09.15 **WELCOME**

09.30

A BETTER WORKFORCE CULTURE

Camilla Kingdon, Consultant Neonatologist and President RCPCH
Alex Gillespie, Associate Professor, department of Psychological and Behavioural Science, London School of Economics

10.30am break

10.45

SUPPORTING EACH OTHER

Dhruv Parekh, Consultant Intensivist, University Hospitals Birmingham
Hena Syed-Sabir, Psychologist, Birmingham Women's and Children's NHS FT

11.45am break

12.00

INSPIRATION AND JOY

Dr Glaucomflecken, comedian and Ophthalmologist
Frank Turner, musician

1.00pm break

13.30

PUTTING AI INTO PRACTICE

Margaret Moore, Co-founder and chair of the Institute of Coaching
Lindsey Godwin, Robert P. Stiller Chair of Management & the Academic Director of the Cooperrider Center for Appreciative Inquiry at Champlain College
The "TREX" team, Thames Valley Reporting Excellence Team

2.45pm break

15.00

BEING SAFER TOGETHER

Don Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Suzette Woodward, Patient Safety Advisor

16.30 **CLOSE**

POSTER SESSON THREE: Afternoon & Lunch Breaks

3.1 **Working towards excellence in difficult IV access - BUSPASS project** Jake Turner

3.2 **Leadership training in a pandemic – using appreciative inquiry to improve our online course** Miriam Anderson

3.3 **Improving Quality of Trauma Team Pre briefing at UHCW** Vishal Narayan

3.4 **Learning from Excellence in Emergency Theatre: A LfE Quality Improvement Project** Jack Lee

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3.8 **How do staff working in paediatric intensive care define wellbeing? An appreciative inquiry approach.** Isabelle Butcher

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3.10 **A self study on using an LfE approach in initial teacher education (ITE)** Julie Ui Choistealbha

BUSPASS

IV access is a vital component of delivering care - however it can be difficult. Over the last 4 years we have conceived, implemented and refined a 1-hour mixed methods teaching session on ultrasound guided IV access; a proven aid when cannulation is difficult. Unexpected benefits have included increased US enthusiasm and a gateway to other useful US based skills.

Our project has begun to gain traction outside the emergency department, forming a part of specialty induction for acute areas. Excitingly, we have also received permission to train Health Care Assistants – who are responsible for the majority of cannulation within our department.

We hope that BUSPASS will be a springboard for developing and introducing bedside US skills to a variety of staff across the clinical spectrum.

Leadership teaching in a pandemic

using appreciative inquiry to improve our online course

Mairi Mulvanney, Miriam Anderson and Anandini Arumugam
ED, UHCW NHS Trust

Leadership training is beneficial for healthcare staff, and a GMC requirement for doctors. Over Covid we saw an opportunity to create and deliver a small group leadership course, running three 8-week cohorts using appreciative inquiry to review each one.
So far we have had 3 cohorts with approximately 28 staff participating.

Following the courses the participants have been interviewed by Mairi, with all results firewalled and anonymised from the organisers.

Topics covered
Styles of leadership, personal strengths, adaptive leadership, coaching, communication, difficult conversations, creating engagement, appreciative inquiry and making active leadership choices .

What was good?

Convenience-attending an online course was something all participants appreciated.
Open questions and the group discussions with everyone being invited to talk worked well.
Other positives were a teaching style without listing and the chance to talk with others in a group discussion in a pandemic.

Of note- what the organisers felt had gone well was reflected in the comments of the respondants, however some of the areas where the course organisers felt they had not been as good as they could have been were not picked up by the participants.

What would excellent look like?

Despite the convenience of online teaching all participants stated they would prefer it in person; being able to communicate in person feels important in principle, though the proof of this would need to be seen as it has the potential to inconvenience the group.
Some would like a qualification/certificate after participation

The organisers felt the course could be condensed to a 4 week version- this was roundly discouraged by the participants who valued the length both for discussion and the creation of psychological safety.

Future courses

We are now looking to create a course with alumni who are working in other organisations, hopefully working across the organisations. Despite the value that is placed on the 8 week course we will probably still try a condensed version and see how that is evaluated.

