The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust

A Pilot Graduate Programme for Newly Qualified Multi-Professional Registrants Report and Evaluation

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PART 1 Introduction to the Programme, Background and Development

Welcome to this report and evaluation of THRIVE, a pilot programme to develop, support and retain registrant leaders in nursing and allied health care roles. The first part of the report will outline the programme, the context, objectives, learning opportunities, facilitation approaches and recruitment. The report will then go on to describe and discuss the programme itself, beginning with an introduction to the participants and their experiences. This will be followed by the key programme areas, final evaluation data, discussion and learning, and finally, recommendations for the future.

Programme Background and Context

THRIVE originated from the proposal to develop a 12 month, 'Graduate Programme' designed to attract and retain newly qualified and/or early career multi-professional registrants. The programme aimed to offer focused educational input, mentorship, peer support, and direct access to other clinical and academic resources which would equip participants for the leadership challenges found in complex organisational and workplace settings, such as health and social care in the Norfolk and Waveney ICS. The proposal was closely aligned to the aspirations of the Trust and the NICHE Themes around workforce development and sustainable transformation along with enhanced system collaboration and transformation through effective partnership working.

Programme Objectives

- To develop comprehensive skills to manage the complexities of working in the NHS
- To expose new registrants to tools that will develop resilience through knowledge and skills
- To nurture aspiring leaders for the future
- To address workforce challenges (attraction, retention and retainment)
- To create opportunities for candidates to combine clinical and academic development
- To enable candidates to foster a dynamic culture of critical inquiry

Key Programme Content

- **Leadership:** Self-awareness, learning styles, teamwork, leadership roles, cultural context, person-centred practice, modern leadership approaches.
- **Quality Improvement (QI):** Completion of the QEH QI training programme, led by the QEHKL QI Team to enable participants to complete a QI project in their workplace setting.
- **Research:** Introduction to practice-based research and ways to get involved in research to support clinical practice.
- **Professional Skills Development:** Approaches to working with, influencing and leading others, understanding evidence, searching and appraising literature, writing for publication, poster design, critical reflection and evaluation.

Other Learning Opportunities

- Completion of a QI project
- Shadowing opportunities with executive and senior leaders
- 360-degree assessment and feedback
- Internal sponsor and mentorship

- Protected study time
- Supporting resources

    - Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care. West, M. A. (2021)
    - *Creating Caring Cultures in Health and Social Care: Getting Started* https://www.fons.org/learning-zone/culture-change-resources
    - Guiding lights for effective workplace cultures that are also good places to work - Shaun Cardiff, Kate Sanders, Jonathan Webster and Kim Manley International Practice Development Journal 10 (2) [2] fons.org/library/journal-ipdj-home
    - Person Centred Practice Framework: McCormack, B et al, (2021) Fundamentals of Person-Centred Healthcare Practice. Oxford: Wiley Blackwell.

Table 1 provides an overview of the programme plan and content.

Table 1: THRIVE Programme Overview			
February	14th	Day 1	Introductions inc. programme, expectations, participants and facilitators Managers invited to overview of programme
	15th	Day 2	Leadership Welcome from CEO Alice Webster
	16th	Day 3	Introduction to NICHE Dr Webster Culture, Quality and Wellbeing Welcome from Chief Nurse Pippa Street
March	14th	Day 4	Quality Improvement/ QI Fundamentals Quality Improvement team, Sarah Davidson
	15th	Day 5	Knowledge translation and evidence-based practice - Johnny Yuen, Kit King, Carol Ralston
April	18th	Day 6	Principles of research for practice & touchpoint QI project Research and Development Team - Sophy Shedwell and Tom Dymond
	19th	Day 7	Workplace Culture - Prof Jonathan Webster and Karen Sunshine
May	16th	Day 8	Engagement and collaboration - Emma Clark, Rachel Bulman, Carly West-Burham
	17th	Day 9	Working with stakeholders and service users - Linda Woods and Paula Sugars
June	13th	Day 10	Shadow opportunity with executive team/debrief/ reflection - Chief Nursing Office, Operations team, Estates and Facilities, Research Team, EPR team, Strategy and Transformation
	14th	Day 11	Embedding practice change - Codrin Buleu, Sarah Bedford and Sally Hardy
July	18th	Day 12	Writing for publication, literature search, reviewing evidence and ethics - Leanne Kendrick and Steve Smith

	19th	Day 13	Enabling approach to leadership & touchpoint QI projects - Nikki Plaatjies, Helen Muncey
September	19th	Day 14	Focus on People -Angel Murray-Brown, Nicola Abel, Ryan Todd-Jones
	20th	Day 15	Focus on People & Schwartz rounds - Shirlee Harris, Rose Avanzado
October	17th	Day 16	PSIRF and Patient Safety - Kelly Waterfield, Jamie Tear
	18th	Day 17	Shadow Opportunity/debrief/reflection - Chief Nursing Office, Operations team, Estates and Facilities, Research Team, EPR team, Strategy and Transformation
November	14th	Day 18	Revisiting hopes, fears and expectations - Theresa Shaw and Nikki Plaatjies, Poster Presentation Skills - Ryan Slater
	15th	Day 19	Touch point QI Project Update/ Peer Feedback.
January	24th	Day 20	Final Touch point QI Project/ Peer Feedback
February	7th	Day 21	Presentations and celebration

Facilitation and Learning Approaches

The programme was underpinned by principles from active, reflective and creative learning approaches. The programme leaders were keen to facilitate supportive ways of working, this included developing a collective (between participants and facilitators) safe space/agreed ways of working, promoting daily checking-in/out along with space for sharing practice experiences and seeking support. There was a strong commitment to promoting the principles of compassionate leadership (West, 2021*) and to support this, participants were given a copy of 'Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care' (West, 2021*). Scrapbooks were also provided for all participants and creative materials made available at all the sessions. Participants were invited to use these to document their individual journey through the programme. *see supporting resources page 4

A conscious decision was made to draw on the expertise of Trust staff to deliver the programme content were relevant and possible. For example, the QI Team were fully engaged in the delivery of the QI Sessions and similarly colleagues from the R&D Team, People Directorate, NICHE fellows and so on were invited to deliver sessions and share their experiences. A dedicated web-based education platform (WordPress) was developed to provide pre-course materials (appendix 1), a learner management system, repository of programme resources to support course content, hyperlinks to additional resources, interactive blog and cohort community message board.

Approaches to Evaluation

The approach to evaluation was continuous and aimed to illuminate the extent to which the concept of THRIVE met the programme objectives and expectations. This included the collation of data via:

- A review of hopes, fears and expectations
- Leadership confidence via a confidence line/continuum

- Sessional action planning and feed-forward in own practice settings (appendix 2)
- Quarterly reflection and evaluation of individual learning (appendix 3)
- Sharing scrapbook entries
- Participant end of programme evaluation
- Manager end of programme evaluation

Recruitment, engagement and preparation

Taking account of the approach for this first cohort was to 'test the concept' it was agreed that 10-15 participants be recruited. The programme was advertised Trust wide, inviting applicants from newly qualified staff nearing the end of, or post preceptorship. Early career staff were encouraged to apply along with nurses recruited from overseas. Applicants were invited to complete an application form with support from their relevant line manager. Following shortlisting, applicants were invited to an interview. The call for applications began in mid to late autumn 2023. Despite the extensive dissemination of information, the 'new' innovative nature of the programme created some uncertainty about the opportunity. It was also recognised that the time of year, with its associated 'winter pressures', may have had an impact. In response, a more focused approach was adopted to specifically encourage eligible individuals to apply. This strategy was effective, and following interviews, eight registrants were invited to join the programme.

PART 2: THRIVE Programme and Evaluation

Introducing the Participants

The eight participants recruited to the programme represented nursing, physiotherapy and pharmacy. Unfortunately, due to change in availability, one participant had to withdraw; a further participant withdrew towards the end of the programme to go on maternity leave. The sponsoring managers were invited to join the first part of day 1 to hear more about the programme and support participants. Unfortunately, only one manager was able to accept the invitation. Table 2, provides details of each participant including their time in the Trust and area of work.

Table 2 Programme Participants		
Name	**Area of work/band**	**Length of time in The Trust**
Adam Abdul Malik (Gucchi)	Emergency Care/Band 5	1 years, 8 months
China Beard	Windsor Ward	6 months (newly qualified)
Doris Nwaiwu	Leverington Ward	1 year 6 months
Elizabeth Mbuthia	AMU/Band 5	1 year, 6 months
Hemanthi Mangalika	Virtual Ward/Band 5	1 years, 4 months
Hilda Ekeanyanwu	AMU/Band 5	1 years, 6 months
Susan Randles	Pharmacy/Band 5	5 years (inc. apprenticeship)

During the first day of the programme, participants and facilitators had the opportunity to create a personal coat of arms or shield to enable more in-depth introductions and sharing of learning and support needs. There was very positive engagement in this activity, with everyone feeling it facilitated more meaningful connections than so-called traditional verbal type introductions.

Personal Shields

'Who I am as a person'
'What helps me learn'
'Who I am as a leader'
'How best to support me'
'My motto'

A further activity that enabled connection and engagement was the sharing of 'Hopes, Fears and Expectations' (Table 3).

