



PROFESSIONAL & PRACTICE DEVELOPMENT NURSES FORUM

BENCHMARKING FOR PRACTICE DEVELOPMENT

A FRAMEWORK FOR DEVELOPING PRACTICE

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2000/01

INTRODUCTION TO BENCHMARKING FOR PRACTICE DEVELOPMENT

The Professional and Practice Development Nurses' Forum (Scotland) (PPDNF) have developed this framework for developing practice. Practice Development is concerned with the systemic process of evaluating care delivery in order to improve quality and effectiveness. It is a process which, in order to be effective, needs certain structures in place and commitment from an organisation. This framework aims to outline these structures and provides a tool that can be used to assess, progress and evaluate the current position and support future planning.

The benchmarking tool is in four sections: research, management, practice and education. Each section incorporates a scoring system which can be used to give a visual presentation of areas of good practice and areas for development. An example is included.

The PPDNF would value feedback from practitioners using the tool. A feedback form is available on website: www.ppdnf.org

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A FRAMEWORK FOR DEVELOPING PRACTICE

INDEX

SECTIONS

1 RESEARCH

- Ensuring a broad approach to research
- Ensure that all staff understand the usefulness of research and how this links to practice
- Encouraging a multi-disciplinary approach to research
- Linking with private/voluntary sector to develop new practices and research

2 MANAGEMENT

- Every Organisation has a Director of Nursing at Executive level who is committed to leading nursing in line with their Organisational Strategy
- Identifying that the Organisational Frameworks for Practice Development are in place.
- Ensuring a Risk Management Approach to Service Delivery (Research/Evidence based)
- Reviewing Skill Mix
- Valuing personal contribution

3 PRACTICE

- Enhancing the scope of the Nurses* Role
- Promoting multi-disciplinary approaches to care

4 EDUCATION

- Providing a Flexible Approach to Staff Education and Development
- Supporting continuing staff development (Professional and Personal)

*NB: Please note that all references to 'Nurses' includes Midwives and Health Visitors.

FRAMEWORK FOR DEVELOPING PRACTICE SCORING SYSTEM

Tick relevant box for level achieved at each statement.

- To obtain a visual graph of levels - block in each box ticked and all boxes below that box, for that statement. This will give a quick graph showing the high and low levels achieved, and will help to identify areas requiring action.

Example: SECTION 1 RESEARCH

	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M
LEVEL1 Excellent - maintain level						✓							
LEVEL2 Good - maintain/improve	✓		✓								✓		
LEVEL3 Fair - action required		✓		✓			✓	✓				✓	
LEVEL 4 Poor - immediate action					✓				✓	✓			✓

Once you have completed the grid -

1. List all Level 4 answers and develop an immediate plan of action using the relevant Level 3 statements as the outcome of the action. Ensure each action has the name of the person responsible and the timescale for completion.
2. List all Level 3 answers and develop an action plan using relevant Level 2 statements as the outcome of the action.
3. List all Level 2 answers and decide which can be improved on and which are acceptable at that level. Draw up an action plan including plans to maintain the present levels.
4. List all level 1 answers, congratulations - but remember the only way is down! Draw up a maintenance plan to prevent slippage.

It is recommended that the exercise is completed at 6 monthly or yearly intervals

If more than one area, directorate or organisation are used, then it is possible to Benchmark each against each other. Use the results to__

- Discover areas of Best practice - and cascade to other areas. Why is the area performing well, is it resources, personalities, training etc?
- Identify areas of Poor practice - and develop improvement plan. Why is the area not performing well, is it lack of staff, resources, training etc?

SECTION 1 RESEARCH

	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M
LEVEL1													
LEVEL2													
LEVEL3													
LEVEL 4													

SECTION 2 MANAGEMENT

	2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N	2O	2P
LEVEL 1																
LEVEL 2																
LEVEL 3																
LEVEL 4																

