Interim Evaluation of Quality Conversations programme

Cohorts 1-71 (July 2020– March 2021)

Executive Summary

The Quality Conversations (QC) programme was launched system-wide, during the Covid-19 pandemic. The team responded dynamically to provide an interactive digital offer which launched on 16th July 2020, just months later. As the needs of the system evolved, this was shortly followed by an additional masterclass offer, Virtual Conversations; supporting the system to communicate effectively in a remote world. A significant number of staff (N = 682) engaged with the training on offer, and outcomes have been overwhelmingly positive, **99.8% of participants would recommend the training to a colleague.**

In the coming months we plan to;

- Increase traction of the programme within all system partners,
- Embed existing learning
- Explore the development of an e-learning package to enable a wider opportunity to develop basic understanding of the principles of a Quality Conversation
- Develop tailored offers, introduce bite-sized learning via brief webinars and podcasts
- Embed QC into induction and preceptorship programmes,
- Develop our leadership QC offer
- Explore developing further resources such as a QC support pack to facilitate and support staff to run 'in-team' QC peer support sessions

This unique communication skills programme is still developing and responding to the current context, and the learning is on-going. The reputation of the programme is growing system-wide and nationally. Moving forward, it is suggested that the QC programme aligns with many of the emerging priorities of the ICS.

- A system equipped with communication skills that are underpinned by an empathic understanding of **health inequalities**, and the impact these have on opportunities for healthcare, alongside a commitment to make healthcare fairer.
- A system that is enabled and motivated to provide **personalised care**, and care which empowers our patients/clients to become active participants in their wellbeing.
- A system where management and colleagues are supported to have to the skills to listen to one another, and support one another, leading to improved **staff wellbeing**.
- A system that is ready to **work in new ways**, and embrace learning from remote consultations, whilst ensuring high quality and safe health and social care and support.

This brief report shows more detailed data around attendance, learning outcomes and feedback rates. It also discusses challenges and how they have been overcome and looks ahead to our future developments, and longer-term aspirations.

Summary of key data: July 2020– March 2021
The TEAMS based Essential Foundations in QC programme launched 16th July 2020 Virtual Quality Conversations Masterclass launched 7th December 2020 Training led by Pearlcatchers (established training & development company.) QC package trialled for staff induction 11th January 2021 Preceptorship training package introduced 1st April 2021
QC programmes all grounded in awareness of health inequalities, the personalised care agenda and evidence based practice.
493 participants have completed the Essential Foundations in QC programme across 49 cohorts. 189 participants have completed the Virtual QC over 15 cohorts. 99.8% of respondents said they'd recommend the training to a colleague. • 38% increase in confidence to use QC techniques to improve clinical practice (from 5.3 to 8.6 out of 10) • 67% increase in confidence in using the GROW model for health behaviour change (from 2.3 to 7 out of 10) • 38% increase in self-reported confidence in having a quality conversation overall (from 5.3 to 8.5 out of 10) • 2 month follow up demonstrates maintenance of these positive outcomes
Most stakeholders across the Derbyshire system have participated in the programme. We are actively involved with partners who have not engaged as much as hoped to understand why and address the issue.
The programme has responded flexibly and swiftly to the needs of stakeholder organisations, trialling and establishing different means of delivering learning opportunities.
Managers as well as clinical staff have participated in the training giving them a vital opportunity to enhance their communication skills and improve their narrative with staff which in turn will support staff well-being and impact on staff retention.
We are on track to train the target of 1200 staff across stakeholder organisations. We need to decide on a long term strategy to take the programme forward into system wide developments.

Participants

There have been 682 people who have had QC training to date (493 completing Essential Foundations in QC and 189 attending Virtual Quality Conversation training). Initially the majority of participants were from DCHS, the take up across the system has increased significantly and can be seen in Figure 1. There is still work to do to increase uptake from some stakeholders such as UHDB and DHcFT and work is on-going to understand the reasons for this and discuss with the organisations how they want to proceed.