Table 3 Hopes, Fears and Expectations

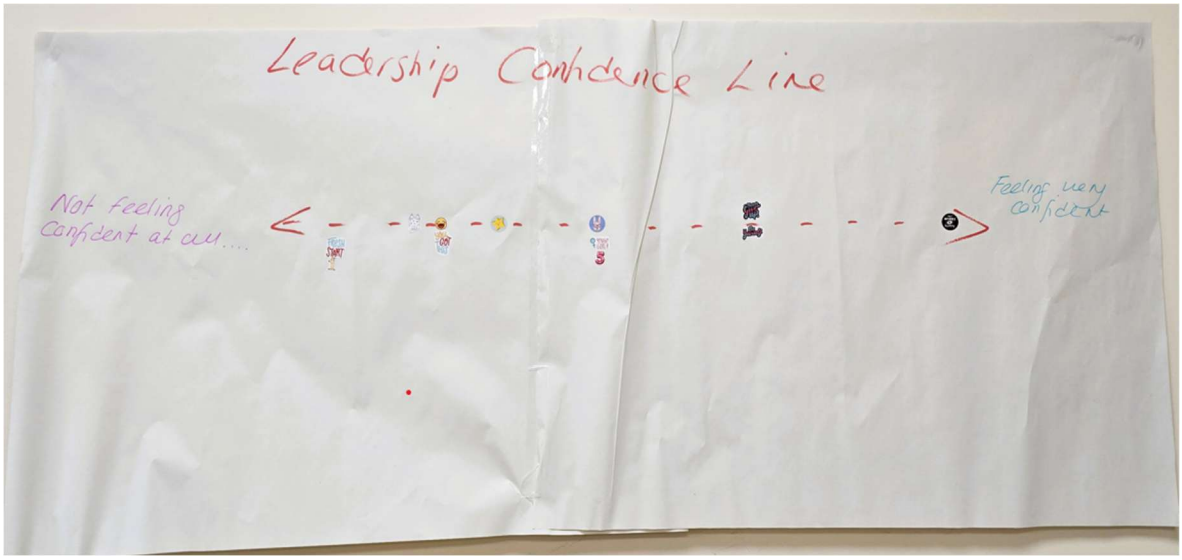
Hopes	Fears	Expectations
• Be a confident leader, finding self • Enjoying myself • Fuel career progression • I hope to thrive • I hope to see ways of doing things that are influenced by Thrive • To be the driver of change I've always wanted to be • Joy and laughter • Unlock my creative brain • Opportunities for my future career • Understanding how the hospital is organised and run • Unlocking my potential • Creating a definite path for my future as a nurse • Getting to know where I can make a difference in a positive way • Giving back to the Thrive programme • To develop into a leader by increasing confidence • Professional development for new career opportunities • Learning opportunities to improves knowledge • Self-satisfaction • Find where I can plug in and belong • Giving me something outside of the pharmacy to be part of	• Time in the workplace to do the work • Feeling like a failure • Been a long time since I was in a classroom environment learning • Lots of reading coupled with lots of work can I really cope? • QI project? • Manager support • Missing family support • High workload • Work life balance • I see research as a difficult subject • Balancing workload and everyday life • This is new to me, will I fit in? • Will I be adding value? • My idea for improvement isn't needed • Greatest fear not finishing the programme due to work life schedule • Too much work outside of the working day • I fear the QI project will not be used enough in the clinical area to improve healthcare - will my studies be in vain?	• [That] lots of support will be given • To be collaborative with others • I expect to understand the QI project and to be able to improve patient care and the experiences within the trust • Leadership experience in the NHS • I expect Thrive will give me the understanding of research reports and how to use these in real life practise • Use my past experience to enrich my current • Getting to meet people outside of pharmacy, networking • Continuing education • Use my knowledge in QI to put into practice • Start my career life again as an educator • To come out better than I started • To use the skills and opportunities that will be open to me • Quality improvement experience qualification • To 'thrive' in the programme • To be heard • To meet others and network • Triumph over my fears • Be more confidence and more aware as a well-rounded human

This activity along with the 'shields' helped the programme facilitators consider how to tailor learning spaces and activities including opportunities for ongoing reflection and support. At the end of the programme, participants were able to look back at their shields and their hopes, fears and expectations as part of their final evaluation. Overall, hopes and expectations had been met and fears allayed. The following quotes represent a summary of hopes and expectations realised:

'Confident as a leader'
'Unlocked potential'
'Ignited career path'
'Making a difference'
'Gaining new knowledge and understanding, especially around quality improvement and research'
'Enjoyment, connections, networking'
'Insight into how the Trust and NHS is run'

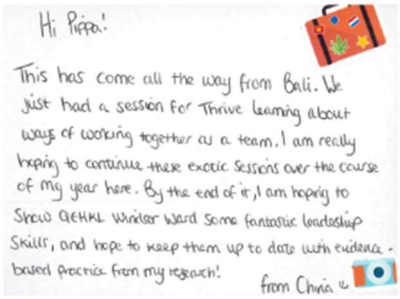
A further introductory activity involved participants plotting their levels of confidence as leaders on a confidence line; a visual continuum from 'not feeling confident at all' to 'feeling very confident'. Some participants found it easier to consider the continuum from 1-10 so to aid this, number 5 was placed in the middle. As can be seen, several participants felt a level of confidence that was less than the midpoint, with two feeling more confident, one several points beyond the mid-point and one feeling very confident. At the final session, participants were asked to revisit the continuum and their confidence levels. It was very positive to hear how confidence levels had increased. Everyone described themselves as much more confidence. Again, they found it easier to describe the levels numerically, all felt above the midpoint of 5, one participant stated 6.5, two felt they were now feeling at 7 and three described a confidence level of 8. Whilst arguable the confidence line is a simple snapshot, the increases in confidence were consistent with the other descriptive evaluation data where participants describe growth in confidence as leaders.

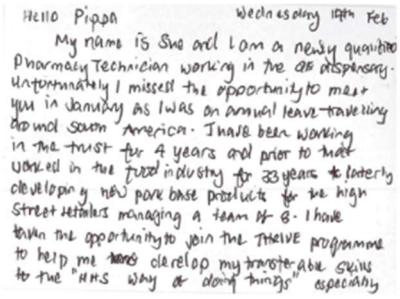
Leadership Confidence Line

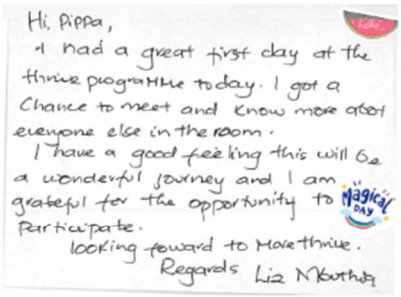


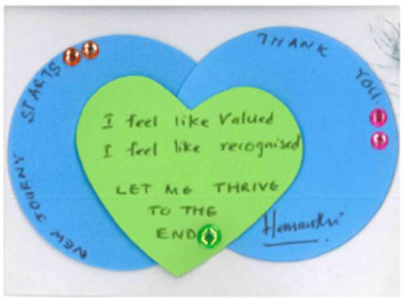
Finally, at the end of the first three days, participants were invited to write a postcard to the Chief Nurse sharing their aspirations for the programme and professional development. The 'Post-cards to Pippa' provide a powerful insight to the early potential impact of the programme with participants describing openness for development, gratitude for the opportunity and a sense of value and connection.

Post-cards to Pippa (QEHKL Chief Nurse)







