Enhancing Practice 2022 Conference

20:20 Vision – Transforming Our Future Through Person-Centred Practices



WEDNESDAY 6 - FRIDAY 8 APRIL 2022 SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

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to develop practice

6th April Concurrent Session 1 Interprofessional PD 12.30 pm The Venus Model For Integrating Practitioner Led Workforce Transformation And Complex Change Across The Health Care System

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Development of the Venus Model for **Person Centred** Sustainable Transformation

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ORIGINAL PAPER

Journal of Evaluation in Clinical Practice International Journal of Public Health Policy and Health Services Research

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The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system

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Abstract

Aims and objectives: The aim of this paper is to present the Venus model for workforce transformation, demonstrating its research origins, theoretical foundations, and practical application for enabling individuals, teams, and services to sustain transformation in the workplace.

Methods: The paper provides a brief synopsis of how the Venus model was generated from four large-scale mixed-method studies embracing workforce transformation, safety culture, integrated facilitation, and continuous professional development. **Results:** The Venus model has five stems and identifies key integrated skill sets pivotal to successful transformation, which are interdependent:

- Being able to facilitate an integrated approach to learning, development, improvement, knowledge translation, inquiry, and innovation-drawing on the workplace itself as an influential resource;
- Being a transformational and collective leader building relationships that encourage curiosity, creativity, and harnessing the talents of all not just a few;
- Being a skilled practice developer focused on achieving the key values of being person-centred, and the ways of working that are collaborative, inclusive, and participative;
- Applying improvement skills that enable small step change using measurement wisely to focus on measuring what is valued as well as evaluating positive progress; and, finally
- Facilitating culture change at the micro-systems level while being attuned to the organizational and systems enablers required to support this.

Conclusion: The paper concludes with consideration of implications for implementation of the model and its relevance for practice, policy, education, and future research as well as outlining potential limitations and conclusions.

KEYWORDS

culture change, facilitation, improvement, innovation, leadership, practice development, workforce transformation VENUS MODEL OF PERSON CENTERED SUSTAINABLE TRANSFORMATION

Facilitation Skills

Practice development skills

Improvement Sk

Person Centered Sustainable Transformation

Galaxy of interconnected stars

Shining brightly in the solar system Constellations transformed through energy, creativity and light

Culture Change Skills Vibrant Energising New Unifying

Synthesis

Leadership Skill

Venus Stems

- Venus model has 5 integrated stems representing the essential 'know how' required of any healthcare professional when planning sustainable changes in practice or wishing to develop, innovate or improve the quality of services. This 'know how' consists of:
- 1. Leadership (systems and clinical)
- 2. Skilled facilitation
- 3. Culture change,
- 4. Innovation and improvement skills
- 5. Practice development co-production, focus on what matters

Foundations of the Venus Model

Transforming the urgent and emergency workforce across the health economy—a whole systems approach

Delphi study developing international standards for supporting an integrated approach to facilitation

The Continuous Professional Development (CPD) study

The Safety Culture, Quality Improvement Realist Evaluation (SCQIRE) Project

Guiding lights of NMAHP leadership





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Microsystems level principles underpinning Venus Model

 Micro systems is the level of the system where care and services are experienced and provided and therefore needs to be supported and enabled by leadership and resources from the meso and macro level that strengthen these teams

• The quality of <u>team leaders</u> is the critical factor in enabling effective workplace cultures that are good places to work and impact positively on quality, safety outcomes, staff wellbeing and retention