Figure 2 demonstrates that nursing staff and allied health professionals are the most common participants, but positively other patient/client-facing staff are attending in significant numbers such as social care, social prescribers and care co-ordinators. Clinical facing managers have also participated which is essential to foster and develop a QC approach to communication within services and across organisations.

Figure 1. Participants in QC training by organisation (N = 682)

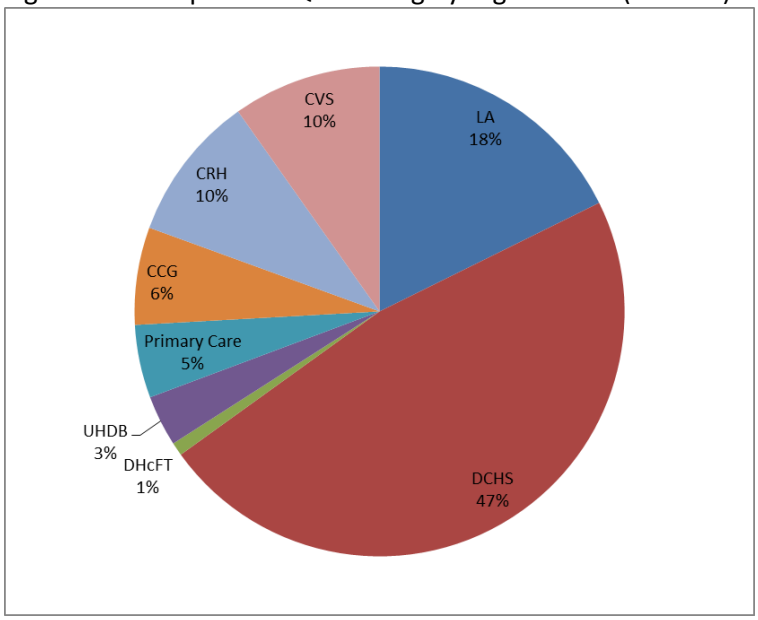
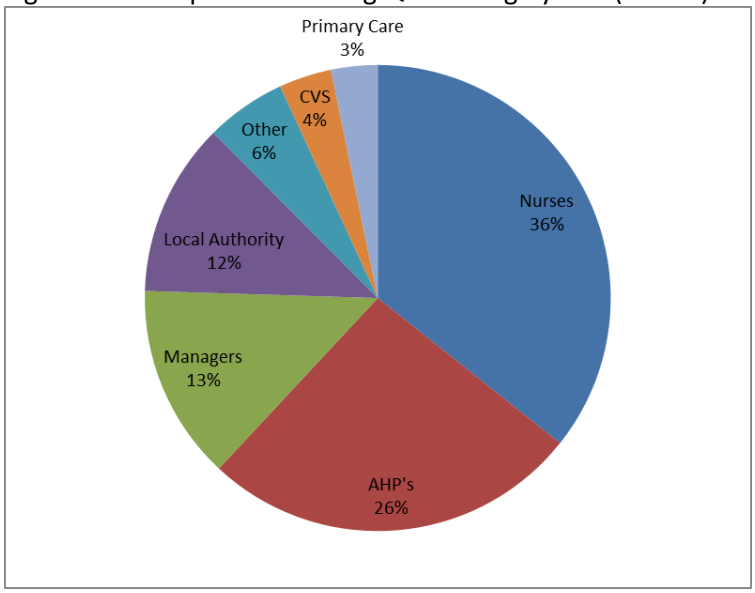


Figure 2. Participants attending QC training by role (N=682)



Learning Outcomes

In spite of moving to an online delivery format, strong learning has been reported by participants. Confidence and knowledge levels have increased significantly in having Quality Conversations with patients, the overall aim of the programme. Positively, confidence and knowledge levels continue to increase from Module 1 to Module 2, validating the design of the 2-part learning programme and overall staff have shown a significant improvement in confidence to put their skills into clinical practice (tables 3-5)

Currently a more in depth analysis of participants responses to typical health coaching scenarios to assess the change in language response pre and post QC. We are looking to see if participants move to a style of responses which are more exploratory, less directive and that foster partnership with a strengths based approach.