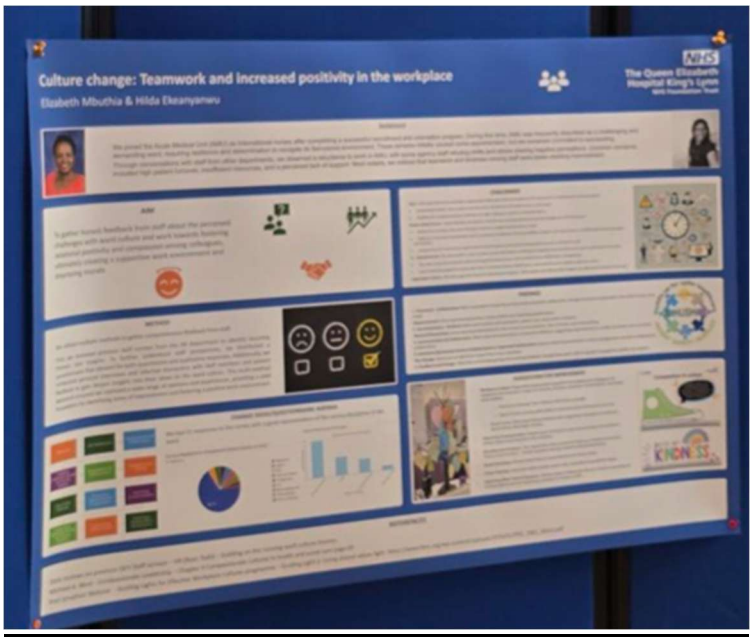


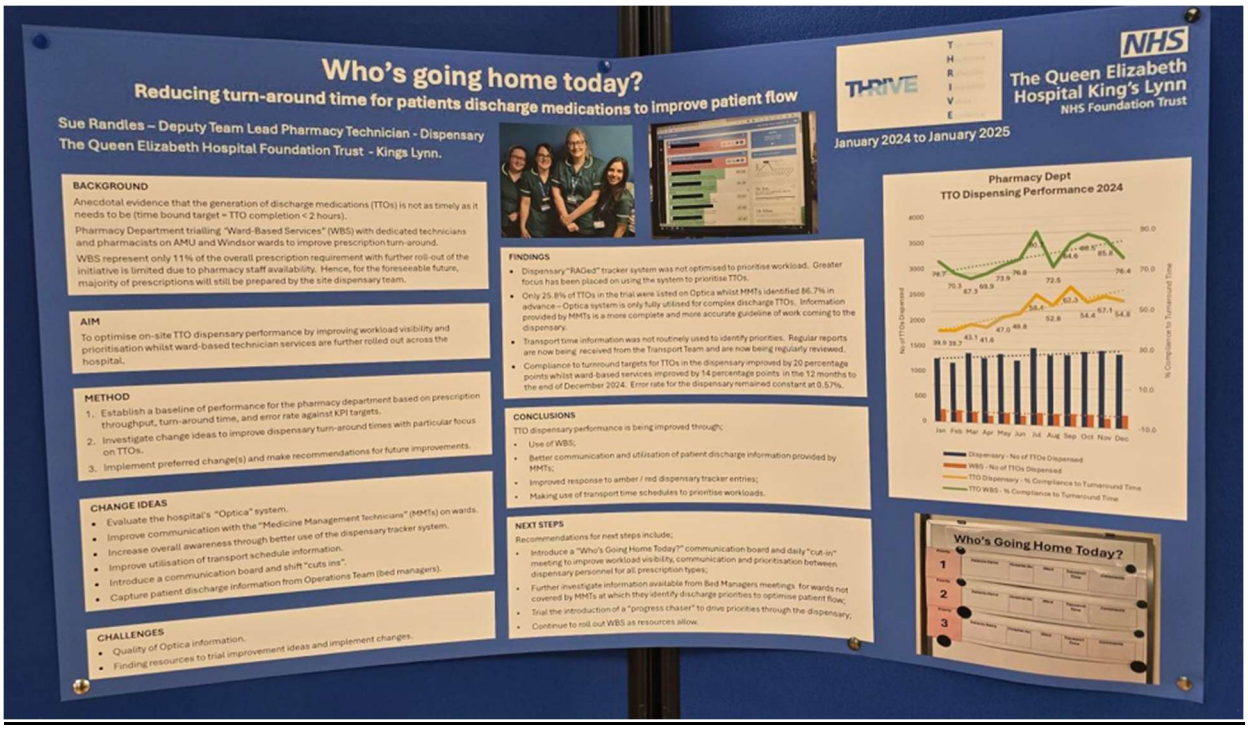
Quality Improvement Projects

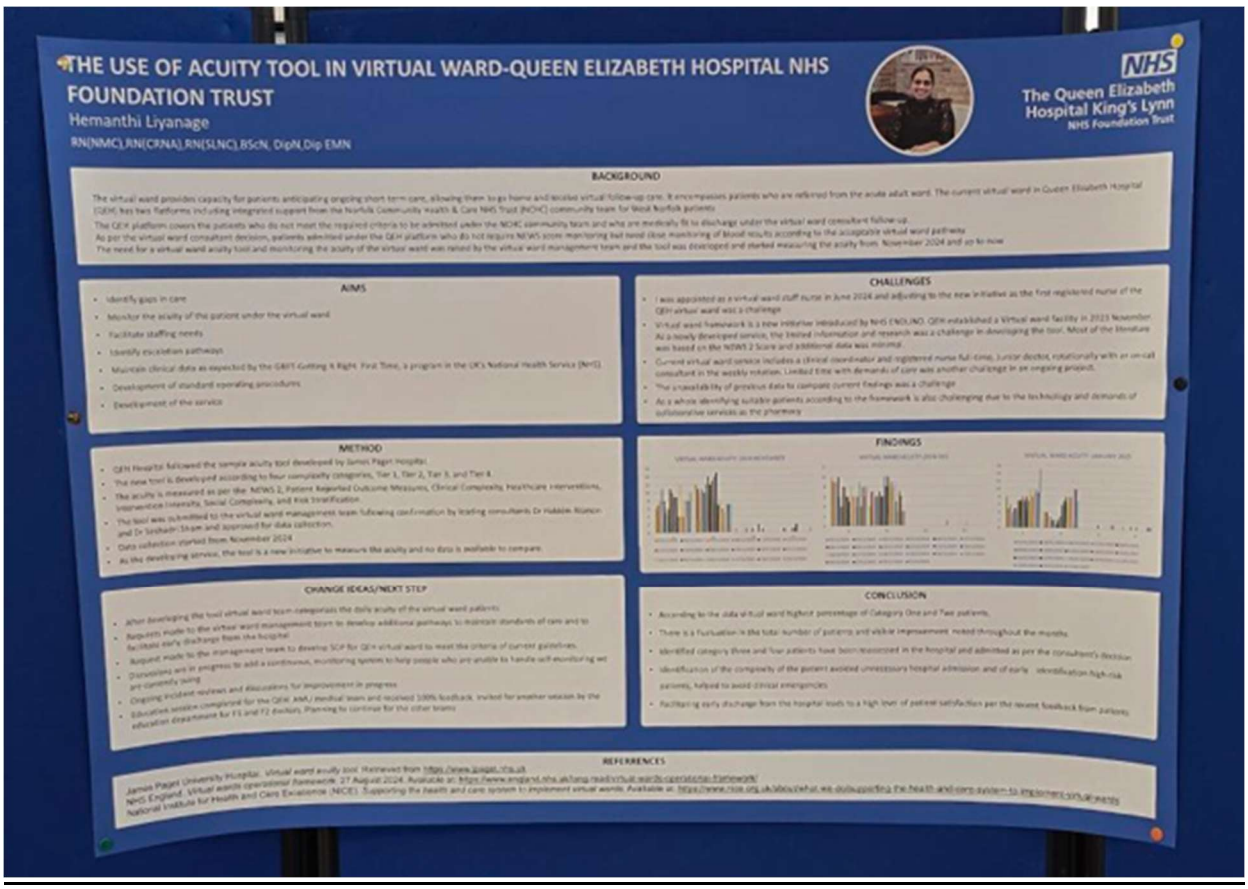
All the participants identified an area for improvement in their own workplace. Over the early months of the programme each person explored possibilities, with the scope being open to focus on an improvement related to a wide range of areas including care processes or interventions, safety, teamwork, wellbeing and culture. The QI training provided a framework for project planning and the touchpoint sessions created space for sharing and developing ideas and project plans. Other sessions helped support the projects including sessions relating to literature searching, research and writing for publication. The education team were also available to offer additional one to one support with ideas and planning and towards the end, poster development and presentation skills.

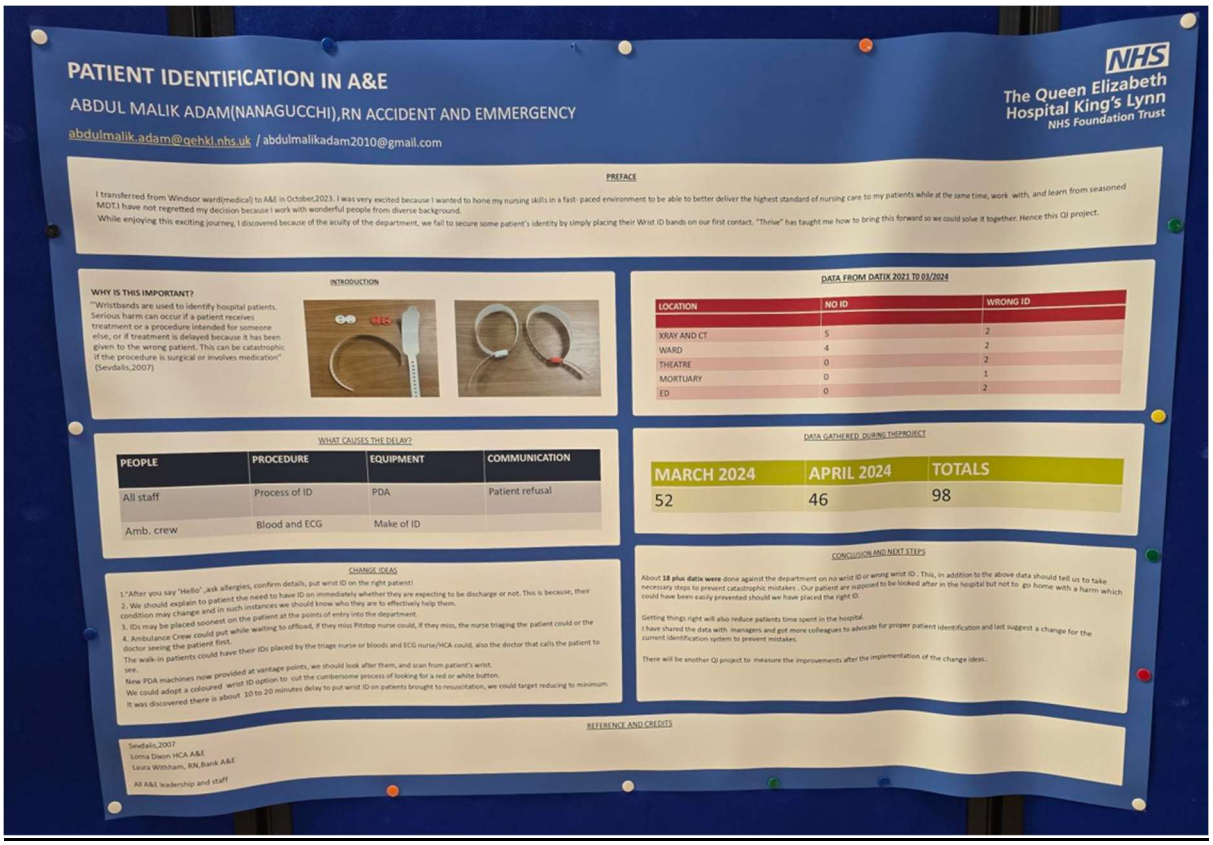
At the end of the programme, all the participants created posters and delivered a short presentation of their work at a celebration event with managers, mentors, programme speakers, members of NICHE and the Trust Executive Team including the Chief Executive and Chief Nurse. The quality of the presentations was outstanding and genuinely brought the concept of THRIVE to life for those present.

Participant	QI Project Title
Hilda Ekeanyanwu Elizabeth Mbuthia &	Culture Change: Teamwork and Increased Positivity in the Workplace
Hemanthi Mangalika	The Use of an Acuity Tool in the Virtual Ward QEHKL Trust
Adam Abdul Malik	Patient Identification in A&E
Susan Randles	Who's Going Home Today? Reducing turnaround time for patient discharge medications to improve patient flow
Doris Nwaiwu	A Review of Failed Discharges at QEHKL Trust