Learning from Excellence in Emergency Theatre: A LfE Quality Improvement Project

Dr J Lee Clinical Fellow, Dr N Calthorpe Consultant Anaesthetist

The Dudley Group NHS Foundation Trust

Discover

- Delays in preparing patients for emergency surgery are potentially costly, with increased risk of adverse outcomes, reduced theatre utilisation and prolonged hospital stay [(1)].
- Following COVID-19 there is an interest in improving theatre efficiency to deal with the backlog of surgical cases .
- Traditional QI projects risk alienating theatre staff already facing potential burnout[(2)(3)].
- LfE offers an alternative framework for quality improvement, recognising the value of positivity and promoting current excellent clinical practice[(4)(5)].

Dream

- Currently, 72% of our emergency surgical patients aren't ready for theatre by the morning handover, leading to delays, frustration, poorer patient outcomes and reduced efficiency.
- However, **28% of patients were ready**, thanks to hard-work and good clinical practice from many members of the multidisciplinary team responsible for the care of surgical patients.
- Positively recognising those who frequently deliver excellent care by getting patients to theatre safely and promptly we can reinforce these behaviours and learn from them.
- As well as making staff feel more appreciated and improving morale, LfE can lead to sustained improvements in clinical outcomes[(5)].

Design

A new LfE QI project based on the methodology of previous successful projects[(5)]:

1. Pre-intervention phase (6 weeks) - baseline data collection (fig. 1) using database and forms.
2. Intervention phase (4 months) - standardised GREATix form sent out to relevant team members when emergency surgical patients identified as meeting 'gold-standard' (fig. 2) of being correctly prepared for theatre at time of morning handover. **Current Phase**
3. Post-intervention phase (6 weeks) - GREATixes no longer sent out, with ongoing data collection. We hope to present our results in early 2022.

Destiny

- We hope that our LfE intervention will lead to a sustained improvement in the proportion of patients correctly prepared for theatre on time, reducing delays and improving theatre efficiency and patient outcomes.
- By recognising and rewarding the hard-work and clinical excellence of our theatre teams (many of whom were re-deployed during the pandemic) we hope to improve staff morale.
- Identifying particular individuals who consistently manage to prepare patients for theatre on-time, we can use advocacy inquiry to identify areas of learning which can be shared.
- Demonstrates the utility of Learning from Excellence as a tool for Quality Improvement.

Figure 1: Pre-intervention data collection – surgical patients ready for theatre at time of morning handover (57 patients)

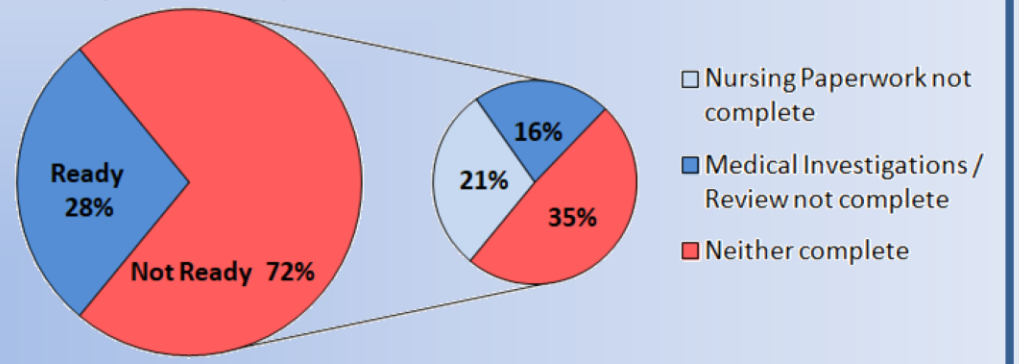

Figure 2: 'Gold Standard' for preparing emergency surgical patients for theatre

Consent Form signed	Nursing checklist complete
Pre-op ECG (if needed)	Baseline observations
Pre-op Bloods	Changed into hospital gown
2 x valid G&S (if applicable)	Bed available postoperatively
Surgical investigations complete	Pregnancy Test (if applicable)
NBM > 6 hours	VTE assessment complete
COVID-19 PCR result	2 x ID Bands
Anaesthetic Pre-op Assessment	

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1. O'Leary, D. P., Beecher, S., & McLaughlin, R. (2014). Emergency surgery pre-operative delays–Realities and economic impacts. *International Journal of Surgery*, *12*(12), 1333-1336.
2. Owen, G. (2021). Covid: Call for long-term plan to help 'burnt-out' nurses. *BBC News.* Available from: https://www.bbc.co.uk/news/uk-wales-55770323
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IMPROVING THE EXPERIENCE OF COMING TO THE NHS FROM OVERSEAS

Oviawe Omoruyi, Opeyemi Ilori, Mahreen Butt
Emergency Department, UHCW NHS Trust

Over the last few years the NHS has had an influx of medical staff from non-EU countries and our department has been no different. We wanted to know what it felt like to arrive in the department, what an excellent experience would feel like and also how we might get there.

