

ICONS NPT DATA ANALYSIS CODING FRAME version 3 (13/11/12)

COHERENCE: the sense making work that people do when they are faced with using a new set of practices			Negotiating the intervention
Differentiation	Perceived differences between old and new systems of work, that have consequences for how people operate in practice	Can people easily describe the new practice, and appreciate how it differs from what they were doing before?	Reference to differences or similarities in processes or components of the intervention e.g. praise, prompted voiding, recording, timing, frequency. <i>It's what we're used to, we used to do that, it's different in that...</i>
Communal specification	There is collective agreement about the purpose and function of the intervention, and how it works	Is there evidence of variation in understanding of the aims, objectives, processes, or expected outcomes of the intervention?	Reference to disagreement (people may not explicitly refer to agreement so look for lack of evidence of disagreement); intervention acting as a focus or goal for staff or patients; misunderstanding by staff, patients, or families; reference to differences in interpretation, or conflicts
Individual specification	Individuals understand what the new practice requires of them	Can people easily make sense of how the new practice will work, and what their new tasks and responsibilities are?	Reference to people being clear about what they were doing; not understanding or not being informed, keeping up with changes; some people knowing and others not knowing
Internalisation	People see the potential value of the new practice	What do people think about the potential or likely value, cost, benefits, relative importance, of the new practice?	Reference to aspects of the practice that were are valued e.g. if continence is important , what we should be doing, a priority, the importance for the patient, potential benefits for staff such as improved nursing role
COGNITIVE PARTICIPATION: the relational work that people do to build and sustain a new practice			Developing the intervention processes
Initiation	Key individuals drive the new practice forward	Key individuals are able and willing to get others involved	Reference to influential people e.g. specific healthcare assistants, qualified staff, ward managers, practice development, family members
Enrolment	People agree that the new practice should be part of their work	Do people believe they should be involved and that they can make a contribution?	Reference to who should be involved (both staff and patients); suitability for involvement; response to methods of formal and informal influence to get people involved e.g. talks, booklets etc
Legitimation	People "buy in" to the new practice	Are people managing and organising themselves and their area of work to facilitate the introduction of the new practice?	Reference to methods of managing and organising the new practice e.g. rotas, being discussed at handover, allocation of staff responsibilities, patient organisation e.g. programme at visiting times, difficulty of organising e.g. timing
Activation	People work together to develop the new work processes	Are people working together to build and activate the policies and procedures needed to sustain the new practice?	Reference to methods of embedding the new practice in policies, procedures, processes i.e. developing the intervention, recording or written documentation e.g. registers, all reference to paperwork , embedding into ward routines.

COLLECTIVE ACTION: the operational work that people do to enact a new practice			Implementing the new practice
Interactional workability	Staff and patients can perform the tasks required by the new practice	Can people do what is required? Does the intervention suit all patient groups?	Reference to the logistics of actually doing the work, developing or becoming a routine and fitting it into the day; the feasibility of doing the intervention with different client groups , or at different times of day; difficulties, choices of how to do things e.g. scheduling toileting
Relational integration	Staff trust each other's work and expertise in the new practice	People are confident in themselves and others abilities	Reference to people's roles, responsibilities, and experience; confidence in knowledge, whether people are doing what they are supposed to
Skill set workability	The work involved in the new practice is appropriately allocated	Do people have the right skills and training to do the new practice?	Reference to appropriate allocation of work to people; whether people have the knowledge, training, skills, competencies to do the work; division of labour, people being capable of doing what is asked of them e.g. patients filling out diaries, all reference to education, training, knowledge
Contextual integration	The new practice is adequately supported by the host organisation	Do people have the resources to do the new practice e.g. time, staff, money, equipment, policy etc?	Reference to perceptions of management support in relation to staffing amount, consistency, type; time for training; manageability of workload to staff.
REFLEXIVE MONITORING: the appraisal work that people do to assess and understand how a new practice affects them and others			Evaluating the new practice
Systematization	People access information about the effects of the intervention	How do people determine how effective and useful the intervention is?	Reference to how people are evaluating success; sources of evidence; how improvement is recognised and measured, how documentation and paperwork is being used e.g. diary
Communal appraisal	People collectively evaluate the new practice as worthwhile	Whether as a result of some form of monitoring or outcome evaluation , people agree about the actual worth of the effects of the new practice?	Reference to the criteria used for evaluation e.g. long term outcome, continuity, comparative performance; judgements made about whether aspects of the programme are working or not e.g. forms, giving praise etc
Individual appraisal	Individuals evaluate the new practice as worthwhile	Do individuals affected by or involved with the intervention think it is worth doing?	Reference to reflection about whether the programme is worth doing for specific individuals or not; the balance of benefits and costs for patients or staff
Reconfiguration	People modify their work in response to their evaluation of the new practice	Can/do people make changes to the new practice?	Reference to adaptations and changes that people make to the techniques, paperwork, scheduling, allocation, what work is done, when it is reviewed, how to respond to patients wishes, how the programme is ended, etc. Include suggestions for programme extension to other areas, client groups

NB Don't just think of staff, also think about patients and whether they agree, understand, and can do the work of organising themselves.
NB Be careful to look for the absence of negatives, as it is easy to spot complaints, but things going well may not be mentioned