Coordinating Principles for the Venus Model

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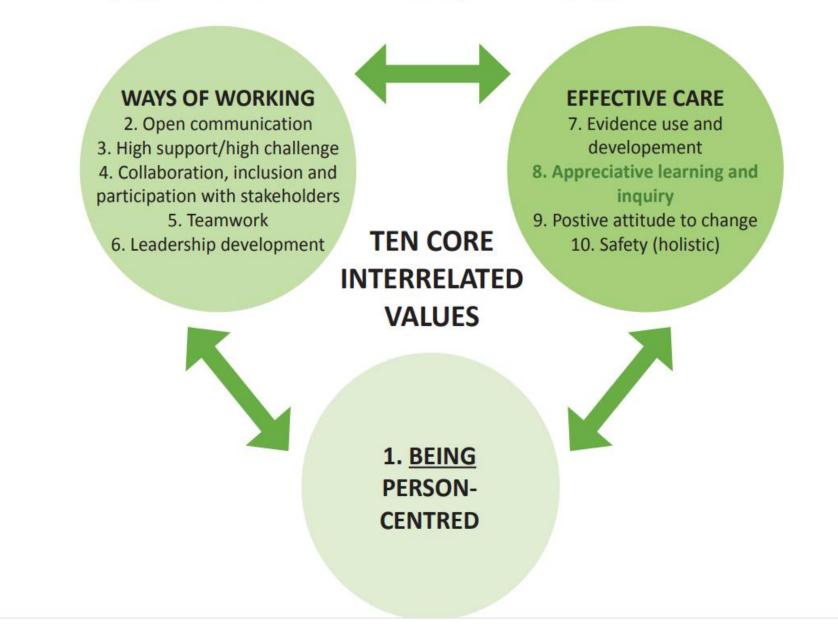
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Embedding and sustaining person centered systems

Informed by 5 theories (**3 new**, 2 existing):

- 1. Theory of culture change and indicators for of effective workplace culture (Cardiff et al; 2020; Manley et al 2019)
- 2. Five guiding lights of Leadership across all contexts (Manley et al, 2020)
- 3. The theory of integrated facilitation using the workplace as the main resource for learning (Martin & Manley, 2017; Manley & Titchen 2016,)
- Systems theory (how system and workforce can be transformed through learning, development, inquiry, innovation, improvement) (Plesk,2001; Manley et al; 2016)
- 5. Theory on how to Promote Action on Research in Health Settings (PARiHS) (Rycroft-Malone et al 2013)

The new relationships of the value clusters are now presented in Figure 2.



Enabling factors: an effective workplace culture

Manley K; Sanders K; Cardiff S; Webster (2011) refined from SCQIRE Project (Manley et al, 2017)

Individual

- Transformational leadership
- Skilled facilitation that engages staff in co-creating meaning and shared purpose
- Role clarity

Organisational

- Collaborative and authentic senior leadership;
- Focus on supporting bottom-up change; organisational readiness; and human resource management's role in recruiting for shared values
- Embedding values in organisational systems for learning, development, and improvement, based on appreciation of what works, and growing organisational; capacity and capability in leadership and facilitation



England Centre for Practice Development

Indicators for Recognising Person-centred, Safe & Effective Workplace Cultures Manley, Jackson, McKenzie, Martin, Wright, (2017). Theory derived

from: Effective workplace culture (Manley, Sanders, Cardiff, Webster 2011), tested and refined through the Safety Culture, Quality Improvement, Realist Evaluation (SCQIRE) Project







ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Guiding lights for effective workplace cultures that are also good places to work

Shaun Cardiff*, Kate Sanders, Jonathan Webster and Kim Manley

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Abstract

Background: Working environments and relationships influence healthcare workers' satisfaction and intent to stay, as well as service-user outcomes. With staff shortages a global issue, co-creation of effective workplace cultures that are also good places to work is more important than ever. Since our original research in 2011, a growing body of theoretical insights into workplace cultures has shown how complex it can be to develop them. We were curious about what staff felt works or what is needed. *Aim*: To develop a guiding theory with and for healthcare practitioners on effective workplace cultures in settings that are also good places to work.