Figure 3. Self-assessment of knowledge (rated 0-10) before and after QC training

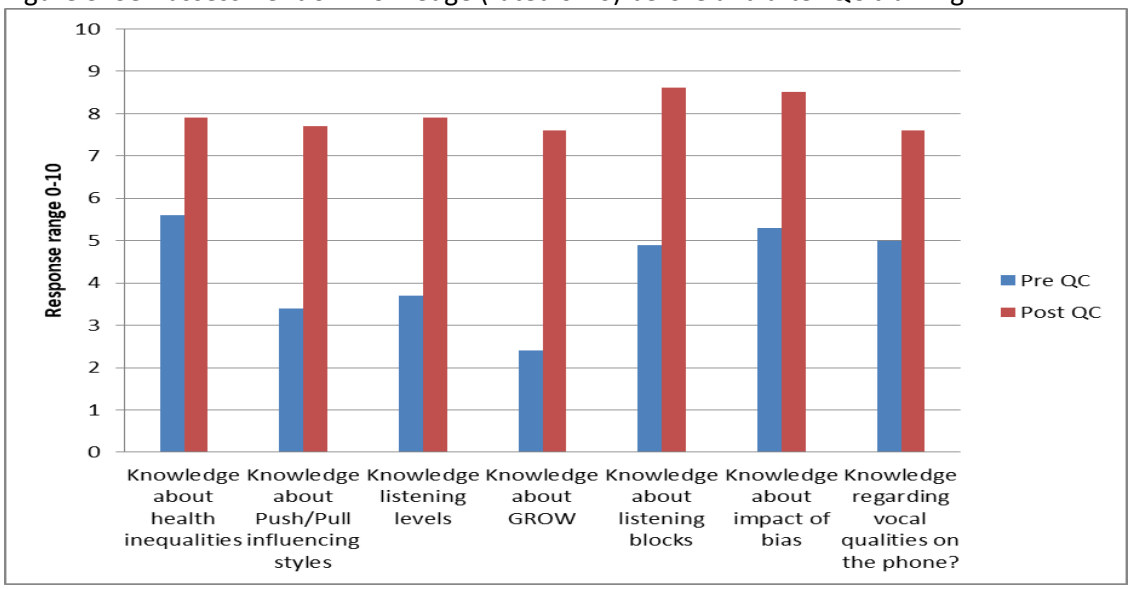


Figure 4. Self-assessment of confidence levels (rated 0-10) before and after QC training