Who's going home today?
Reducing turn-around time for patients discharge medications to improve patient flow
Sue Randles – Deputy Team Lead Pharmacy Technician - Dispensary
The Queen Elizabeth Hospital Foundation Trust - Kings Lynn.
THRIVE
NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust
January 2024 to January 2025
BACKGROUND
Anecdotal evidence that the generation of discharge medications (TTOs) is not as timely as it needs to be (time bound target = TTO completion < 2 hours).
Pharmacy Department trialling "Ward-Based Services" (WBS) with dedicated technicians and pharmacists on AMU and Windsor wards to improve prescription turn-around.
WBS represent only 11% of the overall prescription requirement with further roll-out of the initiative is limited due to pharmacy staff availability. Hence, for the foreseeable future, majority of prescriptions will still be prepared by the site dispensary team.
AIM
To optimise on-site TTO dispensary performance by improving workload visibility and prioritisation whilst ward-based technician services are further rolled out across the hospital.
METHOD
1. Establish a baseline of performance for the pharmacy department based on prescription throughput, turn-around time, and error rate against KPI targets.
2. Investigate change ideas to improve dispensary turn-around times with particular focus on TTOs.
3. Implement preferred change(s) and make recommendations for future improvements.
CHANGE IDEAS
Evaluate the hospital's "Optica" system.
Improve communication with the "Medicine Management Technicians" (MMTs) on wards.
Increase overall awareness through better use of the dispensary tracker system.
Improve utilisation of transport schedule information.
Introduce a communication board and shift "cuts ins".
Capture patient discharge information from Operations Team (bed managers).
CHALLENGES
Quality of Optica information.
Finding resources to trial improvement ideas and implement changes.
FINDINGS
Dispensary "RAGed" tracker system was not optimised to prioritise workload. Greater focus has been placed on using the system to prioritise TTOs.
Only 25.8% of TTOs in the trial were listed on Optica whilst MMTs identified 86.7% in advance – Optica system is only fully utilised for complex discharge TTOs. Information provided by MMTs is a more complete and more accurate guideline of work coming to the dispensary.
Transport time information was not routinely used to identify priorities. Regular reports are now being received from the Transport Team and are now being regularly reviewed.
Compliance to turnround targets for TTOs in the dispensary improved by 20 percentage points whilst ward-based services improved by 14 percentage points in the 12 months to the end of December 2024. Error rate for the dispensary remained constant at 0.57%.
CONCLUSIONS
TTO dispensary performance is being improved through;
Use of WBS;
Better communication and utilisation of patient discharge information provided by MMTs;
Improved response to amber / red dispensary tracker entries;
Making use of transport time schedules to prioritise workloads.
NEXT STEPS
Recommendations for next steps include;
Introduce a "Who's Going Home Today?" communication board and daily "cut-in" meeting to improve workload visibility, communication and prioritisation between dispensary personnel for all prescription types;
Further investigate information available from Bed Managers meetings for wards not covered by MMTs at which they identify discharge priorities to optimise patient flow;
Trial the introduction of a "progress chaser" to drive priorities through the dispensary;
Continue to roll out WBS as resources allow.
Pharmacy Dept
TTO Dispensing Performance 2024
Dispensary - No of TTOs Dispensed
WBS - No of TTOs Dispensed
TTO Dispensary - % Compliance to Turnaround Time
TTO WBS - % Compliance to Turnaround Time
Who's Going Home Today?


THE USE OF ACUITY TOOL IN VIRTUAL WARD-QUEEN ELIZABETH HOSPITAL NHS FOUNDATION TRUST
Hemanthi Liyanage
RN(NMC),RN(CRNA),RN(SLNC),BScN, DipN,Dip EMN
NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust
BACKGROUND
AIMS
Identify gaps in care
Monitor the acuity of the patient under the virtual ward
Facilitate staffing needs
Identify escalation pathways
Maintain clinical data as expected by the GIRFT-Getting It Right First Time, a program in the UK's National Health Service (NHS)
Development of standard operating procedures
Development of the service
CHALLENGES
METHOD
FINDINGS
CHANGE IDEAS/NEXT STEP
CONCLUSION
REFERENCES



PATIENT IDENTIFICATION IN A&E

ABDUL MALIK ADAM(NANAGUCCHI),RN ACCIDENT AND EMMERGENCY

abdulmalik.adam@gehkl.nhs.uk / abdulmalikadam2010@gmail.com

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

PREFACE

I transferred from Windsor ward(medical) to A&E in October,2023. I was very excited because I wanted to hone my nursing skills in a fast- paced environment to be able to better deliver the highest standard of nursing care to my patients while at the same time, work with, and learn from seasoned MDT.I have not regretted my decision because I work with wonderful people from diverse background.

While enjoying this exciting journey, I discovered because of the acuity of the department, we fail to secure some patient's identity by simply placing their Wrist ID bands on our first contact. "Thrive" has taught me how to bring this forward so we could solve it together. Hence this QI project.

INTRODUCTION

WHY IS THIS IMPORTANT?

"Wristbands are used to identify hospital patients. Serious harm can occur if a patient receives treatment or a procedure intended for someone else, or if treatment is delayed because it has been given to the wrong patient. This can be catastrophic if the procedure is surgical or involves medication" (Sevdalis,2007)

DATA FROM DATIX 2021 TO 03/2024

LOCATION	NO ID	WRONG ID
XRAY AND CT	5	2
WARD	4	2
THEATRE	0	2
MORTUARY	0	1
ED	0	2

WHAT CAUSES THE DELAY?

PEOPLE	PROCEDURE	EQUIPMENT	COMMUNICATION
All staff	Process of ID	PDA	Patient refusal
Amb. crew	Blood and ECG	Make of ID	

DATA GATHERED DURING THEPROJECT

MARCH 2024	APRIL 2024	TOTALS
52	46	98

CHANGE IDEAS

1."After you say 'Hello' ,ask allergies, confirm details, put wrist ID on the right patient!

2. We should explain to patient the need to have ID on immediately whether they are expecting to be discharge or not. This is because, their condition may change and in such instances we should know who they are to effectively help them.

3. IDs may be placed soonest on the patient at the points of entry into the department.

4. Ambulance Crew could put while waiting to offload, if they miss Pitstop nurse could, If they miss, the nurse triaging the patient could or the doctor seeing the patient first.

The walk-in patients could have their IDs placed by the triage nurse or bloods and ECG nurse/HCA could, also the doctor that calls the patient to see.

New PDA machines now provided at vantage points, we should look after them, and scan from patient's wrist.

We could adopt a coloured wrist ID option to cut the cumbersome process of looking for a red or white button.

It was discovered there is about 10 to 20 minutes delay to put wrist ID on patients brought to resuscitation, we could target reducing to minimum.

CONCLUSION AND NEXT STEPS

About **18 plus datix were** done against the department on no wrist ID or wrong wrist ID . This, in addition to the above data should tell us to take necessary steps to prevent catastrophic mistakes . Our patient are supposed to be looked after in the hospital but not to go home with a harm which could have been easily prevented should we have placed the right ID.

Getting things right will also reduce patients time spent in the hospital.

I have shared the data with managers and got more colleagues to advocate for proper patient identification and last suggest a change for the current identification system to prevent mistakes.

There will be another QI project to measure the improvements after the implementation of the change ideas..

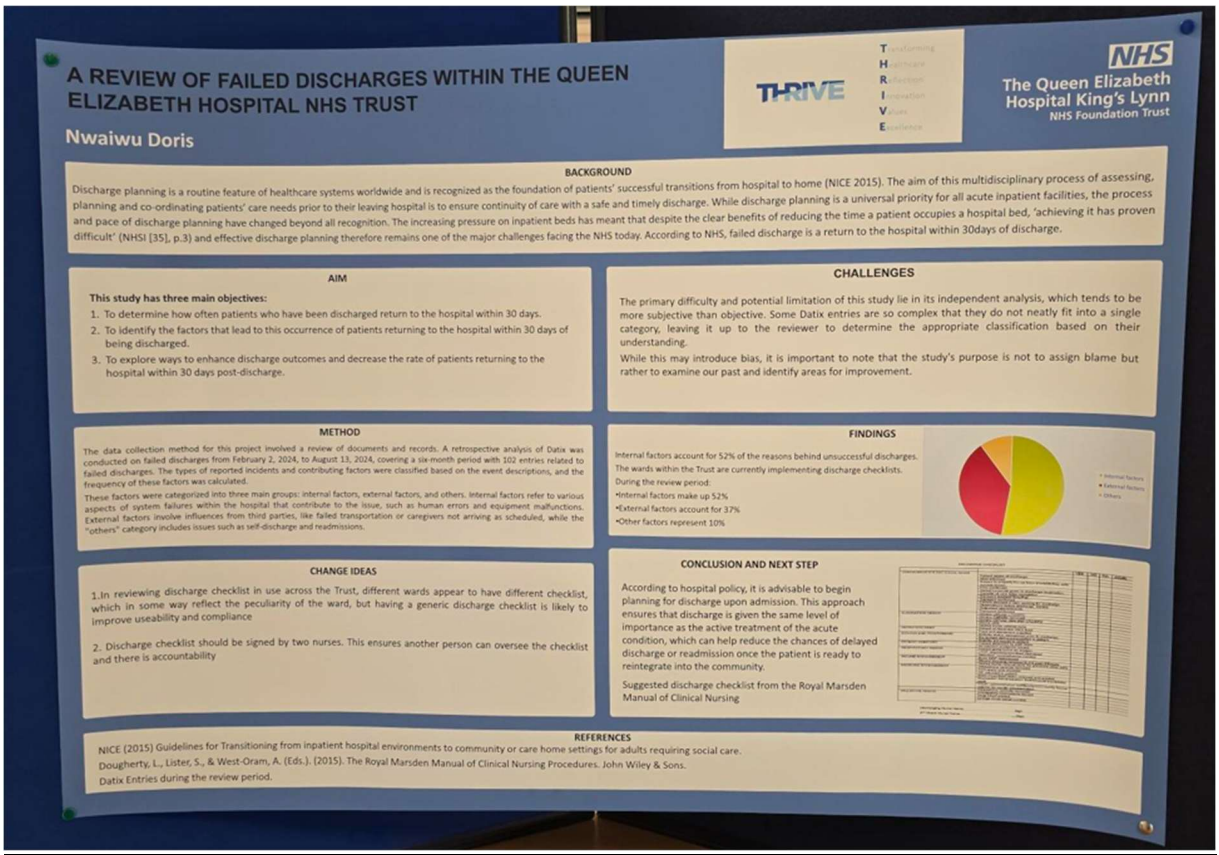
REFERENCE AND CREDITS

Sevdalis,2007

Lorna Dixon HCA A&E

Laura Withham, RN,Bank A&E

All A&E leadership and staff



A REVIEW OF FAILED DISCHARGES WITHIN THE QUEEN ELIZABETH HOSPITAL NHS TRUST

Nwaiwu Doris

THRIVE
T Transforming
H Healthcare
R Reflection
I Innovation
V Value
E Excellence

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

BACKGROUND

Discharge planning is a routine feature of healthcare systems worldwide and is recognized as the foundation of patients' successful transitions from hospital to home (NICE 2015). The aim of this multidisciplinary process of assessing, planning and co-ordinating patients' care needs prior to their leaving hospital is to ensure continuity of care with a safe and timely discharge. While discharge planning is a universal priority for all acute inpatient facilities, the process and pace of discharge planning have changed beyond all recognition. The increasing pressure on inpatient beds has meant that despite the clear benefits of reducing the time a patient occupies a hospital bed, 'achieving it has proven difficult' (NHSI [35], p.3) and effective discharge planning therefore remains one of the major challenges facing the NHS today. According to NHS, failed discharge is a return to the hospital within 30days of discharge.

