



## **Nurse Consultant Impact: Wales Workshop report**

### **Background**

Nurse Consultant (NC) posts were established in the United Kingdom in 2000 as part of the modernisation agenda for the NHS. The roles were intended to achieve better outcomes for patients by providing roles for senior nurses that would keep their clinical and managerial expertise at the bedside, and provide leadership in their teams. Across the UK there has been a strong interest in demonstrating the impact these posts have had on their patients and the professional community.

A two year research study funded by the Burdett Trust for Nursing developed a framework for assessing the impact of NCs (Gerrish et al 2013) and a toolkit to help NCs measure the impact of their work, and share these findings with managers and other stakeholders.

The toolkit, which can be downloaded from the project website <http://research.shu.ac.uk/hwb/ncimpact/NC%20Toolkit%20final.pdf> is based on an evidence-based framework which classifies the impact of Nurse Consultants into three domains: impact on patients, staff and the organisation. The toolkit includes a series of reflective exercises to help NCs identify their impact in each of these domains and prioritise which areas of impact are most important for them to capture at this moment in time. Practical guidance is given on the challenges of capturing impact together with tips on how to overcome or manage these challenges. Practical examples are given on how impact has been captured in each of the three domains as well as exercises and guidance to encourage NCs to consider who they might want to share evidence of their impact with and how to disseminate this information.

A number of tools are provided to help NCs to collect data to demonstrate their impact. NCs are free to choose tools that are relevant to their work, and adapt them as necessary.

After the toolkit was developed, the research team were approached by the Consultant Nursing, Midwifery and Health Professional (CNMHP) Forum for Wales with a request to work with them to use the toolkit in practice in order to capture the impact of their roles. The Forum offered to provide feedback in order to help the team further refine and develop the framework for capturing impact and the toolkit itself.

## **The Consultant Nursing, Midwifery and Allied Health Professional (CNMHP) Forum for Wales**

The CNMHP group <http://www.wales.nhs.uk/sites3/home.cfm?orgid=890> consists of expert consultant nurses, midwives, and allied health professions who cover the full spectrum of age ranges and work in specialisms such as cardiac, emergency, substance misuse, cancer and critical care and care for vulnerable patients including pregnant women, children, older people, people with mental health problems and learning disabilities. Their aim is to make a significant contribution to health and well being for the population of Wales.

Given that the toolkit had been developed with nurse consultants who worked in adult and neonatal services, working with CNMHP gave the NC Impact team the opportunity to gather evidence about whether the toolkit was also useful for midwives and Allied Health Professionals and was applicable to a more diverse range of clinical specialties e.g. mental health, learning disabilities, paediatrics and public health.

### **Piloting and Workshops**

Two workshops were held in Cardiff during 2013.

**Prior to workshop 1**, participants were asked to complete Activity 4 in the toolkit (to identify examples of their impact in three domains) and Activity 5 (to identify their current priorities in relation to capturing impact).

**Workshop 1** took the form of a focus group where the discussion focused on the framework for capturing impact in terms of its usability and applicability.

The workshop concluded with a group exercise to encourage participants to focus on the practicalities and challenges associated with capturing impact in relation to their current priorities.

**Piloting in practice** Over the next 4 months, participants used the toolkit in practice. They piloted the use of one or more tools from the toolkit to capture an aspect of their impact discussed at the workshop and were encouraged to use the information provided in the toolkit to guide them through this process.

**Workshop 2** took the form of a focus group where participants fed back on what aspects of their work had benefited from the toolkit and any challenges they faced when using it. Participants were asked in what scenarios they had used the toolkit, how they had adapted it for their work, what data they had collected and how, and what they were intending to do with the data.

### **Participants**

Participants included consultants in the following specialties:

- Stroke and rehabilitation
- Community Child Health

- Heart failure and cardiac rehabilitation
- Emergency Care (n = 2)
- Mental Health
- Older vulnerable adults
- Diagnostic radiography
- Obstetrics
- Critical care
- Physiotherapy

## **Learning from the workshops**

### **Applicability of the framework for capturing impact**

Overall, participants across the full range of disciplines and clinical specialties, felt that the framework was applicable to them. One consultant who worked with homelessness and people with mental health problems stated:

*'I was surprised how my work did fit into it even coming from mental health'*

Similarly a physiotherapy consultant also commented on its relevance to their discipline.