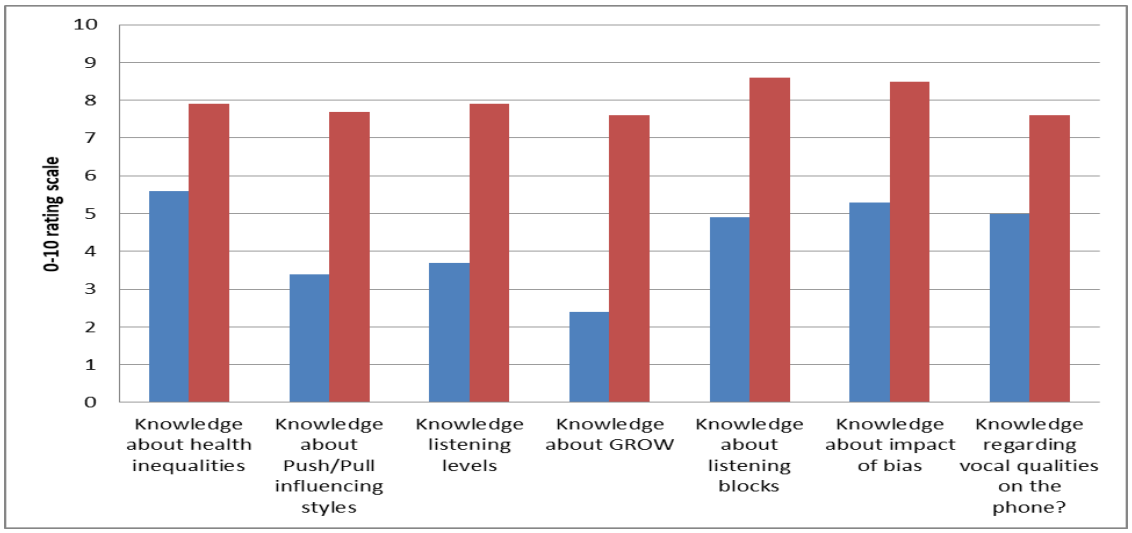
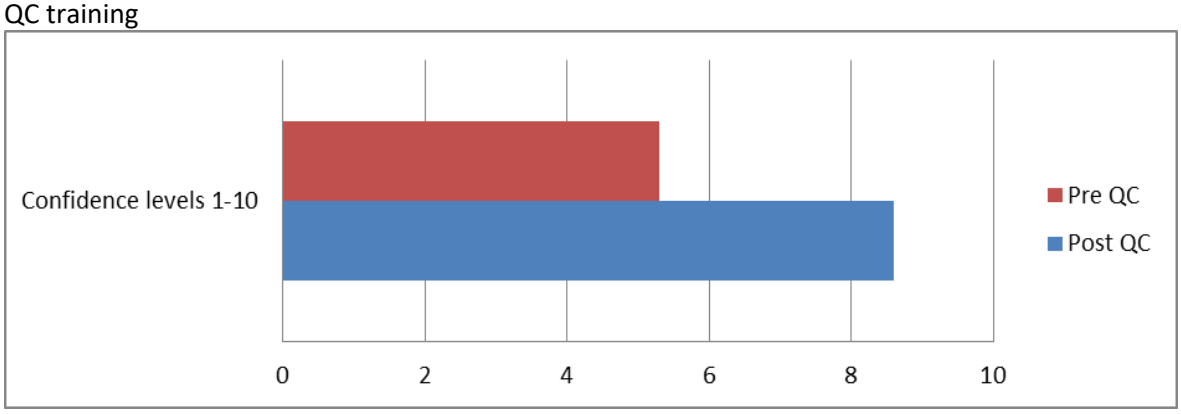


Figure 5. Level of confidence to use QC techniques in clinical practice (rated 0-10) before and after QC training



Post Programme Follow-up

It is important that skills gained on training programmes are put into practice after the training and so a Survey Monkey questionnaire is now sent out to participants 2 month after completing the programme. These data show 95% of staff who respoded felt that what they learned was relevant to their role.

Figures 6-7 below show how much participants have used QC skills in clinical practise after the programme and ultimately how much difference that has made to their clinical practise. Finally figure 8 demonstrates what support if any respondents think might further support learning.

