provided (n=26) were contacted by the reviewer by e-mail to establish the medium term impact of their projects, i.e. from end of the funded project to February 2015 (nine month period post project). Project leads were asked to complete a template providing information as to how their projects had impacted upon themselves, their project recipients (whether patients, staff, students, etc.), quality of service delivery, and their organisation. They were also asked if they had disseminated their project results in other forums over and above the EP National Conference (Appendix 3).

The e-mail requests for information were sent to the project leads in January 2015 followed by two reminder e-mails over the subsequent three weeks. 18 replies were received; however, one of the project leads had moved onto a new job and another was on a secondment, meaning that 16 complete responses (62% response rate) were analysed. This relatively high response rate demonstrates the level of engagement of the project leads and their commitment to the projects.

## 6.2 Results

### 6.2.1 Personal impact - project leads

As a result of being engaged in running the project the majority of project leads reported: increased knowledge; improved skills in leadership and project management; increased confidence; and some reported career progression as a result of their funded project.

Evidence for these improvements was generally subjective and self-reported, although some reported having collected evidence from audits and feedback from patients and/or peers.

### 6.2.2 Impact on project recipients

Project recipients were a blend of staff and patients. The reported benefits and impact upon project recipients included: increased staff knowledge, team-working, partnership, decision-making, communication skills, and confidence; staff career progression from Band 5 to Band 6; and service user satisfaction as a result of service improvements, e.g. enhanced referral pathways, signposting and patient resources.

Evidence for these improvements was in the form of patient/ staff feedback, mainly via informal or anecdotal rather than formal feedback mechanisms.

### 6.2.3 Impact on quality of service delivery

The majority of projects appeared to demonstrate some degree of service delivery improvement and service user satisfaction. In the most part, the work that was started during the EP funded projects seems to have been sustained and embedded into practice. Of note, work from one of the projects has now been used in a health economic evaluation; another has led to improved service user feedback mechanisms being put in place; and one has led to efficiency savings due to fewer 'wasted' appointments occurring in the service. Although indications were provided of cost savings these were not quantified or nor were calculations provided.

### 6.2.4 Impact on organisation

Although most project leads reported some organisational level impact, the majority a) seemed to have difficulty envisioning beyond their own service and/or b) had projects that were still in their infancy; therefore, could not demonstrate organisational benefit.

Those projects that were starting to demonstrate organisational level impact reported factors such as: the development of a new Health Board policy; sharing of practice across different Health Board areas; enhanced effectiveness of Learning Disabilities User Reference Group across Health Board; service users' views being heard and represented; service improvement for Learning Disabilities; improved referral pathways; faster access to assessment and treatment; and the creation of a Scotland wide Learning Disabilities service directory. One of the projects had been showcased to the Health Board's Chief Executive and the MSP for Health.

### 6.2.5 Project dissemination

Over and above the dissemination that occurred at the EP national conference, the projects' findings and impact have been disseminated via local presentations (n=8) and national and international conferences (n=5). Additionally, one project has been published (publication not cited) and was awarded a prize for Scottish Health Award for Therapist of the Year. Other dissemination methods have been via social media and invitations to share practice with others external to the project leads' own Health Boards (n=3).

# 7 Evaluation of EP infrastructure for Nursing & Midwifery

## 7.1 Methods

Information concerning the infrastructure for the EP resource for Nursing and Midwifery staff was determined from 71 PE quarterly reports from May 2013 to September 2014, i.e. over five reporting periods. The focus of the reports was not exclusive to the EP resource and covered the full range of activities that the PEs undertook in each quarter. Most of the relevant data extracted from the reports and entered into a template was found in the sections 'knowledge Broker role and navigator to education resources' and 'professionalism, CPD, revalidation'.

## 7.2 Results

A large amount of activity occurred in the Health Boards over the reporting periods. Types of activities for promoting and embedding the EP resource included: attendance at meetings with staff,

including Associate Directors of Nursing, Senior Nurse forums, librarians, University academic staff; running awareness sessions, workshops, masterclasses and Band 6 development programmes.

Strategies to increase sustainability of the EP resource included: co-ordinating an EP Sub-Group to assist with embedding the resource; integrating the EP into Health Board Learning and Development Framework; using EP to support CPD approaches for mentors; using EP sessions to support revalidation; using cascade training; collaborating with Health Board PELs; and promoting the EP resource in Band 5 development programmes and with staff completing Flying Start.

The PEs supported staff with submitting funding bids; preparing presentations for the national conference; teaching on Clinical Update Programmes; and writing reports and journal articles. Other activities included: conducting training needs analyses and surveys of staff to determine their awareness of the EP resource; producing EP WebEx sessions; and recording audio materials for the EP mobile application. Ways in which the PEs advertised the EP resource included: EP widget on Health Board blog; newsletters; and quarterly staff bulletins.