In terms of the ability of the framework to capture the full range of impact, there was also a clear consensus that the framework was comprehensive. However, some consultant roles had a strong public health focus and involved multi-agency working with a range of service providers. For example, a consultant in community child health worked with a variety of agencies caring for children with complex needs and their families, a consultant in mental health had a focus on preventing illness and averting admission as well as changing public attitudes and reducing stigma and a consultant physiotherapist worked closely with third sector social services. While these elements of their work could be captured as part of the organisational domain in the current framework, there was a consensus that the framework might be improved by developing a separate sub-category e.g. 'inter-agency working' or 'organisational teamworking'.

### **Usability of the framework for capturing impact**

The consultants found the framework to be a constructive first step in breaking down the different aspects of their roles and identifying the impact they had in relation to the three domains of patients, staff and organisation. It also helped with prioritising workload as one nurse consultant used the framework to set priorities across her different roles commented:

*'It's very helpful because a lot of the issues, you are being pulled in lots of directions, and obviously you can't do everything but when it comes to prioritising it's really hard. But getting it written down in this kind of framework, it's very good to share with your line managers that you are laying down those objectives, and agreeing those objectives'*

Participants also used the framework to help explain to the rest of their team and colleagues from other clinical areas the breadth of their role:

*'It's very good to share with... the rest of the team, and people who don't really understand what your role is about. They see you a bit of your time doing this bit, and someone else would see you, and they would think you do all of those things full time, and it's a very helpful way of using the framework as well.'*

Clearly this had helped other members of staff understand the consultant role and appreciate their contribution to different aspects of work, especially across the patient pathway.

## **The Toolkit**

The toolkit was viewed as being 'a nice size and easy to read' and participants had used it in different ways, by completing the reflective activities and/or by using some of the tools to capture their impact in practice. Examples of each of these are given below.

### **Using the activities in the toolkit**

Participants made useful suggestions to improve some of the activities. For example, the guidance for Activity 4 could be made more explicit, and the table expanded to include a column to record the activity followed by columns to reflect on the impact of each activity on patients, staff and the organisation.

Participants described a variety of different circumstances in which they were asked to demonstrate the impact or value of their role, for example during annual reviews and appraisals, and even during restructuring exercises, where they may be required to justify their roles. Completing the activities in the toolkit and keeping them up-to-date was seen as being useful in a variety of such situations:

*'Different people want different impacts from you... But this tool is great, because if you've got it all there, then whoever asks for it, it's there and you are never caught on the off without being prepared.'*

This was especially helpful in terms of Continuing Personal Development (CPD) activities. Some participants had already used the activities in the toolkit to help them produce evidence for annual reviews and appraisals, and even during monitoring for professional bodies:

*'If I had had this tool before last year it would be really helpful to do that, because there is an enormous amount of work, because I would have to demonstrate to the Health Professionals Council (HPC) that I was up to date with CPD...'*

Measuring all the different aspects of their role was difficult, especially when new to the post, but participants had used some of the activity exercises to understand the connections between their activities, and how they led to impact. Activity 5 in particular led consultants through prioritising the areas of impact they were trying to capture:

*'Activity 5 was helpful for me because it made you prioritise why you are trying to capture those three that I put: because I thought those were the easiest to measure and to justify'*

A physiotherapy consultant working in stroke services, used activities in Section 3 'Guidance on capturing impact' at the start of a new project to develop Stroke Survival Services to think about how to capture the impact of the new service. This helped her to clarify her thinking about how to evaluate the impact of all the elements of this new, complex development and capture impact on patients, staff and the organisation. She used the activities to create a framework for evaluation to provide a composite picture of impact across a range of domains and outcomes and help her move forward in terms of data collection.

### **Using the tools to capture impact in practice**

#### *Impact on Patients*

A Nurse Consultant working in Accident and Emergency had used Tool 4 - a questionnaire designed to capture patient feedback on the quality of communication. This had been given to patients attending the Nurse Consultant Follow Up Clinic by the receptionist who registered them in the department, with a request to complete the questionnaire anonymously after their consultation. A box had been provided for patients to post their questionnaires and after a 2-3 week period there had been 39 responses which was considered 'a good response rate'. The questionnaire also asked for patient suggestions to improve the service. Questions on demographics and preferences for language had also been added and the tool had been adapted to include visual representation of patient feedback.

As a result of undertaking this survey, the NC had constructed an action plan based on the summarised data, which detailed what needed to be improved, how, by whom and when. This had been sent to Senior Managers in the organisation and was seen as valuable in helping the organisation answer the question about whether they were delivering what patients want. It was seen as particularly important to collect patient feedback following the Francis report and the NC intended to repeat the survey regularly in order to benchmark her service.