AIM

This study has three main objectives:

1. To determine how often patients who have been discharged return to the hospital within 30 days.
2. To identify the factors that lead to this occurrence of patients returning to the hospital within 30 days of being discharged.
3. To explore ways to enhance discharge outcomes and decrease the rate of patients returning to the hospital within 30 days post-discharge.

CHALLENGES

The primary difficulty and potential limitation of this study lie in its independent analysis, which tends to be more subjective than objective. Some Datix entries are so complex that they do not neatly fit into a single category, leaving it up to the reviewer to determine the appropriate classification based on their understanding.

While this may introduce bias, it is important to note that the study's purpose is not to assign blame but rather to examine our past and identify areas for improvement.

METHOD

The data collection method for this project involved a review of documents and records. A retrospective analysis of Datix was conducted on failed discharges from February 2, 2024, to August 13, 2024, covering a six-month period with 102 entries related to failed discharges. The types of reported incidents and contributing factors were classified based on the event descriptions, and the frequency of these factors was calculated.

These factors were categorized into three main groups: internal factors, external factors, and others. Internal factors refer to various aspects of system failures within the hospital that contribute to the issue, such as human errors and equipment malfunctions. External factors involve influences from third parties, like failed transportation or caregivers not arriving as scheduled, while the "others" category includes issues such as self-discharge and readmissions.

FINDINGS

Internal factors account for 52% of the reasons behind unsuccessful discharges. The wards within the Trust are currently implementing discharge checklists.

During the review period:

•Internal factors make up 52%

•External factors account for 37%

•Other factors represent 10%

CHANGE IDEAS

1.In reviewing discharge checklist in use across the Trust, different wards appear to have different checklist, which in some way reflect the peculiarity of the ward, but having a generic discharge checklist is likely to improve useability and compliance

2. Discharge checklist should be signed by two nurses. This ensures another person can oversee the checklist and there is accountability

CONCLUSION AND NEXT STEP

According to hospital policy, it is advisable to begin planning for discharge upon admission. This approach ensures that discharge is given the same level of importance as the active treatment of the acute condition, which can help reduce the chances of delayed discharge or readmission once the patient is ready to reintegrate into the community.

Suggested discharge checklist from the Royal Marsden Manual of Clinical Nursing

REFERENCES

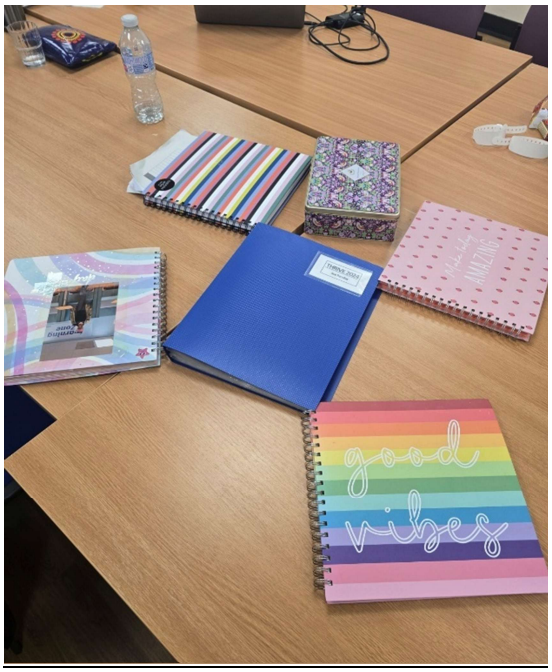
NICE (2015) Guidelines for Transitioning from inpatient hospital environments to community or care home settings for adults requiring social care.

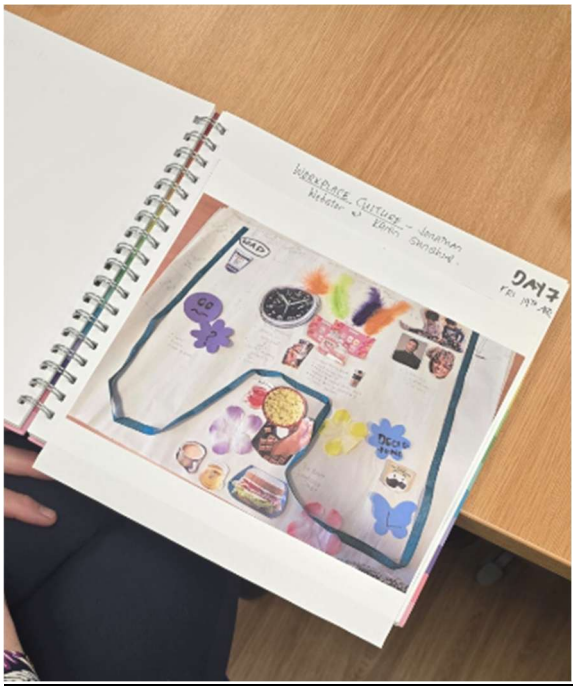
Dougherty, L., Lister, S., & West-Oram, A. (Eds.). (2015). The Royal Marsden Manual of Clinical Nursing Procedures. John Wiley & Sons.

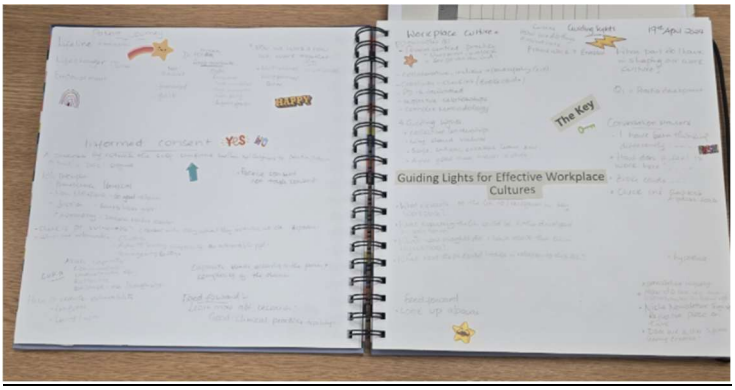
Datix Entries during the review period.

Scrapbooks

As aforementioned, participants were all given scrapbooks to document their learning as they progressed through the programme. At the end of the programme everyone had an opportunity to use the scrapbooks to share their learning and reflections. It was particularly heartening to see the vibrant ways in which learning had been recorded and to hear how several participants felt the opportunity to document their learning journey through more creative approaches had proved meaningful.







End of Programme Evaluation Data Presentation

The end of programme evaluation data includes the feedback received from all six participants who completed the end of programme evaluation form. Participants were invited to provide feedback on the programme content and the learning processes they experienced. Feedback was sought on the impact of the programme and how their learning had influenced practice; for example, what participants are doing differently and the impact for not just themselves, but their teams, patients (including families and other service users) and the organisation. They were asked to respond to questions related to the quality improvement projects, and the shadowing experiences as these had been seen as significant during the course of the year. They were also asked about the impact on their career progression. Finally, they responded to questions offering more general feedback regarding THRIVE and any areas for improvement.

The feedback has been reviewed and themed with reference to other formal and informal data received during the course of the programme. For example, the sessional action and feed-forward plans shared after each session (summary/themes in appendix 4) and other reflections on learning via the scrapbooks etc. Reviewing the data, there was an overwhelming sense that the THRIVE Programme had a significant impact on the participants. It was highly regarded and seen as a programme that could add value to leaders working across the Trust.

The following presentation of feedback shares the key themes that emerged in response to the questions. The data is presented as authentically as possible with direct quotes in the participants own words.

1. What aspects of the THRIVE Programme content did you find most useful and why?

'THRIVE was great to be honest. The games [creativity] were marvellous, the scrapbook, the postcards, the exercises, the check-ins, different speakers. It was a perfect environment for mental detoxification.'

<u>The 360 assessment and feedback</u>

- This meant so much to me. Having colleagues and friends evaluate my leadership skill and give honest feedback and having a professional facilitator to evaluate this to give me development skills and strategy. This has helped and encouraged me as a leader and also the fact that while I beat down myself so much, people actually think differently to me. This boosted my confidence level.
- It was really nice getting the feedback from people you work with. This gives you an idea of what people see when you work with them and the opportunity to explore and improve your weaknesses.
- The 360 feedback gave me confidence and I learned much more about who I am.
- Receiving honest feedback from colleagues and a professional facilitator was invaluable. It not only helped me develop leadership skills and strategies but also boosted my confidence, showing me that others see my abilities differently than I do.
- Getting feedback from coworkers provided insight into how I am perceived at work and highlighted areas for improvement.

The shadowing experience

- I shadowed the OP centre, this helped me appreciate the tremendous work people do behind the scenes to keep the hospital running. I was able to appreciate what it meant when they said they are operating on OPELS/or 4. While it might seem like top management team are cruel this insight gave me appreciation but it's a different kind of pressure and we've all got to do what's best for the patient this is why it exists.
- Getting a better understanding of how the hospital works and how the different departments interact.
- The shadowing experience today with the people directorate and the patient safety team was really important and useful.

Self coaching techniques

- I was able to build resilience and [develop] coping mechanisms. Positively these were passed on to others around me. We managed to create our own ball of positivity and there was a ripple effect to others.

Building new professional relationships

- Meeting and getting to know colleagues outside of my department. Meeting the wider QH team I'm putting names to faces that I had only previously seen in e-mail addresses.
- Getting an insight into the challenges that my new friends experience on a daily basis

2. What aspects of the THRIVE Programme learning processes did you find most useful and why?

Quality improvement training and project

- Improvement aspect because it enabled me to find a problem in the department where I worked, to gather data... suggest solutions, and work with the team to change ideas and make improvements.
- The project brought us closer as a ward and everyone regarded our gratitude tree positively it was a joy to see it grow.
- Creating the poster as part of the project felt like something really difficult but as I started working on it, I had to stop myself from wanting to keep making changes. I really enjoyed it in the end.
- The quality improvement project led to improvements in the workplace. It improved my knowledge and interest in quality improvement in the NHS.
- This was my first time carrying out a project at this level and I am impressed at how we were able to juggle work, personal life and the project together. Already, we are seeing the impact this has made to my ward and my team.