# 8 Evaluation of EP infrastructure for AHPs

## 8.1 Methods

Information concerning the infrastructure for the EP resource for AHP staff was extracted from 49 PEL tri-annual reports from May 2013 to August 2014, i.e. over four reporting periods. Unlike the PE reports, these reports were exclusive to activities that the PELs undertook in relation to the EP resource.

## 8.2 Results

The types of activities in which the PELs engaged included: supporting staff with funded project bids and subsequent conference presentations; directing staff to the EP resource via PEL websites and newsletters; running local EP awareness raising sessions and linking into local delivery plan group meetings; running masterclasses and workshops; developing a Band 6 leadership programme around the EP resource; testing the EP mobile application; and collecting information from staff for EP stories to site on Health Board intranet. Some of these activities were conducted with the Nursing and Midwifery PEs, Health Board librarians or practice development staff.

It was noted in the reports that AHP staff found it difficult to be released from the workplace to attend workshops, particularly for Band 6 staff. Additionally, some PELs were forging commendable links between the EP and local delivery, practice development and CPD plans.

# 9 Google analytics for EP website

## 9.1 Methods

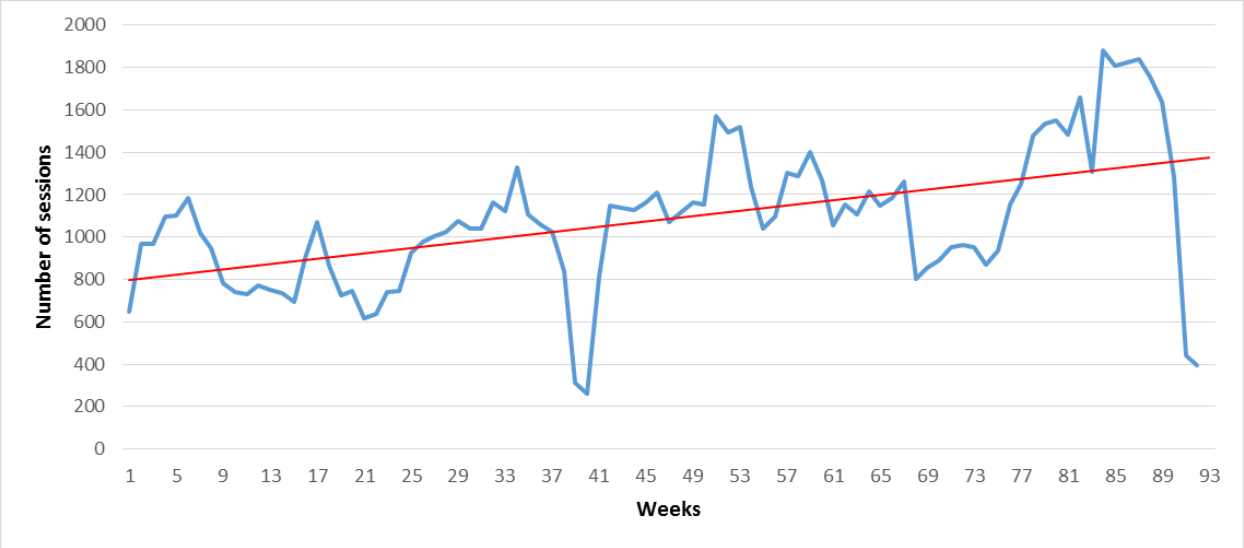
Quantitative data from Google analytics over the time period from April 2013 to December 2014 were analysed, this included: number of sessions by new and returning visitors; number of sessions by device; average number of pages per session per device type; and bounce rate[1]

[1] Bounce rate is the percentage of single page visits (or web sessions). It is the number of visits in which a person leaves your website from the landing page without browsing any further.