*'[I was] able to send it round to senior managers and show, because it does have an impact, to show you are delivering what the patient wants'*

*'The end results was lots of positive comments that would improve the service... one of them was 'Have more consultant nurses''*

The questionnaire has since been developed for use by the whole of team of Emergency Nurse Practitioners, triage nurses and healthcare support workers.

A Nurse Consultant in paediatrics had also used the toolkit to collect feedback from patients, facilitated by several of the included tools.

*'We've got an integrated children's centre, which is fairly new, and we've had a 3 year study there about the development of family centred care and integrated services. So, what I wanted to do was look at Tool 5, the patient experience of the care environment, tweak that, ..... in terms of the carers .....so this can be included as one element of a bigger project..... But I found it useful, we will be repeating it, looking at experiences over 6 months, looking how things changed over time, how we influenced family centred care, at a multi-agency centre for children with disability.'*

This team had adapted Tool 5, and then used it to inform an action plan to improve the service and influence change over time. This tool was useful because it focused on families and helped to capture family centred care. This participant also planned to conduct some case studies of children and their families and use tools in the toolkit to capture the views of the parents, children and staff to show how the care delivered has made a difference to the parents and the child.. These children had complex needs and with lots of influences over time. It was thought that the tools in the toolkit could help build up a picture of the impact of the new centre.

#### *Impact on Staff*

A Nurse Consultant in Accident and Emergency had adapted the 360° appraisal tool (Tool 1) for staff including triage nurses, that were part of the team, in order to provide them with feedback on what they were achieving in their eyes of their peers.

Another Nurse Consultant working in Minor Injuries had used Tool 11 - the Team Leadership Questionnaire and Tool 12 - the Assessment of Work Environment Schedule (AWES.) The data collected contributed to a body of evidence to boost morale and support a case for Nurse Practitioners to retain their supernumerary status instead of covering the nursing rota in a work environment where there was a great deal of pressure and limited resources:

*'I am using these tools to lift their morale by saying say this is what you are achieving, despite everything and that is working'*

If the evidence generated from Tool 12 indicated that the work environment was in need of improvement, the participant also intended to use this information to inform the redesign of the unit that was currently underway.

Another participant was undertaking a new 'Approved and Responsible Clinician' role which allowed them to take on some of the functions of consultant psychiatrists under the Mental Health Act. Following completion of Activity 4, she intended to use an adapted patient questionnaire (Tool 5) and the leadership questionnaire (Tool 11), to compare the quality of her work with that of a consultant psychiatrist. Working with eight care co-ordinators across a range of settings and using patient questionnaires at 6 and 12 months, she hoped to demonstrate improvements in quality of care, access to staff and access to information.

### *Impact on the Organisation*

A consultant working with older vulnerable adults had been involved in falls prevention work in hospital. They had been involved in a major piece of work which had resulted in some of the provision provided by RMNs for observation and engagement of patients with challenging behaviours being replaced by healthcare support workers. This work, which had major implications in terms of resources, was being taken up by many different teams, however, it was considered difficult to articulate and highlight the consultant's contribution:

*'Other interested parties come in, and then they run off with it, they get the recognition, and I've never been precious about it... but I never get recognition for that.'*

However, the group identified that some of the tools could help capture and document their contribution. Activity 3.1 and Tools 10 and were considered potentially useful to record the impact of Nurse Consultant and the contribution that the consultant had made over the course of the project.

### **Taking the work forward**

At the end of the workshops, the participants indicated that they were intending to use the framework to create a collective annual report of the work and impact of Nursing and AHP Consultants, which could be shared electronically via the Forum's website. The framework was seen to provide a mechanism to allow impact to be quickly collated from a team of nurse, midwife and AHP consultants to illustrate the breadth and scope of their role.

Participants were also keen to share the tools they had used with other colleagues, including Allied Health Professionals (AHPs) who they perceived are increasingly expected to demonstrate the impact of their work and Directors of Nursing who may also find the toolkit useful. They expressed a willingness to continue to liaise with the research team to include adapted versions of the tools they had used on the NC Impact Project website.

Suggestions to continue the work included:

- Developing a bank of tools for different clinical specialties, housed on the project website
- Developing a bank of reports and action plans developed as a result of using the toolkit, to be housed on the project website. Individuals could choose whether their contact details were included.

Send an email to the group every 6 months to ask them for further feedback on using the toolkit

NB. All activities and tools referred to in this report are downloadable from the project website: <http://research.shu.ac.uk/hwb/ncimpact/tool.html>