Figure 6. Self rated ability to use QC skills in day to day role

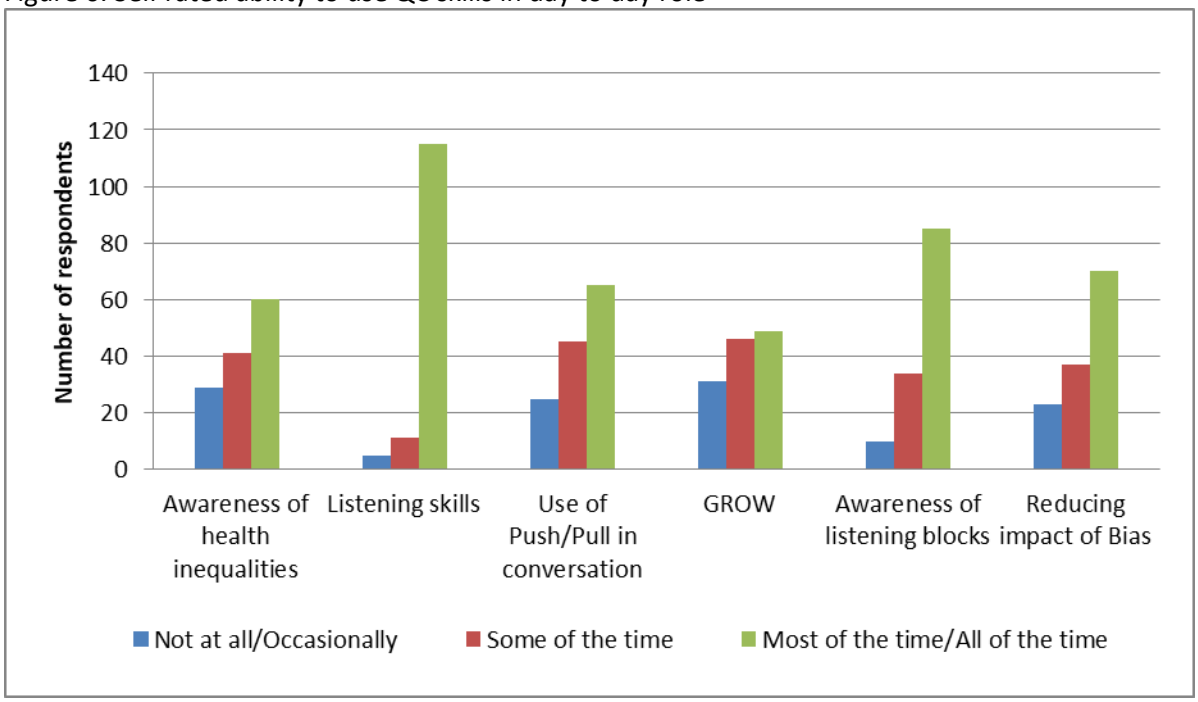


Figure 7. Impact of QC training on day to day practice

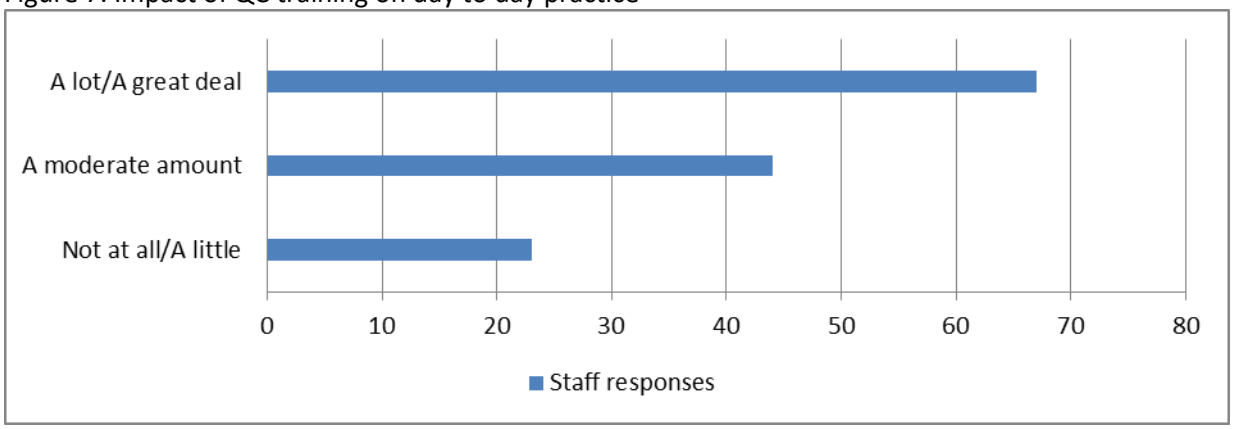
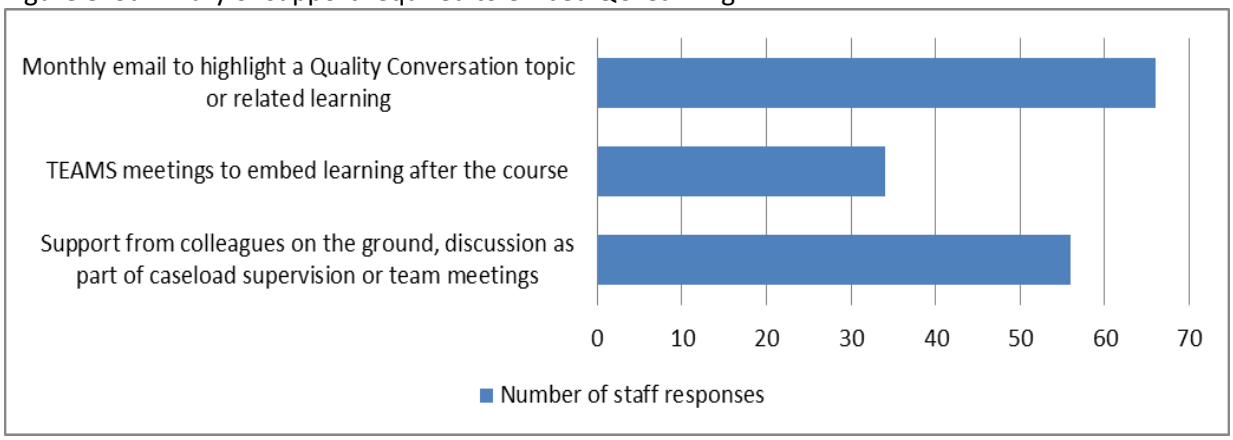