## 9.2 Results

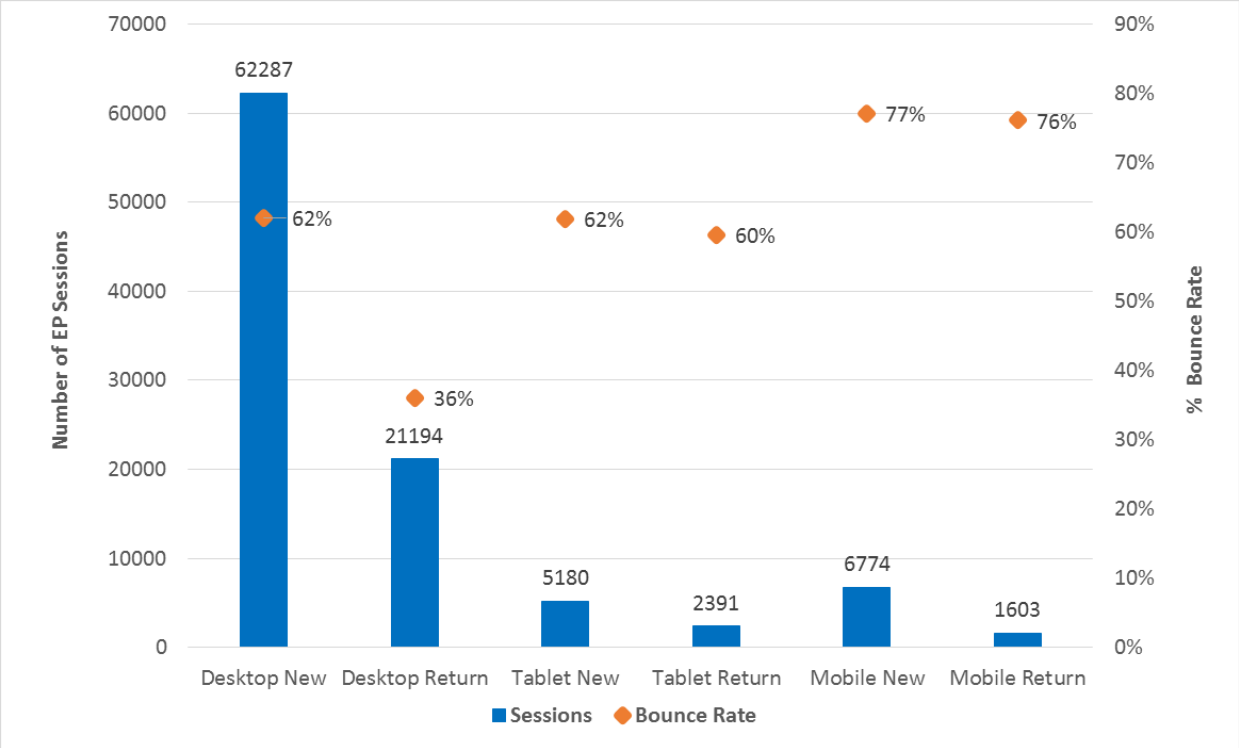
As can be seen from Figure 1, the number of EP sessions showed an upward trend over the time period, with seasonal variations; unsurprisingly there was a significant drop in activity during the Christmas period, i.e. weeks 38-40 and 90-93.

*Figure 1: Number of EP sessions from April 2013-December 2014 with trend line*



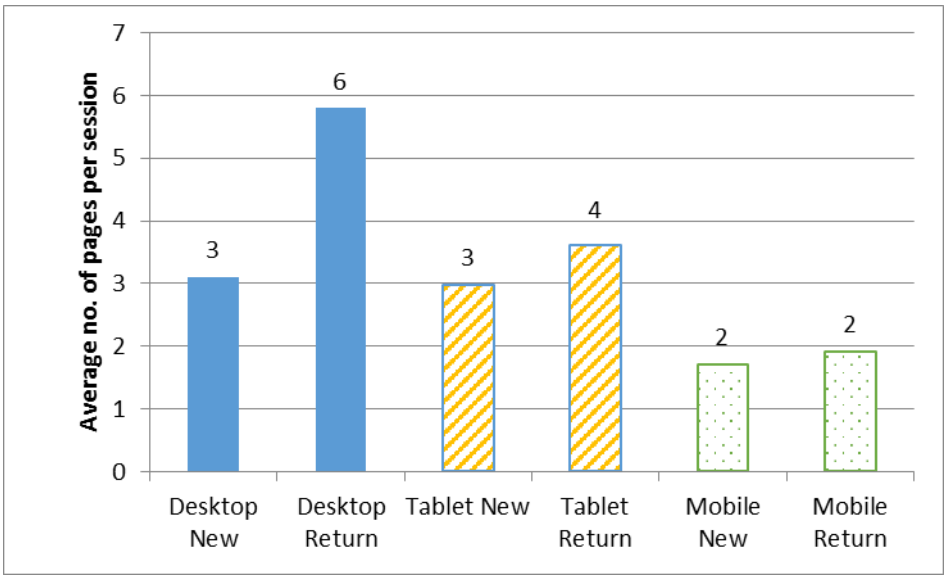

In total there were 99,429 EP sessions over this time period, with 84% being carried out on a desktop computer, 8% on a tablet computer and 8% via a mobile (Figure 2). The bounce rate was greatest for mobiles, followed by tablets, then desktop computers, and greater for new than returning visitors.

*Figure 2: Number of sessions per device, visitor type with bounce rate*



Returning visitors navigated to a greater number of pages than new visitors. In particular, desktop returning visitors accessed the the most pages per session (n=6); on average, this was three times as many as those accessing via mobiles (Figure 3).

