study days maybe/teaching sessions.”
When asked what changes they would like made to the programme, participants from the old session made comments about its lack of interest or depth. Staff also made suggestions about the new programme but these were more specific and more positive in tone, for example: “I wanted to practise finding things on DMS [document management system].”

**Limitations**
The new session has been cancelled once due to lack of participants as we had felt its interactive nature required a large group. The previous format had many cancellations for several reasons, but would have been able to go ahead with only 6-8 participants. This issue has been raised with the trainers’ forum and a decision has been made to continue with the new session even if there is only a small number of participants, to ensure the programme maintains momentum.

**IMPLICATIONS**
The new approach has improved staff perceptions of the usefulness of the sessions, and increased their confidence in using the skills and knowledge they gain in practice. This has been achieved by changing the programme’s format and the people who deliver it, while retaining its mandatory content. It has proved to be an effective method of delivering patient safety messages. The pilot of four subsequent sessions had consistently positive evaluations, and the results have been consistent through following sessions as well as with different trainers delivering the new programme. The trainers’ forum and the head of nursing agreed that this strategy will continue to be used and the model has been adapted for use on the trust induction programme. As this is attended by medical staff, it offers greater opportunities for raising awareness of patient safety across all healthcare professional teams.

The facilitators decided to send out further evaluation forms to find out whether staff still felt the benefits from the programme a year later. The results are again extremely positive, with respondents remaining confident in the areas covered on the programme and happy to recommend it to others. This has reassured the trainers’ forum that the format should continue.

**CONCLUSION**
The new programme for clinical update has shown significant improvements in formal evaluation. Feedback from staff shows that this new patient journey format provides a more relevant and useful session. It has achieved the aim of improving the quality of the session and the recommendations for change set out in the original proposal. However, we do recognise that there are areas for improvement, such as encouraging greater allied health professional and medical staff participation. In addition, to ensure the programme’s ethos is maintained, we have to continue developing new trainers and new pathways, and meeting the changing needs of all staff.

**REFERENCES**