'Checking In'

- The routine check-ins were amazing. It helps you to own up to your emotions and is the first step towards healing. It is something I have also employed at work and has had a visible impact on my team.
- Checking in was a great way of understanding people's mindsets before you start the day.

Safe-spaces

- I really appreciated that the Thrive classroom is a safe space. Safe not only to share our challenges, fears and concerns but we also have a community to help us navigate through the challenges.
- We were able to pull out our successes and challenges to each other and to support each other and provide input.

Creativity

- I love the visuals and the cards they really helped me identify and work with feelings.
- The things I found most useful were the check-ins, the scrapbooks, the slides and the visuals; they brought everything to life. I am a visual person, so it really helped me understand the content and also to express myself.
- The scrapbook is an amazing way to keep memories alive and claim ownership of our learning.

Learning from others

- There was always something to new to learn from the group and from training with colleagues.
- I value the friends, colleagues and connections made.

Workplace culture and the guiding lights

- The guiding lights help me to think about my practice development.

The shadowing experience

- The shadowing experience, especially joining executive team meeting helped me to see how the hospital areas and departments are connected and to understand day-to-day activity.

3. What have you and/or are you doing differently as a result of your participation on the THRIVE Programme?

Changes to practice

- During my shadowing at the operation centre, I discovered the importance of transferring patients from A&E in time to the ward so that we could create more space to receive people from the ambulances. Because of this I took time to move trolleys to transfer patients myself rather than waiting for porter which can cause further delays.
- Completing the quality improvement project also helped me to think more about new projects for the future.

Personal development

- [Building] self-trust and increased confidence: through the 360 leadership feedback I realised I am not as bad as I thought! [I] have always been smitten with self-doubt but with the tools THRIVE provided, the feedback, improvement ideas and suggestions I believe in myself more. I [also] see my colleagues through a different lens. They actually see something good in me that I obviously don't. I am more willing to take up challenges and leadership roles.

- I feel a lot calmer now when faced with stress/ difficulty on the ward and in my personal life. It is refreshing knowing that you have things under control and feel confident in yourself and be able to walk the talk as well.
- Leading with confidence.
- I feel better equipped to manage confrontation and being upset in my daily work life.
- I now have contacts in other departments who I can approach for help with well-being issues.
- Engagement with the 360 feedback was eye opening… I understand my individual leadership qualities and it helped me identify my weaknesses and strengths. I have changed my leadership approach and [I am] more confident.

4. What have you achieved/gained/learnt from your participation in the THRIVE Programme:

<u>Yourself?</u>

- Strengthened communication teamwork and emotional intelligence.
- I am more compassionate with myself not as judgmental and self doubting as I would normally be.
- My confidence level has really improved.
- I am more orientated to things happening in the hospital, and have a [better] idea why some policies are in place.
- Improve knowledge and skills.
- Networking.
- Better understanding of the NHS.
- Confidence to be 'me' even though I don't have years of experience in my department there are other skills that I can bring and which contribute to the team.
- Development of leadership qualities and confidence.
- Development of communication skills.
- Development of knowledge about the fundamentals of quality improvement.

<u>Patients/families/people using services?</u>

- Strengthened compassion and quality of care.
- The sessions around authentic self and personality assessment has broadened my view and enabled me to be more kind and compassionate towards people in my sphere of influence. It has also improved my listening ability.
- I am currently a patient experience champion and due to all the exposure the THRIVE Programme has given to me. I have learned how to advocate for my patients using different methods and situations, signposting people to all the services that they need.
- Able to respond to queries with more confidence.
- Able to own our space as best caregivers.
- Personal and career (professional) developments that have directly affected to be in service as a registered nurse.
- Leading the quality improvement project has been very positively received.

<u>Your team</u>

- Empathise with team members, offer support and ask for help.

- I think I have become a better team member more able to really empathise with people and also to be able to nudge people around me towards a positive growth.
- Increased positivity. Gratitude and a better team player.
- Building good teams that give better care to patients.
- Because of the insight and knowledge I now have regarding what makes up the hospital, I am less predisposed to be fussy and more able to explain [things] and encourage members of my team.
- [As a result of] The 360 feedback I got, I feel seen by my team, I now feel more hungry to contribute to the success of our daily work and to be proactive in improvement projects.
- Being able to signpost colleagues to services that I was introduced to during the programme like research and development.
- More respect for my presence.
- Dealing with problems as they arise.
- Development of teamwork.
- More confident as a leader and working towards being more of a collaborative leader.

<u>The organisation?</u>

- Plan various leadership roles for staff well-being and patient experience.
- Having different department teams come to do presentations in the THRIVE Programme have helped me to see the bigger picture. One thing specifically is where we think nobody cares. The organisation is actually listening but a lot of people don't know these channels are available for people to express their concerns. Despite the pressure, the organisation actually cares about its people.
- Having the session with the corporate strategy and people planning team, I now understand how in my work/role, I am able to contribute to making a positive difference in the organisation. The structure of the organisation is like a puzzle, we come together as a community to create a safe place for people to work, heal, and thrive.
- Feel like I belong.
- The importance of living the values.
- How it works [or sometimes] doesn't.
- The organisation will benefit from all of my achievements through the THRIVE Programme including, [my] leadership development, engagement and the quality improvement journey.

5. ***What have you achieved/gained/learnt from your participation in the shadowing opportunities for:***

<u>Yourself?</u>

- Understanding structures.
- Timeliness. Giving support and asking for help more often.
- I have learned how Datix is analysed and used as a management, problem solving and quality improvement tool.
- The OPEL categorisation of the hospital operations which mirrors the pressure the hospital is under. The need for each and everyone, departments and individuals to pull their weight.

- Shadowing the infection control team helped me to see the tremendous work they do and how they keep us safe and healthy.
- I got a boost in my confidence level.
- I was fortunate to be in one of the executive meetings and see how the hospital is being run.
- A thank you card from one of the people I shadowed made my day!
- Better understanding of other departments.
- Shadowing the Operations Centre help me to understand how I can tap into the bed manager resource is to assist with the work we are doing in my department.
- Shadowing the patient experience team lead and the deputy chief nurse gave me a very good experience in understanding higher management teams and the quality of a true leader as well as seeing the responsibilities they are holding.

Patients/families/people using services?

- [The importance of giving the] best care I can within my abilities and following trust policies and values.
- That Datix is a learning curve not a blame tool.
- We are all interdependent on the services each [of us] provides to achieve our aim. Every department is an indispensable piece of the puzzle.
- Shadowing the Palliative Care Team gave me a better understanding of care of the dying and how much more we can do.
- Shadowing [other leaders] has helped me build confidence and this is helping me in my practise and patient care directly.

Your team?

- Sharing the work of the operation centre to my team so they could understand how to support activity.
- I am much more knowledgeable about other departments in the organisation than I was before THRIVE and I am able to share that knowledge with others.
- I feel I am more useful to my team than I would have been before if I had not participated in THRIVE.
- I see myself more now as a change agent.
- The executive meeting helped me to understand more about the changes in the use of bank staff it also helped me to explain to my colleagues what was going on behind the scenes.
- Seeing the bigger picture and targets of the organisation helps to allay fears.
- Sharing the new knowledge I gained benefited my team.

The organisation?

- Understanding the contribution of my area of work and how this helps the organisation to achieve its vision.
- I see the other facets of the organisation and so much work people do behind the scenes.
- There are so many growth opportunities within the trust.
- I think the experience benefited me and the people around me.
- [At times] There are too many people talking a good talk and not actually doing anything and making a difference to services.

6. What have you achieved/gained/learnt from undertaking your improvement project:

Yourself?

- I have been proactive in improving a patient safety issue in my department.
- Undertaking the quality improvement project helped me to appreciate that I can affect change. It helped me when there were obstacles to refrain from the first tendency which is to blame…I realised I can be a pioneer for change.
- I realised that I can do whatever I set out to do with belief in myself.
- It is a daily challenge to live and be more positive and kinder to all I work with. By being more reflective daily on how I could be kinder or more understanding, I have learned to appreciate everyone's positive recognition Connor.
- Better at handling the frustration around not having the resource is to implement all the changes.
- Increased knowledge of quality improvement and leading a project.
- Improve knowledge on data collection and communication and presentation skills.
- The value of evidence for changing practise.
- Developing confidence and leadership development.

Patients/families/people using services?

- Patients have a better understanding of how we are keeping them safe in our department.
- When the workplace culture fosters a collaborative and peaceful environment, the patients get the treatment they deserve… they are able to go back to their lives, celebrate birthdays, wedding anniversaries, go on vacation and have a nice day walking with their dog.
- The team have appreciated our efforts and are more cooperative. Patients also wanted to be included in the acts of kindness and gratitude... staff are happier and are providing better services.

Your team?

- The team now has a greater understanding of why we need to improve the patient safety issue in our department.
- We may not have arrived where we want to B but there is a deliberate effort and quest for improvement.
- As a team we are more coordinated now and in sync with the improvement agenda brought up by my colleagues, the organisation and my manager. [We are] learning how to respect each other and even our differences.
- [The project] is still a work in progress. But we are working better together and there is an improvement in how supportive we are as a team.
- Most team members want to help to drive change and improvement they just need help showing the way.
- Teamwork really helped this development.

The organisation?

- Working on my quality improvement project has been an important process in the organisation.

- The organisation has a lot of resource in terms of people and equipment to help everyone achieve their dreams. The systems and structures are not perfect, there is definitely room for improvement.
- Staff are the organisation's ambassadors… we are more attuned to creating a positive workplace culture. The CQC ratings of our hospital will surely be improved.
- [Through the project] We created happier staff equalling job satisfaction and retention. [We created a sense of[belonging and are living our values.
- We all have the same goal to optimise patient care but we are not always joined up between the department to achieve change.