*Figure 3: Average number of pages per session by device & visitor type (rounded to nearest whole number)*




# 10 Proposals for embedding EP into practice

## 10.1 Methods

During the EP national event in June 2014, in a session entitled 'Answers on a Postcard', participants were asked to write their responses to the question below:

> *"What can you do to ensure EP is embedded in Scotland so that there are increasing numbers of areas where practice is enhanced?*

Responses were entered verbatim into an Excel spreadsheet for analysis. These were then thematically summarised and analysed under headings related to how to increase engagement at management, staff and student practitioner levels. Within the first two levels the themes are ordered from the most to least frequently cited; however, there was good support from staff for all of the proposed factors.

## 10.2 Results

In total there were 143 responses to the question. Within each of levels respondents provided suggestions as to how this engagement and embedding the EP resource into practice might occur; these are outlined in the following sections.

### 10.2.1 Engagement at management level

1. Case studies
   1.1. Promote EP success stories/ case studies of service improvement that will be of interest to management.
   1.2. Senior managers/ Chief Executive are driven by targets, e.g. HEAT targets; Health Economics, etc., therefore, use examples from EP case studies that demonstrate tangible/ explicit cost savings and/or service improvements.
2. Staff performance development and review processes
   2.1. Embed EP resources into eKSF/ PDP; encourage staff to complete the EP self-assessment and mapping tools as part of this.

### 10.2.2 Engagement at staff level

1. Continuing Professional Development (CPD)
   1.1. Promote to staff that engagement and completion of EP learning activities can be used as evidence for ongoing CPD, NMC revalidation and HCPC re-registration.
2. Training events
   2.1. Embed taster sessions of EP resources and complete self-assessment tool during local/ core induction events.
   2.2. Use the EP resources in local staff in-service training sessions.
3. Promotion campaign for EP resources
   3.1. Promote success stories/ case studies of the impact for staff of engagement with EP resources, e.g. service delivery changes, staff promotions, service user feedback.
   3.2. Assure staff that engagement with EP resources will not be an 'add on' to their current work responsibilities.
   3.3. Promote EP resources as part of other training events and initiatives in the Health Board, e.g. quality improvement; organisational/ practice development.
   3.4. Include roadshows and workshops within Health Boards as part of campaign.
4. Create EP champions
   4.1. EP champion's role should be linked with his/her current job role, e.g. eKSF reviewer.
   4.2. For sustainability the 'reward/ carrot' for someone to be a champion will need to be considered carefully.

### 10.2.3 Engagement at student practitioner level

Get pre-registration NMAHP students to complete self-assessment tool when on practice placement.

## 11 Conclusions

A variety of projects were funded across Scotland's Health Boards and NMAHPs. The majority of these projects had tangible outputs of value to staff and service users that contributed towards the Quality Ambitions of Safe, Effective and Person Centeredness. Many of the projects impacted on the quality of service delivery with organisational benefits. Others resulted in efficiency savings and supported the health and social care integration agenda. These commendable successes should be capitalised upon as case studies and used for promoting the EP resource to current and future stakeholders. Furthermore, a range of recommendations were proposed by delegates from the EP National Event, which are worthy of consideration in the future embedding and sustaining of the EP resource.

# 12 Appendices

*Appendix 1: Data extraction templates for descriptive/ quantitative data from funded project reports/ presentations*

| **Project Reference No.** | **Profession** | **Project Recipients** | **Health Board** | **Project Title & Topic Area** | **Project Output(s)** | **Effective Practitioner Resources Used** | **Learning Outcomes (LOs)/ Achievement of LOs** |
|---|---|---|---|---|---|---|---|
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| | | | | | | | |

*Appendix 2: Data extraction templates for qualitative data from funded project reports/ presentations*

| **Project Reference No.** | **Key Learning Points/ Highlights** | **Main Challenges in Conducting EP Project** | **Impact** (Skills, knowledge, team, patients, etc.) | **Recommended Improvements for EP Website** | **Views of Support Mechanisms/ Infrastructure** |
|---|---|---|---|---|---|
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*Appendix 3: Template for project leads re medium term impact*

**Question: How has your engagement with the Effective Practitioner (EP) resource impacted upon you; the project participants; your service; the organisation; and the wider audience (dissemination)?**

| **Impact on:** | **Examples of impact** e.g. patient/ staff satisfaction; efficiency savings | **Evidence of impact** e.g. anecdotal; audit; questionnaire results; focus group feedback |
|---|---|---|
| 1. You e.g. skill/ career development, etc. | | |
| 2. Effective Practitioner project recipients/ participants (N.B. these could be patients, clients, carers, your team, etc.) | | |
| 3. Quality of practice/ service delivery | | |
| 4. Organisation | | |
| 5. Wider audience dissemination e.g. other reports, newsletters, conference poster/ presentation, article (N.B. not including your EP report/ EP conference) | | |