Methods: A three-phase study was used, based on principles of appreciative inquiry and realist evaluation. A blog generated initial interest, followed by a Twitter chat posing provocative questions. A series of Context-Mechanism-Outcome (CMO) configurations emerged and were presented to a new audience during an international conference. Endorsements and additions enabled further refinement of the initial programme theories, which were again presented for reflections during a second Twitter chat. Subsequent analysis resulted in a realist programme theory ready for further testing in practice. Findings/results: There are four guiding lights for co-creating effective workplace cultures in settings that are also good places to work: collective leadership; living shared values; safe, critical, creative learning environments; and change for good that makes a difference. When each is given adequate attention and all are combined, the ultimate outcomes include: high-performing teams that flourish and provide person- and relationship-centred care that is safe, effective and independent of the agency of specific individuals; and teams that develop effective partnerships within and across boundaries. Conclusions: Based on the voices of international frontline healthcare staff, we propose the retention of staff committed to providing care valued by staff and service users can be achieved by: collective leadership; living shared values; safe, critical, creative learning environments; and change for good as determined by those providing and experiencing care.

Implications for practice:

 Healthcare managers, leaders and commissioners need to recognise and support microsystem culture development that staff and service users experience as good and safe

Workplace culture development should be continuous, collaborative, inclusive and participatory.

Guiding lights for effective workplace cultures that are good places to work

- Collective leadership
- Living shared values
- Safe, critical, creative, learning environments
- Change for good that makes a difference and focuses on what matters to people

Leadership: creating constellations of connected stars

Guiding Lights:

- The light between us as interactions in our relationships
- Seeing people's inner light
- Kindling the spark of light and keeping it glowing
- Lighting up the known and the yet to be known
- Constellations of connected stars

Focus:

- Clinical, team and systems leadership
- Clinical career development

Manley, Dewar, Jackson, et al (2019) Helping individual, teams and systems achieve their purpose through holistic facilitation



Focus:

- International multi-professional facilitation standards
 - Learning
 - Developing
 - Improving
 - Knowledge translation
 - Inquiry
 - Innovation

Facilitation

Martin and Manley (2017)



What is integrated facilitation?

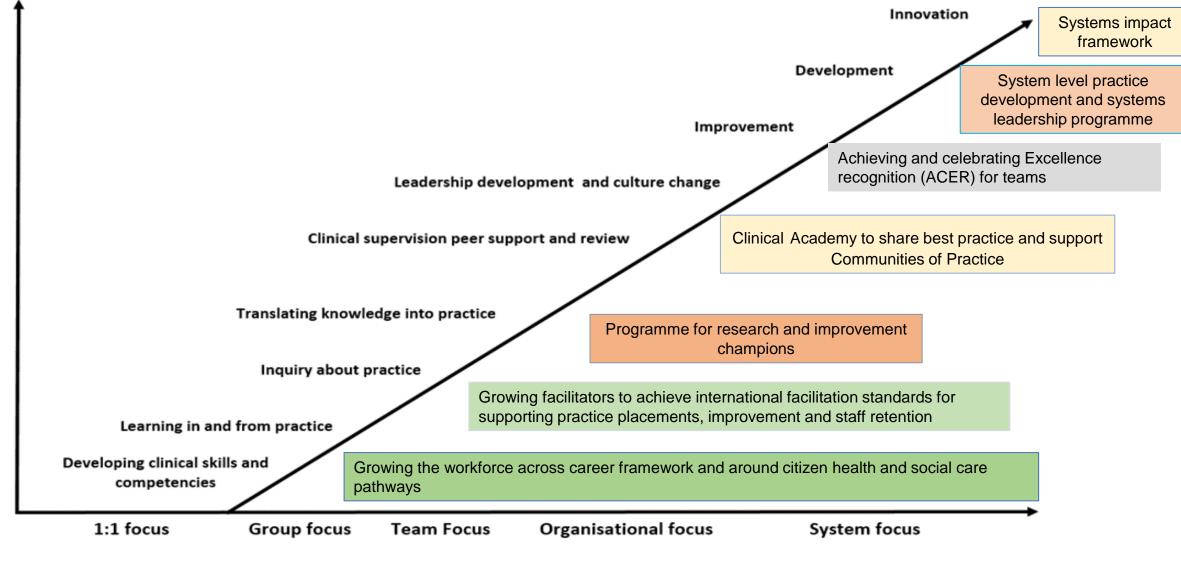
"bringing together different purposes (learning, development, improvement, knowledge translation, inquiry, and innovation) of facilitation to achieve a holistic approach to person-centred care and improvement of health and social-care outcomes. This definition embodies highly skilled facilitation practice that requires an eclectic knowledgebase to support partnership working across complex organisations and to develop understanding and responsibility in delivering person-centred safe and effective care."