Figure 8. Summary of support required to embed QC learning



Challenges

Evaluation return rates: Evaluations are collected before starting the programme and after completion of session 1 and 2. The evaluation return rate pre programme is 74% dropping to 57% post session 1 and 40% at the end of the programme. It is commonly difficult to get good return rates for course evaluations but these figures are disappointing. Digital delivery and the pressures of work during the pandemic are two barriers for collecting timely feedback. Work to increase the return rate of questionnaires in collaboration with the provider Pearlcatchers is on-going, such as leaving time at the end of session for completion and sending reminder emails. Results are being monitored.

Drop out rate: The drop out rate following attendance at session 1 was 12% overall,. Follow up of these individuals up indicated that some were due to staff sickness but most were due to clinical capacity issues.

Limited take up by some organisations: Some stakeholder organisations have not taken up as many places on the QC programme as initially expected. Chesterfield Royal Hospital, University Hospitals of Derby and Burton and Derbyshire Healthcare Foundation Trust have not taken up the proportion of places given their numbers of clinical staff. We are currently working together with these organisations to explore the low take up figures together, identify the issue (is it a communication issue, a capacity issue or something else) and how programme can be a good fit for them?

A flexible approach was needed: As COVID and the winter pressures increased pressure on staff capacity the QC programme responded accordingly.

- Reduced the number of Essential Foundations in QC but looked at different ways to maintain the profile of Quality Conversations.
- Piloted some ‘Quality Conversations in Action’ 1 hour sessions modelling the Push/Pull approach sand outlining how to re-frame. This evaluated well with the individuals who participated but it was not well attended so did not continue beyond the pilot.
- Weekly comms were sent out to all organisations and staff who had attended the QC programmes.
- The website has a monthly update, shared via ‘Take 5 minutes for a Quality Conversation’ by providing staff with a link to a video, cartoon or info graph that will take no more than 5 minutes to read.
- The Peer Coach Network receive a minimum of a monthly email with relevant updates and thought provoking threads and they meet quarterly for update training as well as supervised peer coaching sessions.

Service based evaluations: We continue to work with specific teams to do more in depth evaluations of the QC programme and its impact on clinical services and the staff that provide them but have had to put this on hold. This work is just about to re-start.

Virtual Training: It was clear that interactions traditionally undertaken in a face to face setting needed to happen virtually and staff felt that having a quality conversation in this format was challenging to say the least. Working with the Pearlcatchers we developed a 3 hour session to cover how to improve virtual Quality Conversations. Evaluations showed significant improvements and staff comments were positive. Figures 9 and 10 show improvements in knowledge and confidence before and after the programme.