SECTION 3 PRACTICE

	3A	3B	3C	3D	3E
LEVEL 1					
LEVEL 2					
LEVEL 3					
LEVEL 4					

SECTION 4 EDUCATION

	4A	4B	4C	4D	4E
LEVEL 1					
LEVEL 2					
LEVEL 3					
LEVEL 4					

BENCHMARKING PRACTICE DEVELOPMENT - A Framework for Developing Practice

SECTION 1 RESEARCH

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
1a	Links between Practice Development and Research & Development	Practice Development and R&D are explicitly linked in a dynamic way throughout the organisation and reflected in the R&D strategy.	Links between Practice Development and R&D are less clear although structures are in place for their development.	Linking of Practice Development and R&D are not supported by any strategy.	Practice Development is not linked to R&D
1b	Strategy	The R&D strategy is linked to the TIP and national priorities	The R&D strategy may be linked to the TIP and national priorities	The R&D strategy is ad hoc and led by individual priorities	There is no strategy for R&D
1c	Strategy	The R&D strategy is led by a multidisciplinary team	The R&D strategy is led by a unidisciplinary team	There is no formal R&D strategy	There is little or no support for R&D in the organisation
1d	Resources	Structures and resources for R&D are available with fair and equitable distribution	Structures and resources are available but not evenly distributed	Resources may be available with or without additional support	There is no finance or support available from the Trust - funding must be sought from outside bodies.
1e	Staff throughout the organisation are facilitated to critically evaluate research reports, and/or undertake research	Good library facilities available and equality of study leave for all grades of staff linked to R&D	Library facilities and/or study leave available to most staff	Limited library facilities and/or study leave available	No library facilities on site and little or no study leave available
1f	Guidelines are based on good evidence or research	Demonstrable in all relevant areas of practice All relevant SIGN Guidelines have been implemented	In most relevant areas of practice 75% of relevant SIGN Guidelines have been implemented	In some areas of practice 50% of relevant SIGN Guidelines have been implemented	No evidence of research based guidelines in use
1g	Guidelines which have been implemented are regularly audited e.g. SIGN or local guidelines.	All guidelines are audited at least annually	50 -75% of guidelines which have been implemented are audited annually	30 - 50% of guidelines which have been implemented are audited annually	Fewer than 30% of guidelines which have been implemented have been audited in the last 12 months.

SECTION 1 RESEARCH

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
1h	Evidence of multidisciplinary working	50% of research projects are multidisciplinary	30 - 50% research projects are multidisciplinary	Less than 30% of research projects are multidisciplinary in the organisation	There is no evidence of multidisciplinary research
1i	Dissemination	Formal channels exist	Informal channels exist with evidence of action	Left to the individual to create own channels	Sharing of experience not supported by the organisation
1j	Presentation and reporting of R&D	Evidence of more than one multidisciplinary forum for presentation of R&D projects at local and national level per annum	At least one forum per annum for presentation of R&D projects locally and/or nationally not always multidisciplinary	Occasional presentations locally and usually unidisciplinary	No evidence of presentations
1k	Publication of findings	Active support and training in publishing R&D projects locally and nationally	Some support available from organisation to publish	Support available from outside agencies locally i.e. Health Board	No support available locally
1l	Collaborative working with external agencies.	The organisation consistently seeks to develop new practices and research in collaboration with outside agencies	Some evidence of collaboration - organisation led	Little evidence of collaboration - no active approach from organisation	No collaboration
1m	Implementation of research based practice	Implementation has the full support and backing of clinical managers	Implementation has support from clinical managers in some areas	Implementation has no managerial support and is bottom up	Implementation has no support

BENCHMARKING PRACTICE DEVELOPMENT A Framework for Developing Practice

SECTION 2 MANAGEMENT

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
2a	Interaction between Director of Nursing and Practice Development in relation to Nursing Services	The DNS or Deputy meets with Practice Development Nurses on a regular basis - minimum quarterly	The DNS or Deputy meets infrequently with Practice Development Nurses - annually or less	The DNS or Deputy communicates with Practice Development Nurses through other managers	There is no direct or indirect communication between the DNS and Practice Development Nurses
2b	There is a forum for Trustwide (cross directorate) collaboration in Practice Development	A forum consisting of Senior Nurses and Practice Development Nurses from all directorates meets at least monthly to discuss projects	A forum consisting of Senior Nurses and Practice Development Nurses from all directorates meets at least quarterly to discuss projects	There are informal cross directorate meetings on an ad hoc basis or There are uni-directorate meetings	There is no forum to discuss Practice Development issues
2c	Links between Nursing Strategy and Practice Development	The organisation has a Nursing Strategy which identifies specific action for practice development	Commitment to practice development is evident in the organisations Nursing Strategy	The organisation has a Nursing Strategy but there is no specific reference to improving patient care through practice development There is unlikely to be any discrete practice development plans, roles or remits.	The organisation has no clearly defined strategic direction for nursing.
2d	The role of Practice Development in development planning	There is a planned programme for Practice Development	Practice development plans have been developed but are not yet implemented.	Developing practice is an integral part of all practitioners job description	Practice development is low priority There are no corporate targets/roles/remits or planned programmes