(Martin & Manley 2017 p42)

Facilitation is increasingly recognised as a complex skill set essential to helping people achieve effectiveness in and across different situations and contexts with regard to different aims or purposes

(Manley 2015, Manley and Titchen, 2016)

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FOCUS OF ACTIVITY

SCOPE OF COMPLEXITY

Why facilitation skills are important?

Three workforce enablers for systems transformation:

- Clinical systems leadership
- Skilled facilitation using the workplace as main resource
- Single integrated career framework wrapping capabilities around the person across system not the profession

Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study

Kim Manley, Anne Martin^{*}, Carolyn Jackson and Toni Wright

Abstract

Background: Overcrowding in emergency departments is a global issue, which places pressure on the shrinking workforce and threatens the future of high quality, safe and effective care. Healthcare reforms aimed at tackling this crisis have focused primarily on structural changes, which alone do not deliver anticipated improvements in quality and performance. The purpose of this study was to identify workforce enablers for achieving whole systems urgent and emergency care delivery.

Methods: A multiple case study design framed around systems thinking was conducted in South East England across one Trust consisting of five hospitals, one community healthcare trust and one ambulance trust. Data sources included 14 clinical settings where upstream or downstream pinch points are likely to occur including discharge planning and rapid response teams; ten regional stakeholder events (n = 102); a qualitative survey (n = 48); and a review of literature and analysis of policy documents including care pathways and protocols.

Results: The key workforce enablers for whole systems urgent and emergency care delivery identified were: clinical systems leadership, a single integrated career and competence framework and skilled facilitation of work based learning.

Conclusions: In this study, participants agreed that whole systems urgent and emergency care allows for the design and implementation of care delivery models that meet complexity of population healthcare needs, reduce duplication and waste and improve healthcare outcomes and patients' experiences. For this to be achieved emphasis needs to be placed on holistic changes in structures, processes and patterns of the urgent and emergency care system. Often overlooked, patterns that drive the thinking and behavior in the workplace directly impact on staff recruitment and retention and the overall effectiveness of the organization. These also need to be attended to for transformational change to be achieved and sustained. Research to refine and validate a single integrated career and competence



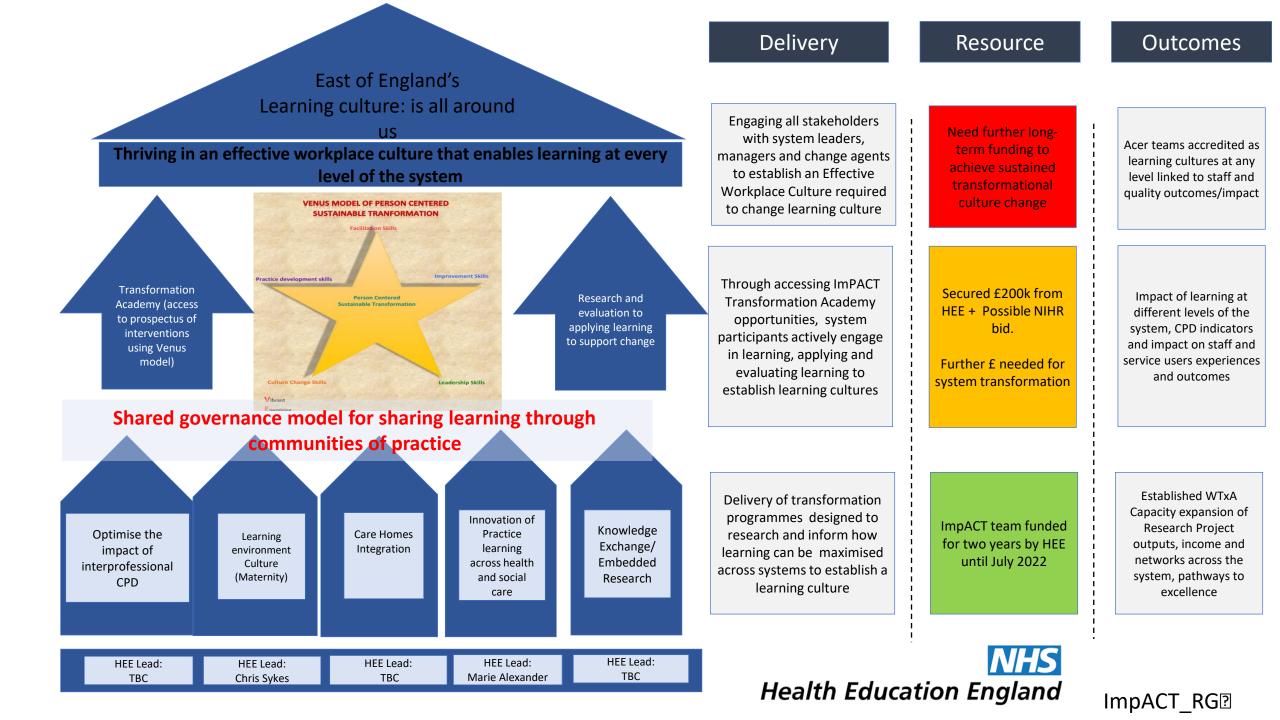
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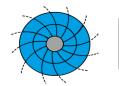
Multi-professional standards for integrated facilitation in and about the workplace