What we did

We interviewed 32 Drs who had joined the department from overseas, capturing demographics and their perspectives of arriving and joining the department. We used an appreciative inquiry approach, concentrating on the positives in the present and the potential we might realise.

What we found

What was particularly appreciated?

friends and family gave a warm welcome
47.5% of respondents

departmental induction regarded as "amazing"
22.5% of respondents

supportive department
17.5% of respondents

What would brilliant look like?

an easy process for finding long term accomodation
30% of respondents

introduction to more UK specific concepts such as the mental health act
10% of respondents

more mentoring
(this is a composite improvement)

Where we are going

Our results show that there is a virtuous circle, where having friends and family around helps the process of settling in. Also, the effort that goes into creating an induction that values individuals and spends time with them was hugely appreciated-this is almost all down to Nicki Williams a consultant in our ED. We are now going to work on how we might improve the housing situation for our newly arriving colleagues, as well as increasing mentoring and some aspects of training.

Striving for excellent communication in full PPE

UHCW ED[1,3] and University of Warwick[2,4]

Chris Turner,[1] Jo Angouri,[2] Dini Arumugam,[3] Polina Mesinioti[4]

During Covid, resuscitation teams have been routinely wearing the highest level of PPE the NHS uses, FFP3. This has added significant barriers to communication.
We wanted to know what good communication in FFP3 looked like.
To do this we ran multiple simulations identifying behaviours in the highest performing teams.

We then parsed this into a 3 part technique that is easy to learn and highly effective.

1 Gain attention

using hand gestures, voice (but not shouting) sometimes touch

risks- raising voices can disrupt thinking and inhibit team members.

2 Create an island of communication

make eye contact
lean in to be heard
use names

risks -information fragmentation as the information shared may not then be shared with other members of the team- the leader should be aware of this and pass the salient knowledge to the team. Also, if this happens and the leader is not involved then it is imperative the leader is told relevant information.

3 Be sure the message has been received as intended

repeat it back
continue using techniques from 2

risks- time pressures leading to this being skipped. Confirmation of statements even when the listener is not sure.

Our 90 second video on this can be seen here.

say thank you and life learn from excellence

WorkWell Healthy Body Balanced Mind Positive Choices Caring Culture

Building a healthier and happier culture for our staff

NHS Lothian

Creating a wellbeing strategy using an appreciative inquiry approach

Covid-19 has elevated the importance of staff wellbeing and it is critical that wellbeing remains a top priority, this strategy aims to ensure that this happens.

Amanda Langsley: amanda.langsley@nhslothian.scot.nhs.uk

Discovery

NHS Lothian commissioned 'Kamwell' to support us to develop a wellbeing strategy in September 2020. We had the expertise internally to do this work but not the capacity. A external commission was also an opportunity to challenge our assumptions and have a mirror held up to our ways of working. Kamwell would normally design a staff survey and base the strategy development on the findings. Given that our staff had survey fatigue due to the number of wellbeing Covid related surveys we opted to take an appreciative inquiry approach to strategy development. We attended every meeting, forum, network, committee that we could get into to ask 'What is working well' and 'Even better if....'. We also arranged multiple1:1's to ask the same questions, trying to ensure that all perspectives were represented.

Dream

Our 'even better if' conversations led to our vision 'creating a healthier, happier culture for our staff'. Our dream is to see a measurable improvement in staff wellbeing, a reduction in burnout and all staff being able to access the right support as and when required

Design

The strategy design was iterative and consultative and this led to our objectives and enablers. We drafted, consulted and redrafted over and over until the intention, aspiration and language felt right for as many people as possible.

'A great day at NHS Lothian starts when staff feel inspired and motivated about the work they do and have a clear sense of purpose and identity with their role. They are capable, developed and trusted to carry out their tasks, know how to manage their energy and feel equipped with the resources to meet any challenges with clarity and balance. They can ask for support and when they do, they are met with compassion and understanding. A sense of camaraderie and support at all levels means they feel psychologically safe and able to be themselves. Leaving work, they feel fulfilled, can let go of the events of the day and switch on to a life away from work'

Delivery

We are at the early stages of delivery but some early learning is:

- Making the strategy a corporate priority gives senior leader commitment and focus
- Making the case for wellbeing, leading with the 'ethical case' - we invest in staff wellbeing because we genuinely care about staff and feel that it is fundamentally the right thing to do, in addition to the 'business case' we invest in staff wellbeing as we know it leads to better patient experience and outcomes, and with a lower focus on the 'regulatory case' we invest in staff wellbeing because XYZ says we should and finally the 'tragic case' we invest in staff wellbeing because something tragic like a suicide has happened
- Strategy delivery and impact will not happen without resource, we have pushed hard for a dedicated senior leadership role with sole focus on delivery of the strategy
- Staff wellbeing needs to be viewed through the lens of individual, team and system levels - beware of the resilience/self care sticking plaster that places the responsibility for wellbeing fully on the individual!

Reference: Shanafelt, T.D., Swensen, S.J. (2020) Strategies to reduce burnout, 12 actions to create the ideal workplace , New York: Oxford University Press.

UNDERSTANDING WHAT WELLBEING MEANS TO STAFF WORKING IN PAEDIATRIC INTENSIVE CARE: AN APPRECIATIVE INQUIRY APPROACH

Isabelle Butcher[1]*, Rachael Morrison[2], Sarah Webb[2], Heather Duncan[2], Omobolanle Balogun[1] and Rachel Shaw[1]

AUTHOR AFFILIATIONS

[1] Aston University, School of Psychology, College of Health & Life Sciences, Birmingham, B4 7ET, UK.
[2] Paediatric Intensive Care Unit, Birmingham Women's and Children's NHS Foundation Trust, Steelhouse Lane Birmingham B4 6NH, UK.
* i.butcher@aston.ac.uk

BACKGROUND

- Staff wellbeing in paediatric intensive care (PIC) is a significant problem globally (Jones et al., 2020; Rodríguez-Rey et al., 2019)
- There is a paucity of research that has been conducted to understand what wellbeing means to staff working in PIC.

@SWell_staff

AIM

To examine what wellbeing means to individuals working in paediatric intensive care using an Appreciative Inquiry approach and images (Cooperrider, Whitney, & Stavros, 2008).

METHODS

- Semi structured interviews with 46 nurses and doctors working on a 31-bedded paediatric intensive care unit in the United Kingdom. Of these 39 were female and 7 males; 35 were nurses and 11 doctors
- Interviews were conducted using a qualitative design using Appreciative Inquiry approach
- A set of 24 images were used to help elicit information of what wellbeing means to each staff member and to enable the discussion of how their wellbeing might be improved in the future. The images are generic, including people, animals, objects, and landscapes.

FINDINGS

Main Theme

THEME 1

Being nurtured and supported at work

Sub-Themes

Being listened to at work

Being in control at work

'erm I'm going to choose image 4 which is a picture of a tree in somebody's hand. For me it represents the team having me in their hand and it represents erm that you need to be rooted with yourself and your team, erm .and the team provides for me, and by the team I mean the whole wide team, not just the leadership team" (Participant 1017)

'And I thought image twelve, but it's like, I thought like the image was about control and precision, and that wellbeing, I like being... And I thought it was like conducting, and I think actually it feels a little bit like we're conducting at work when we're there, sometimes like quite a big, crazy, chaotic orchestra, and so I think wellbeing for me is when I feel that maybe I've controlled things well and conducted things well' (Participant 1033)

'Image 2, and I think it's about friendship for me, that's what that picture means, the listening ear. Erm and also at work I do feel like when I have problems and I wanna speak to management there's an open-door policy and I'm listened to' (Participant 1021)

Main Theme

THEME 2

Importance of nature

Sub-Themes

Being active in nature

Being in the present moment

'Image 21 this makes me think of my dog and taking him for a walk and being calm and spending time with him.' (Participant 1025)

' Image 14 it's like a wild field and the scent and the smell and the whistling of the wind through the flowers and the daffodils. Again, this is just brings you right down from your normal day's work, or your normal environment and the silence is beautiful and sometimes the hum of a bee that buzzes through the flowers as it's in search of its nectar and really, really gives you that beautiful feeling of wellbeing' (Participant 1031)

' Image 19 I actually like solitude in wellbeing, wellbeing is about being outdoors, it's about being in nature, it's about vegetation, it's about the sea, it's about the mountains and that is where I would go for rest and relaxation.' (Participant 1028)

Main Theme

THEME 3

Social support independent to work

Sub-Themes

Having support independent of work

Spending time with family

'Image 23 I think it looks like a group of friends or family and that represents wellbeing to me just because, I don't know that makes me feel happy and if I'm feeling down and I want to improve my wellbeing I just turn to my friends or my family' (Participant 1024)