SECTION 2 MANAGEMENT

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
2e	Practice Development Programmes	Programmes are formulated, implemented and monitored with the involvement of clinical practitioners	Practice Development personnel co-ordinate, facilitate initiatives alongside appropriate clinical practitioners	Clinical staff involved in implementation have minimal ownership or involvement in the planning and evaluation phases	Practice development activities are developed independently of one another - some may be largely bottom-up or imposed with little workforce collaboration
2f	Resource allocation for Practice Development	Resources, time, IT and secretariat are budgeted for.	Activities are resourced within existing budgets	Resources are haphazardly allocated and not within core budgets	Practitioners utilise existing resources for practice development initiatives - heavily reliant on goodwill.
2g	Support systems for Practice Development personnel	Practice development personnel are positively encouraged and continually supported to network inside and outside the organisation	Networking for practice developers is active with an in-house practice development forum / equivalent peer group. Outside networking takes negotiation	Networking both internal and external occurs on an informal voluntary basis.	There is no evidence that networking inside or outside the organisation is encouraged
2h	Risk Management strategic arrangements	Organisation has a Risk Management Strategy which is held at departmental level and is fully implemented and audited.	Organisation has a Risk Management Strategy but it is not held at departmental level. It is partly implemented but not formally audited.	A Risk Management Strategy is in existence, but not implemented.	There is no Risk Management Strategy
2i	Risk Management Evidence Based Practice	Risk Management Policies are formulated in line with current research and evidence based practice	More than 50% of Policies are based on current research and evidence based practice	Fewer than 50% of policies are based on research and evidence based practice	There is no indication that policies are based on research and evidence based practice

SECTION 2 MANAGEMENT

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
2j	Risk Management Consultation	Local Risk Management policies are developed in consultation with Practice Development Nurses.	Local Policies are led by the Trust Board with limited consultation with Practice Development Nurses.	The organisation has a range of policies which include management issues - Practice Development Nurses are rarely consulted.	Some areas of the organisation have policies which include Risk Management - Practice Development Nurses are not consulted.
2k	Risk Management Review - Roles and Responsibilities	Clinical / Service Managers of each area are responsible for co-ordination and review of Risk Management policies	Responsibility for co-ordinating review of Risk Management policies is not a major part of management roles.	No person is identified as having responsibility for reviewing Risk Management - it is poorly co-ordinated and has low priority.	Risk Management is not given priority and it is assumed that all employees are responsible.
2l	Risk Management- Audit	There is an annual programme of audit for Risk Management with action taken on the results	Audit of Risk Management takes place in some areas or as a result of an incident. Action is usually taken on the results	There is some audit of Risk Management but few changes are made as a result.	Audit of Risk Management is rarely carried out
2m	Risk Awareness	There is a system in place to assess staff awareness of risk in their area - the system is multidisciplinary	There is a system in place to assess staff awareness of risk in their area - the system is unidisciplinary	There is a system to assess awareness being planned	There is no system in place, and no immediate plans for one
2n	Skill Mix - links	The organisation has a skill mix strategy which involves practising nurses in development and review	The organisation has a skill mix strategy but may not have involved practising nurses in development and review	Skill mix strategy is being developed - but not yet implemented.	The organisation has no overall skill mix strategy.

SECTION 2 MANAGEMENT

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
2o	Skill Mix - client group	The strategy is flexible/realistic and meets the changing need of the client group	The strategy does not always allow for flexibility to meet the need of the client group	Some areas of the organisation have skill mix recommendations which are inflexible and do not always meet the needs of the client group	There are no recommendations for staffing levels and grades - no consideration of skill mix is made or there is no strategy.
2p	Skill Mix - evaluation	Skill Mix has an agreed annual evaluation with action taken on results.	Skill Mix has an annual evaluation but action is not always taken on results	Irregular monitoring of skill mix - action may not always be taken on results	Monitoring and evaluation of Skill Mix does not occur in the organisation