7. What could be improved about the THRIVE Programme?

- Getting all the managers enrolled so they too can lead with compassion.
- Increase the publicity [so more people access].
- Maybe make it mandatory for all leaders.
- Calculate CPD hours.
- More resource on the WordPress website.
- Roll out to all leaders.

8. How has the programme helped you to plan your career progression/enabled your career progression?

- I am planning my career progression and searching for new opportunities.
- The programme has helped to continue my professional education and I hope to extend this further.
- It has enabled me to improve as a leader.
- It has given me a buffet of options.
- When I started the programme there were many uncertainties in my career. During the programme it became clear to me what those uncertainties were and how to overcome them. I have had a meeting with my mentor and I plan to be getting back on track; this includes getting my degree in nursing.
- Before the start of THRIVE I had no idea of the possibilities and opportunities available to us in the trust. Having different people and teams come to do presentations, share their experiences and the opportunities available has been helpful. Finally I have been able to appreciate I don't have to be stuck as a bedside nurse if I don't want to be, there are many other equally fulfilling and available opportunities. The discussion about career progression has helped me to develop an action plan.
- I am currently reflecting on my career pathway and progression and I am realising that the programme has been part of my guide.

9. Do you have any other thoughts or feelings about the programme that you would like to be considered as part of this evaluation?

- THRIVE 'graduates' could become a 'think tank' where they meet to discuss problems and suggest change ideas in the trust.

- My thoughts and feelings are that this is a wonderful opportunity, that is progressive… culminating in building more rounded and confident leaders.
- This is a wonderful programme for current and aspiring leaders.
- THRIVE was refreshing. It created a safe place for us to connect and explore. I recommend that other people experience it… let the programme continue and be added to the list of things preceptors and preceptees talk about during the preceptorship programme.
- It has been an eye opener for me. I wish more people could have the opportunity to undertake the programme. I was worried about the quality improvement project and the poster but I have really enjoyed these in the end.
- I am taking this opportunity to thank QEH education team and the management team [for selecting me for] the THRIVE Programme. As a candidate in the first group, I really hope the programme is continued for other colleagues. The learning culture inside the group was attractive, supportive… the educators gave a total contribution. The visiting lecturers and all the teams throughout the programme have encouraged us to develop and become future leaders.
- I find myself leading with confidence and comfort. I am communicating clearly and intentionally as well as delegating with ease. I am enjoying the team work on the ward and have been supporting supernumerary staff with ease. I have enjoyed building networks within the trust.
- This took me on a self-discovery experience and I got to see my leadership style and understand myself better.
- I have learned to take ownership of my professional journey by setting goals and working towards them.
- I may not be where I want to be but I'm far from where I was when the programme began.

' THRIVE is one of the best programmes I have engaged with ***'***

Discussion and Learning

The final evaluation data is overwhelmingly positive and demonstrates that this first THRIVE pilot programme offered a progressive opportunity to support the development of more rounded and confident leaders. As the participants articulated so clearly, THRIVE was a refreshing, safe space for connection, reflection and learning. It promoted self-awareness, self-discovery and fostered leadership growth and confidence. Whilst the direct impact of the individual participants was strongly evident at the final presentation day, there was also significant evidence of the wider value of the programme for patient care, workplace teams and the organisation.

Reviewing the final evaluation data alongside other formal and informal feedback bring to the fore several areas worthy of note. Investing time into building relationships over the first three days, at the start of the programme, laid the foundations for developing a cohesive and supportive group.

> 'After knowing about each other following introductions, it felt like being with a group of people with the same ideas… similarities of attitudes and [commitment to] self-development. I am looking forward to working with this new team'.

A thread in all the feedback was the gratitude participants had for the safe and supportive space they found within the group. The time allocated for checking in with each other at the start of the learning days allowed participants to share and reflect on experiences and seek feedback on successes and challenges.

A further benefit of the first three days running consecutively was the chance to create a fertile ground for participants to focus their learning on the key areas of the programme, namely, leadership, culture, quality and wellbeing. The reflections participant shared via the feed-forward and action planning (appendix 4) evidenced many new insights regarding leadership, teamworking, communication, workplace culture and wellbeing. As the programme progressed, participants were able to build on their learning and embed knew knowledge into their practice.

As the programme progressed, feedback from the learning days, along with the end of programme evaluation highlighted learning that had a significant impact. Learning about workplace culture seemed to resonate positively. Several participants shared how they had talked to their colleagues about the Guiding Lights framework and ways they could take 'small steps' to use it in practice, to help them evaluate their own workplace culture. The 'patient experience' sessions and the notion of 'walking in the patient's shoes' generated wider thinking about the importance of everyone making a commitment to improve patient experience; appreciating the 'pivotal' role of volunteers was also noted. Learning about research and interlinked to this, developing skills in using literature and writing for publications was found to be very useful along with strategies for embedding change. Time with colleagues from the People Directorate offered participants insight regarding the different way the organisation aims to create a supportive, learning culture that embraces quality, diversity and inclusion. Participants felt enthused to share their learning regarding opportunities that are available including restorative supervision and Schwartz Rounds.

An aspect of the programme that evaluated especially well was the shadowing opportunities. Participants greatly appreciated the time and effort that many colleagues within the trust dedicated to this opportunity and felt warmly welcomed into various teams across the organisation. Several participants described it as a privilege to share in the experiences of senior colleagues within the trust, offering them a broader perspective of the organisation. As a result of the shadowing, many participants felt much more confident about approaching individuals and departments, they also felt it made the executive management team more accessible. Overall, this opportunity contributed to participants gaining a greater understanding of the complexity of the NHS which would help them (in their leadership roles) navigate the system.

Another learning opportunity that was positively experienced was the 360 Degree Assessment and Feedback. Along with helping participants recognise their level of skill and expertise, it also promoted self-awareness and confidence. Several participants talked about colleagues seeing strengths that they had not recognised, one participant remarked; 'the 360 leadership feedback revealed I am more capable than I thought'. This was a shared reflection amongst the group.

The task of leading a QI project was quite daunting for participants and whilst the QI training was highly valued, concerns remained. The QI touchpoints created during the programme proved useful, along with other informal support opportunities led by the facilitation team. Participants also very much appreciated the guidance offered with the creation of poster presentations. Taking account of the fact that this was the first time they had undertaken such an initiative; the outputs and impact of the work participants have led is to be applauded. Furthermore, leading the projects promoted problem-solving, enhanced communication and teamworking with colleagues and it was also pleasing to see that participants had enjoyed the opportunity.

Strengthening skills in leadership and building confidence is one of the most important threads running through the programme. The evaluation data and informal feedback during the learning days indicated both skills development and growth in confidence. In particular, participants reflected growing awareness of the role of compassionate and collective leadership and interlinked to this how facilitative and enabling approaches can add value and create more positive outcomes in practice. Experiencing their growing confidence was really heartwarming and none more evident than on the final celebration day where everyone 'stood tall' and 'shone brightly' as they presented their projects and learning from the programme.

One of the key objectives of the programme was to address workforce challenges, including strengthening retention and nurturing the careers of aspiring leaders. During the programme, several participants have progressed their career, either through actively seeking changes to areas of work and/or gaining promotion. Without exception all feel more attuned to ongoing career development and have a greater sense of wider possibilities within the organisation.

Finally, the voices of the participants help sum up the value of the programme:

Confidence, confidence confidence…

‘Strengthened [my] compassion and emotional intelligence’
‘Able to make changes and overcome obstacles’
‘Seeing possibilities and opportunities in the Trust’
‘Feeling calmer and able to manage difficulties’
‘More hungry to contribute and proactive’
‘Thrive was a refreshing and safe space’
‘Highly recommend for everyone’
‘It has been enlightening, and I hope more people get to undertake it’
‘I may not be where I want to be, but I'm far from where I started’

‘Thanks to the QEH education and management teams for selecting me for the THRIVE Programme. As a first-group candidate, I hope it continues for others. The learning culture was supportive and engaging. Educators, visiting lecturers, and teams encouraged our development as future leaders’

Recommendations for Future Programmes

This report and evaluation evidences the significant value the THRIVE programme concept has offered to developing and supporting aspiring leaders across all areas of healthcare. It is strongly recommended that the programme be refined in the light of the evaluation with consideration of a small number of recommendations:

1. Delivering the first 3 days of the programme consecutively had a significant impact and should be continued. It is also recommended that adding an extra day and considering a residential option could enhance engagement and learning.
2. The QI project element and of the programme was a great success in terms of learning and outcomes and should be maintained.
3. The two shadowing opportunities were greatly valued and should be maintained. Adding further value to this opportunity could be explored by considering some kind of group presentation of learning.
4. Whilst the 12-month approach to the programme worked well, there is scope for condensing some of the learning days to deliver a programme over 6-9 months.
5. Protected time for participants to attend all the learning days supported attendance. Additional protected time was also available on request to support project and other learning activities. Whilst the uptake for this was limited, the opportunity to request support with study time on an individual, ad hoc basis should be continued.
6. The facilitated and creative learning approaches supported learning and promoted engagement and reflection; it is highly recommended these be maintained.
7. Using Trust expertise to deliver the learning days was highly valued and should be continued. However, these sessions had even better value when structure spaces for reflection and active learning opportunities were available. Building in more of this time is recommended.
8. Recruitment to the programme did present some challenges due to the time restrains and the time of year. Plans to overcome this in the future are already being developed including drawing on cohort 1 participants as ambassadors, along with the videos and posters already created.

9. Whilst the WordPress site created a space where thrive course materials could be shared the original vision for the site to be a place where participants could communicate and connect was not realised. In the future it is recommended that a simplified version of the WordPress site be created to host course materials rather than the more sophisticated/paid version.
10. Participants were very grateful for and highly valued the safe-space THRIVE offered them. Considering ways of helping THRIVE members maintain connections for the future could help continue leadership support and maintain well-being and resilience.
11. THRIVE graduates could form a reference group for future programmes and other leadership development in the trust.

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Appendices

Appendix 1: Preparing for the programme

To help you get ready to begin on the programme, here a few activities that we would like to invite you to undertake. This activity can form the start of your scrapbook.

1. How did I get here?

Take some time to think about your career journey…

2. How did you get to where you are today?

3. What or who has influenced you?

4. What is important to you and how does this influence the way in which you work with others?

5. What would you like to do differently or change?

6. Hopes, fears and expectations

Please can you think about what your 'hopes, fears and expectation' are for the programme. I will be inviting everyone to share these in session 1.