Figure 9. Virtual Quality Conversation training: Self-assessment (rated 0-10) of knowledge in virtual communications skills before and after training

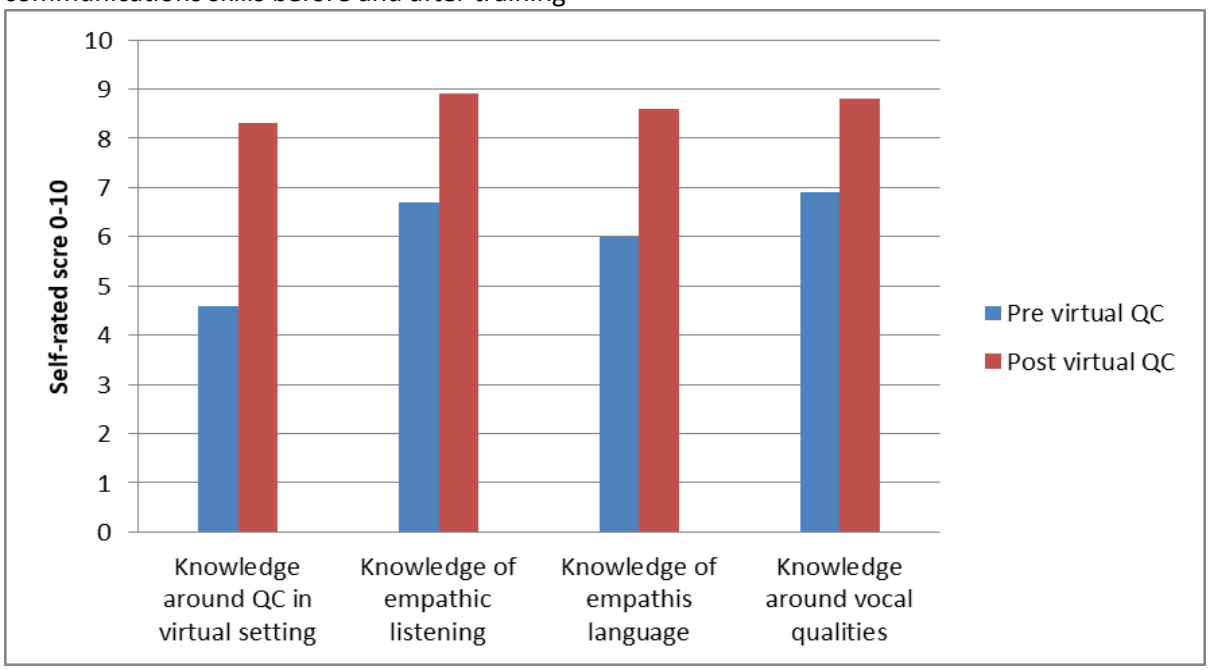
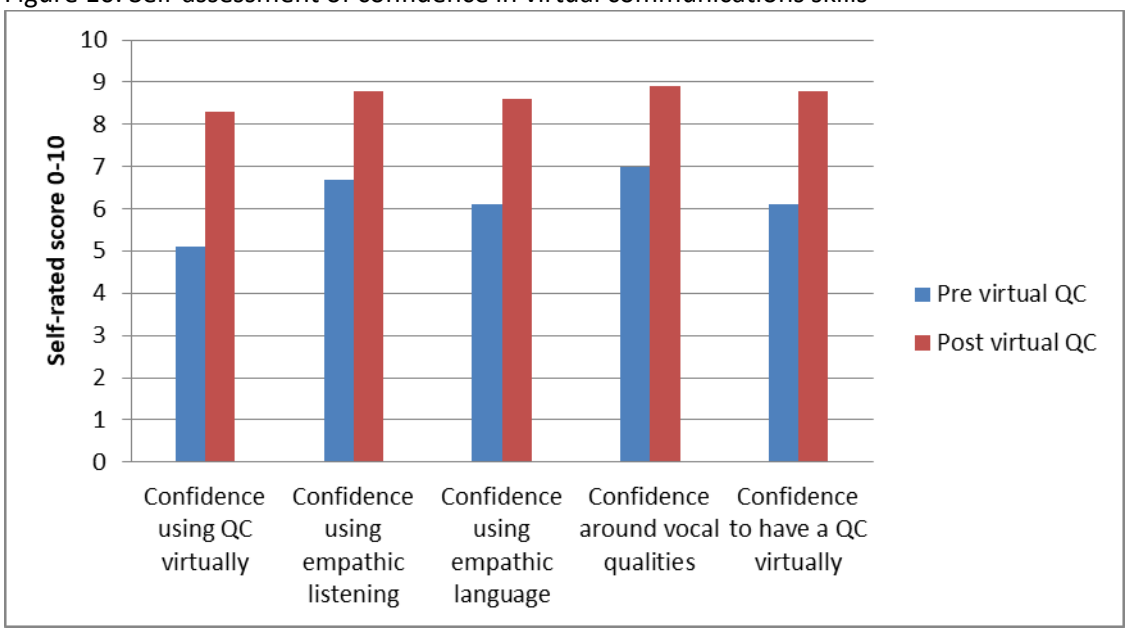