- Negotiate, agree and sustain clarity of purpose for facilitation activity at the individual, team or organisational level in the context of developing person-centre cultures and improved health outcomes
- 2. Optimise external enablers and values necessary for successful facilitation practice
- 3. Draw on qualities necessary to build effective relationships for facilitation practice
- 4. Demonstrate skills required for integrated facilitation practice in health and social care
- Commence facilitation journey with confidence at different starting points depending on where individuals and teams are at

- 6. Use common strategies appropriately for effective facilitation practice
- Monitor and maintain effective facilitation practice using a range of methods
- 8. Evaluate and evidence process outcomes, intermediate outcomes and impact that individuals or teams may experience using a range of approaches









THEME	MICRO	MESO	MACRO
Leadership Development and Culture Change for transformation	Best Practice	Patient Safety Culture	Venus Programme for Tx
	Clinical Leadership	Teaching and Learning Care Homes	Aspiring Consultant Practitioner
	Spheres of influence		Systems leadership webinar series
Facilitation of workforce transformation	Champions 4 Change	Workforce sandpit	Transformational facilitation programme
	Developing collective leadership 4 PCNs	The challenge initiative	IPDC Global Advanced Facilitation Programme
Developing and Evaluating Best Practice- embedded research, inquiry and knowledge rich cultures for transformation	Research champions	MSc in PD&I	Publication platform
	Evaluating (is) Everything	Facilitating open creative sessions	Knowledge transfer through Communities of Practice (CoPs)
	IPDC Foundation Practice Development Programme		

Workforce Transformation Academy Model working at all levels of the system to develop the learning culture

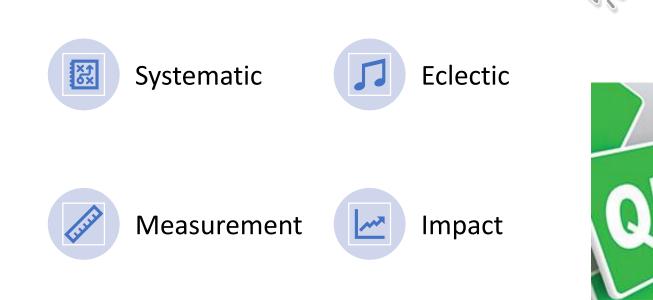
Improvement



Focus:

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• Demonstrating progress and sustainable improvement



Manley, Jackson, Mckenzie, (2019)

Thank you

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- Follow us at:
- @ImpACT_RG
 - @IPDCarrie
 - @IPDKim

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