'Image 11 it feels like somebody's listening to you if they're holding your hands particularly in that way and I suppose the older hands as well just represents for me would represents my parents which is who I would talk to if I was struggling with anything and they bring me comfort'(Participant 1026)

'Image 20, spending time with loved ones" (Participant 1029)

CONCLUSIONS

- Wellbeing is a broad concept. The use of images can help prompt healthcare professionals to think about what wellbeing means to them.
- Wellbeing for staff working in paediatric intensive care can be restored by spending time with family and friends. Wellbeing at work is reliant upon a healthy, communicative, and collaborative team. By spending time, in nature, away from the work environment, whether active or still, provides the optimal setting to improve and maintain one's wellbeing

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Appreciative Inquiry and positive discussions to improve intrapartum shared decision making in maternity.

Percival B, Hick E, Green L, Black R.

John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust

Define

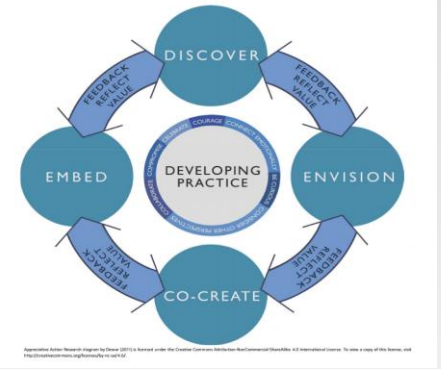
Shared decision making (SDM) is when health professionals and patients work together, putting people at the centre of decisions about their care. Recent publications[1,2] highlight that SDM is central to modern obstetric practice. The aim of this project was to improve intrapartum SDM for women at the John Radcliffe Hospital, with a particular focus on the way we conduct our labour ward rounds.

Discover

We used appreciative inquiry (AI) methodology to investigate patient and staff beliefs about SDM. Team focus, co-creation and patient involvement were key aspects of this project.

We obtained 62 responses over four weeks using a five-point discussion tool. We qualitatively analysed responses using word clouds and at multiprofessional meetings.

Project Structure



AI discussion tool

- Good shared decision making is ...
- I love it when ...
- It's really helpful when ...
- Thank you for ...
- To improve shared decision making we could ...

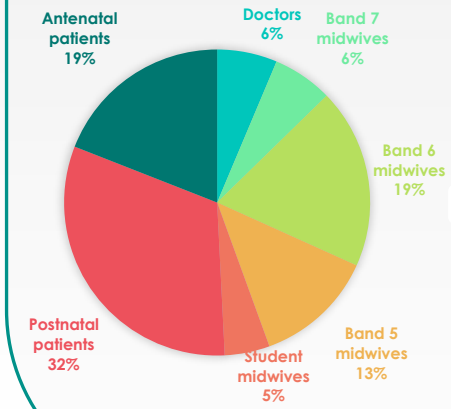
Dream

SDM forms part of daily multiprofessional work as done on Labour Ward.

Parents are routinely included in decisions about their care.

Results

Responses from healthcare professionals and women



Good shared decision making is…

Thank you for…

Themes

Good shared decision making is	• when an informed health professional involves women in decisions with regular multi professional input and a focus on listening
I love it when	• there is support, kindness and respect within a team and good communication
It's really helpful when	• there is continuity of care
Thank you for	• excellent teamwork • being given options, time and being supported in decisions
To improve shared decision making we could	• Include all those involved in decisions and reduce remote decision-making, to enhance communication and consistency when counselling women and support them in their decisions.

Design

SDM is central to good intrapartum care. A Ward Round Charter has been co-created and a change in practice embedded. Particular emphasis is placed on discussions between the multiprofessional team and parents, both during ward rounds and at any decision points a woman faces during labour.

Destiny

The project findings have been shared at the Trust QI Hub.

References

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Using an LfE approach to challenge perspectives of examination/review processes in Higher Education

Reflection on experience

Taking a LfE approach to the external examination process has:

- **softened** boundaries
- resulted in more **thoughtful** and **compassionate** conversations
- shifted the focus from iterative tasks to general principles of **quality**
- Enabled **future-oriented** conversations

Plans for the future

- working with students on placement - challenging the notion of the 'inspector' looking for faults
- CPD offerings- challenging the notion that CPD fixes problems
- strategic planning implementation - challenging the notion that everything has to be rebuilt

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