Figure 10. Self-assessment of confidence in virtual communications skills



Ultimately COVID effected a change in the programme from 1½ days face to face training to 6 hours training in a virtual setting. This has meant a lot has had to be packed into a tight timescale with limited interaction time. There are pros and cons to this change and any future developments need to take these into account in future programme developments.

Pros	Cons
Virtual ½ day training has enabled some staff attend training that may have been unlikely to be released for a whole day	Some staff just don't like virtual training
Working virtually has led to a wider mix of staff to come together without geographical, professional or organisational boundaries	There are inevitable IT glitches that impact on quality
It is easier to not attend a virtual training session than one that requires a physical presence	Virtual interactions are more difficult for some staff due to hearing issues
	Interaction time is more limited in virtual training, as time is tight and breakout room time not as long as we would like

It has been useful to reflect on all that has been achieved over the last 8 months. We set up a new service that immediately needed to change and adapt. We have trail blazed the use of virtual training including the use of breakout rooms creating a supportive place to learn and reflect. We were responsive to changing stakeholders' needs, quickly developing Virtual QC training when it was needed.

There have been opportunities to link with other organisations across the UK and we can see that we are leading the way in our approach to support staff to improve their engagement with patients, clients and service users. We have not got everything right but we are heading in the right direction.

What's next for the Quality Conversations Programme?

When we hit the 1200 target of staff trained it is worth noting that this represents only 5% of clinical staff across Derbyshire, this is not aspirational enough as it is unlikely to create the groundswell of change we desire. So how can we reach out to more staff? It is clear that to support our staff we need to engage them in learning at many stages; during undergraduate and post graduate training, at induction when first entering into our organisations, as part of clinical preceptorship and as part of on-going updates for existing staff. Training provision needs to be responsive to the needs or the organisations as well as maintain and update knowledge. There are some teams that would also benefit from more in depth training around targeted areas of staff (e.g. targeted training we are completing for the Test and Trace Service planned for May) or targeted topics such as more in depth training in GROW.

We have made good links with SHU and are looking into opportunities to embed the QC approach into their undergraduate and post graduate courses. Some stakeholders are now asking for QC to be part of induction and preceptorship programmes and we plan to extend this to other organisations. It is possible that we could develop an effective E-learning programme to cover the basics of communication skills and health behaviour changes. This could be utilised at induction and as part of preceptorship which would offer consistency and ease of access for all organisations. We also need to consider developing smaller opportunities to learn and reflect on how to improve practice such as developing podcasts or short webinars.

The Quality Conversations approach has been adopted by the Learning & Development Team at DCHS and DHcFT for the leadership curriculum, meaning that QC is a core part of the way we do business across all staff groups. This helps shape the narrative of conversations within our organisations, supports us to look after our people and safeguard their health and well-being and this in turn will support staff retention as well as recruitment. We will continue to enable managers of services outside of DCHS and DHcFT attend the QC programme in order to enable them to build their effective conversation skills with staff.

Quality Conversations now has had a digital home on the JUCD website which has been live since October 2020, we plan to promote it further and increase visitors to the site. The Peer coaching network is continuing to grow with quarterly training and support meetings which facilitate staff to become our in house QC champions.