BENCHMARKING PRACTICE DEVELOPMENT - A Framework for Developing Practice

SECTION 3 PRACTICE

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
3a	Links between practice development and enhanced patient care	<p>A minimum of 90% of practice developments are primarily focused to enhance patient care.</p> <p>A record of practice development initiatives are kept centrally within the organisation.</p> <p>Aims and outcomes are audited annually.</p>	A minimum of 75% of practice developments are primarily focused to enhance patient care.	A minimum of 50% of practice developments are primarily focused to enhance patient care.	Less than 30% of practice developments are focused to enhance patient care.
3b	Evaluation of practice development	<p>There is a well developed and formal programme in operation for the evaluation of nursing practice development in operation.</p> <p>There is a rolling programme of audit related to new developments which should be detailed in an Annual Report.</p>	A formal programme to evaluate nursing practice development is developed and has been implemented in over 50% of areas	A formal programme to evaluate nursing practice development is developed and has been implemented in fewer than 50% of areas	There is no evidence of formal evaluation of nursing practice development within the organisation.
3c	Inter-professional communication	<p>Formal multidisciplinary groups meet on a regular basis which facilitate communication between professions and can influence clinical practice at a strategic level</p> <p>Evidence of the existence of: Clinical Effectiveness Group Multidisciplinary Project Groups</p> <p>Internal and external networking groups</p>	<p>Formal multidisciplinary groups exist which can facilitate communication between professions and can influence clinical practice at a strategic level.</p> <p>The groups do not meet on a regular basis</p> <p>Evidence of the existence of at least 2 out of the 3 groups listed in level 1.</p>	<p>Informal multidisciplinary groups exist to facilitate communication between professions but meet on an ad hoc basis</p> <p>Evidence of the existence of at least one of the groups listed in level 1.</p>	There is minimal communication between individual professions but no networking groups.

SECTION 3 PRACTICE

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
3d	Quality monitoring co-ordination	All nursing and midwifery guidelines, protocols and standards are developed collaboratively and are evidence based. They are reviewed at least annually.	All nursing and midwifery guidelines, protocols and standards are evidence based but may not be reviewed annually. There is evidence of some collaboration in their development.	Not all nursing and midwifery guidelines, protocols and standards are evidence based. There is minimal collaboration and no formal mechanism for review.	Nursing and midwifery guidelines, protocols and standards are unlikely to be evidence based. There is no evidence of collaboration or formal review.
3e	Auditing of standards	All clinical areas within the organisation have a rolling programme of audit reported centrally to Clinical Governance Committee - this programme should include: <i>SIGN/National/Local Protocols and Guidelines</i>	All clinical audit is reported centrally to the Clinical Governance Committee.	There is no formal reporting of audit. The Clinical Governance Committee may have to request reports.	Clinical audit is sporadic and reactive.
3f	Dissemination of audit outcomes.	There is a structured programme for audit outcomes and feedback.	Outcomes are disseminated but there is no feedback mechanism in place.	Dissemination of feedback is on an ad hoc basis.	There is no dissemination feedback process.

BENCHMARKING PRACTICE DEVELOPMENT

SECTION 4 EDUCATION

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
4a	Staff education and development	The organisation has, as an integral part of its philosophy, an identified and flexible approach to promoting staff education and development. Demonstrated by the publication of a training plan, which is linked to the organisation's training and development strategy via the TIP or Business Plan	The organisation recognises that individual staff will have different learning needs but offers a limited range of approaches to staff education and development. There is a training plan but it is not linked to the organisation's strategy	Individual development needs are not considered at corporate level. The range of available approaches for staff education and development is limited. There is no organisational strategy for training and development.	There is no formal mechanism. There are few opportunities for individual personal and professional development. Staff education and development needs are addressed on an ad hoc basis.
4b	Support systems for meeting individual development needs	Clinical supervision has been developed in line with recognised models and is widespread across all areas of the organisation.	Clinical supervision is being developed in line with recognised models and is in place within some areas of the organisation	Development of clinical supervision is being considered within the organisation.	There is no evidence of any plans to develop clinical supervision within the organisation.
4c	Strategy for education and development	There are quarterly meetings between the Director of Nursing and the department head from the College/University Nursing Department	The Director of Nursing and the department head from the College/ University Nursing department meet at least annually.	The Director of Nursing and department head from the College/ University Nursing Department meet on an ad hoc basis.	There are no links between the Trust and providers of post-registration training.
4d	Executive support for education and development	There is an established Practice Development Department with at least one full-time Practice Development Nurse. The department has the backing of the executive board.	The executive board is committed to continuous development. There is at least one nurse who has a practice development remit within a larger job description.	There is minimal overt support from the executive board. Practice development is currently undertaken on an ad hoc basis by individuals who are not designated practice development nurses.	There is no commitment to practice development within the organisation.

SECTION 4 EDUCATION

		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
4e	Systematic Training needs analysis	A systematic training needs analysis exists at grass root level which guides the identification of resources required throughout the organisation. This is linked to the HIP and TIP and the Business plan	There is a systematic training needs analysis which might not influence the allocation of resources.	A form of training needs analysis is carried out on an irregular and unco-ordinated basis.	There is no training needs analysis.
4f	Personal Development Plans	All staff have a Personal Development Plan which identifies training & education needs for a set period and is reviewed regularly	All staff have a Personal Development Plan which identifies education & training needs but reviews occur on an ad hoc basis.	All staff have a Personal Development Plan but the identified training needs are only partly met.	All staff have a Personal Development Plan but there is no organisational backup and no process in place to ensure that training needs are met