7. Ways of working and safe space agreement

When we meet for our first session together, we will spend some time creating a ways of working and safe space agreement. In preparation spend some time thinking about what is important to you when you work in groups and what would help you to feel safe and able to engage.

8. Our multiple intelligences

We all learn differently and engage in some approaches to learning better than others. The link below is for a questionnaire to help determine which intelligences are strongest for you. I would be grateful if you would complete the questionnaire so that we can think about creating the best opportunities for learning during the programme. I will be inviting to share your main strengths as part of our first session to help us think about how we work together and how I can best support you during the programme.

http://www.literacynet.org/mi/assessment/findyourstrengths.html

9. Professional Quality of life

Wellbeing, compassion and the ability of staff to be resilient has been recognised as increasingly important in health and social care. Working in healthcare is complex and demanding and can have a significant impact on our wellbeing and arguably our ability to give of our best in the workplace. One of the ways in which I would like to evaluate the impact of the programme is through the ProQOL V5 scale. I will talk about this in more detail when we meet. In the meantime, I invite you to take a look at the information and consider how it may be helpful. Website https://proqol.org/ ProQOL V5 scale – self score questionnaire https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/ProQOL_5_English_Self-Score.pdf?ver=1622777390411

Appendix 2: Sessional action planning and feed-forward in own practice settings					
Date		**Learning Day**		**Venue**	
From today's learning day, what 3 feedforward areas will you take forward in your practice environment?					
Notes from today's sessions to support action plan:					
What are my 3 feedforward targets/goals?	What steps do I need to take to achieve this	By when?	Suggested evidence of how you will progress or complete this	Future targets or steps to take	Evaluation
	1.				
	2.				
	3.				
	4.				
	1.				
	2.				
	3.				
	4.				
	1.				
	2.				
	3.				
	4.				

Appendix 3 ***QEHKL THRIVE Programme - Quarterly Evaluation of Individual Learning***	
What aspects of the programme so far have you found useful and why?	
What aspects of the programme so far have you found least useful and why?	
What if anything, from the programme so far has had the most significant impact on your learning and why?	What does this mean for you, your practise, your team and your workplace?
Reflecting on your learning journey, where you are now and what you are learning?	
Any other reflections you have about the programme and your learning so far:	

Appendix 4: Summary of Action Plans and Feed Forward in Own Practice Environment

Introduction to the programme, expectations and baseline evaluation activities, leadership, Culture Quality and wellbeing

There was significant feedback from the first three days which can be summarised under the following themes:

Introductory activities:

- Participants greatly appreciated the introductory activities.
- Using creative materials.
- Valued sharing feelings via working/safe space agreement and hopes, fears, and expectations.
- Creation of personal shields facilitated deeper and more meaningful connections.

Leadership

- Everyone is a leader in their own way, if I could harness my potential I will become a good leader.
- Recognise leadership potential, address weaknesses promptly, and lead by example.
- Develop leadership qualities, including recognizing strengths and weaknesses, applying skills in practice, and finding one's voice.
- Maintain confidence in leadership abilities.
- Continuously enhance leadership style.
- Observe leadership practices within the workplace and learn from colleagues.
- Improve group engagement by working as a team, respecting each other, ensuring good communication, and sharing ideas.
- Initiate collective and compassionate leadership skills.
- Reflect on the meeting with the CEO, Alice Webster, highlighting the value of openness and the confidence gained in engaging with the executive board members.

Communication and Teamwork

- Teamwork is essential.
- Build team spirit by seeking guidance and requesting constructive feedback. Encourage asking questions to facilitate learning.
- Acknowledge the importance of teamwork in leadership. Respect each team member, leverage their strengths, address concerns, and foster team spirit.
- Strengthen active communication and clinical practice.
- Foster teamwork by getting to know colleagues better through thoughtful questions, aiding in understanding teammates.
- Be open, create to-do lists, evaluate progress, appreciate others, and promote a positive workplace culture.
- Encourage creativity within the team and create a supportive environment. Emphasize delegation and effective communication. Create a list to improve team efficiency and do not shy away from difficult conversations.

- Begin the day with a brief planning session with HCAs.
- Ensure effective communication within the team, including all members and keeping them informed.
- Seek manager support and provide feedback on areas of improvement. Consider how skills can be utilized effectively.
- Be receptive to giving and receiving feedback.

Improving Workplace Culture

- Designate time for safe spaces and reviews [at work], and set boundaries to prevent being overwhelmed.
- Implement practice check-ins, explore ways to assist the team, and delegate effectively.
- Introduce well-being initiatives.
- Explore methods to create caring cultures in the workplace to help resolve issues.
- Understand the role of NICHE and its impact on developing workplace practices.

Quality Improvement training led by the quality improvement team

The quality improvement training was very positively received by all participants. It helped them feel more confident about leading their own improvement projects.

Principles of research for practice led by the R&D Team

The research process

- Increased understanding of research and research principles.
- Better understanding of using research in practice.

Governance and consent

- Better understanding of research governance and informed consent.
- How to use informed consent for activities.

R&D Department

- Understanding the role of the R&D team and how they work.

Workplace Culture

This day shared the 'Guiding Lights for workplace Culture' a programme of work led by NICHE. It built on the work introduced in the early part of the programme were participants explored their own workplace cultures. The framework was seen as very positive and participants could see ways in which they could use all of the Guiding Lights back in the workplace. Several participants talked about communicating the Guiding Lights to colleagues and were thinking about the small steps they could take to implement the framework in practice to help them evaluate their own workplace culture.

Engagement and collaboration, working with stakeholders and service users

Participants were very positive about these sessions, especially with regards to influencing and improving patient experience by 'walking in the patients shoes'. Several participants reiterated the importance of everyone making a commitment to improve patient experience. As part of the two days, they also valued learning more about the 'pivotal' role of volunteers and were left feeling very appreciative of what they do. Two themes/areas of learning were evident in the feedback:

Seeing the patient and their experiences differently

- A fresh look at patient experience, [I] now see the [so called] 'difficult patient' differently.
- The importance of being constructive, challenge 'bad' behaviour in a more constructive way.
- Every patient is an individual and will have different expectations.

Understanding our role in improving patient experience

- Greater understanding of patient experience and management of complaints.
- Recognising that improving patient experience is everyone's responsibility.
- Managing difficult conversations and addressing issues quickly.
- How to use professional curiosity to understand what has happened.
- Remembering to use 'my name is'.
- Improve communication in the workplace.

Shadowing

This was the first of two shadowing opportunities in the programme. It was highly valued and received exceptionally positive evaluation from all participants:

- Felt warmly welcomed.
- Appreciated the time and effort that many colleagues within the trust dedicated to this opportunity.
- Several participants described it as a privilege to share in the experiences of others within the trust.
- Observing how different departments, systems, and processes function within the organisation.
- Seeing the multitude of interlinked activities that contribute to the efficient operation of the trust.
- Deeper understanding of the complexities involved in working within the NHS.
- Seeing the bigger picture.

Embedding practice change

This day was led by Sally Hardy representing NICHE from the University of East Anglia, along with two NICHE scholarship members. Participants enjoyed learning about creating environments that foster growth and discussing ways to lead change. They were very interested in the projects led by the NICHE scholars and discussing the experience of

leading change in practice helped participants consider how they could apply this knowledge to their own quality improvement projects. This included ways to involve team members and obtain support from managers and colleagues. It also encouraged them to reflect on their roles as leaders and facilitators and how to work authentically to influence change in practice.

Literature searching, reviewing evidence and publishing

The sessions on literature searching and reviewing evidence were found to be highly beneficial, particularly in relation to the library services available within the trust. Participants also greatly valued the session on writing for publication, especially the identification of three key steps for planning a publication. Several participants were encouraged to consider writing up their quality improvement projects at the end of the programme.

Enabling approaches to leadership

Participants very much valued and enjoyed the day focusing on developing their leaderships skills and enablers and facilitators. Action plans and feedback fell into two main themes:

Self-Coaching and feedback

- I will use the self-coaching techniques to improve myself.
- Practising self-coaching and sharing with my team to think about improvements to teamwork.
- Becoming more self-aware when giving and receiving feedback.
- I will also listen to feedback from our more diverse range of colleagues so that you can get a wider perspective.

Leadership and facilitation

- Improved understanding regarding leadership styles and strengths and weaknesses.
- More aware of how these influence team and group cohesion and tolerance.
- Exploring different styles of facilitation and thinking how different techniques can create different opportunities and challenges.
- Understanding of my weaknesses and potential strengths and ways in which I could improve and develop my leadership style for the future.
- Situational facilitation helped with thinking about my styles how to use different approaches and techniques overcome challenges.

Focus on People

These two days offered participants great insight regarding the different way the organisation aims to create a supportive, learning culture that embraces quality, diversity and inclusion.

- Learning about the structures and processes that are in place to promote well-being and self-care.
- Restorative supervision and Schwartz Rounds.

Patient Safety and Patient Safety Incident Response Framework (PSIRF)

Participants were very interested to learn more about how patient safety is addressed within the organisation.

- The session on Datix, help to clarify the positive role it can have in promoting safety, rather than being a way of seeking to attribute blame.
- Several participants felt they would make more of an effort to complete a Datix report when required.

Quality improvement Touchpoint and Preceptor Development

As the programme was reaching its conclusion the penultimate session was an opportunity for participants to review projects and progress. as well a think about was in which they support others in the future. Several quotes from the feedback help sum up the value of the day:

> 'Discussing the QI projects gave me the confidence in what I am doing and also helped me to think about future improvements.'
>
> 'Having Jonathan Webster join our session this morning and to get the feedback from him about our projects was really helpful and enabled us to build confidence in what we are doing.'
>
> 'The session from Ryan on how to develop our poster presentations gave us lots of ideas and good tips on how we can create our posters for the presentation day.'
>
> 'The Preceptor and preceptorship session was really useful and helped us all identify how we can work as preceptors in the future.'
>
> 'Today was filled with joy. As the Thrive programme is coming to an end it was a point to think about take home messages and ways in which I can finalise my project.'

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