

REPORT AND USERS GUIDE

INTRODUCING APPRECIATIVE REVIEWS

NATIONAL HEALTH SERVICE

CHILDREN AND YOUNG PEOPLE

COMMUNITY EATING DISORDERS SERVICES

SOUTH WEST

Executive Summary

Over twenty-three, months, from January 2018 to November 2019 The National Health Service South West Community Eating Disorders Services designed, trained for and completed a first series of appreciative inquiry peer reviews. Some units were also able to complete follow-up review booster sessions before the 2020 C-19 crisis made further sessions unfeasible.

Undertaking peer reviews using the appreciative inquiry methodology was innovative. Given this a particular effort was made to record the process of design and implementation. We also worked to capture the impact of both the development activities and the reviews themselves.

This report explains the pathway of the project as it developed from an initial idea to a fully implemented initiative. The report includes an evaluation table that pulls together the data that demonstrates the impact of the initiative. Thirty-nine direct outcomes have been identified under nine different objectives. This is an incomplete record of the positive impact of the project as C-19 interrupted further data collection.

The project was a learning experience for everyone. Some of the key learning points were

- That the involvement of service users was of immense value to the reviews and to the parent/carers who attended
- That the process was universally found to be engaging, uplifting, inspiring, highly participative and enjoyable
- That in all areas the experience had a clear and discernible impact on teamworking, staff morale and service provision
- That the practice is spreading into other parts of the system solely through the enthusiasm for the method expressed by the participants in this initiative.

Read on to learn how we did it and what we learnt along the way.

Key personnel

Dr. Christine Curle, Clinical Lead for The Southwest Children and Young People's Mental Health Clinical Network

Sarah Lewis, Lead Psychologist at Appreciating Change

Julie Smees, Senior Programme Manager for The Southwest Children and Young People's Mental Health Clinical Network

Ellie Scutt, Psychology Assistant for The Southwest Children and Young People's Mental Health Clinical Network

For the full time-line of the project, please see appendix 1

Index

Section	Page
Executive Summary	2
1. Why Appreciative Inquiry	4
2. Where to start	7
3. How to design and implement our appreciative peer review	10
4. The peer reviews	13
5. What was the impact?	23
6. What was the effect of including parents/carers in our reviews?	30
7. How to showcase our learning and achievement	33
8. Concluding remarks	35
9. Appendices	36

1. Why Appreciative Inquiry?

This project originated with Dr Christine Curle, at that time the clinical lead for the southwest children and young people's mental health clinical network (SW CYP MH CN). She had knowledge of appreciative inquiry and was particularly attracted by its positive impact on mood and wellbeing as well as its focus on organizational growth and change. Looking at the challenges facing the organisation, she felt appreciative inquiry could be beneficial to both the staff and the service. Below we outline that context and explain why she, and very soon many others, felt appreciative inquiry offered a value-add way of engaging with some of the challenges.

Context

Back at the beginning of 2018, as now, all of us in the south west community eating disorders services (CEDS) shared an ambition to provide high-quality services to all our clients regardless of where in the region they lived. Achieving this level of service coherence and equivalence was an ongoing challenge given the many different professional, geographical and organisational boundaries and demarcations, not to mention the frequent shifts in the provider and commissioner structures.

At the same time the pressure on the service was immense and was only going to increase; we need our staff to feel robustly resilient, and we wanted to support them in this valuable, pressurized and frequently stressful work.

Early in 2018 we identified appreciative inquiry as a process that could enable us not only to make service improvements, but also to positively affect staff morale. During an early discussion about the possibility we anticipated that given its psychological, holistic, participative, creative, and positive perspective, it could help us to:

- Build relationships across the organisational boundaries
- Inspire hope and optimism about the future
- Have a positive impact on staff health and wellbeing
- Draw out and organically disseminate best practice
- Create energised and sustainable change
- Provide a generic model of improvement whilst also accommodating local context considerations
- Improve staff resilience
- Develop an enduring learning culture of quality improvement.

In addition, we believed it could help us meet our aspirations to reduce variations in service and increase our ability to share best practice.

The idea of appreciative inquiry was not entirely new to the community eating disorders services. In 2017 we had experienced a taste of appreciative inquiry at the clinical network masterclass, which took an appreciative approach to developing and sharing best practice. The appreciative inquiry approach was also aligned with the emphasis on creating a mentally healthy workplace and workforce outlined in the 'Stepping forward to 2020/21' NHS paper.

In addition, the benefits of appreciative inquiry had recently been highlighted by the Centre for Public Scrutiny and Kings Fund. And appreciative inquiry had recently been used successfully in the peer review process of the Early Intervention in Psychosis Clinical Network. This evidence of this pre-existing awareness and experience of appreciative inquiry within the wider system gave some basis for optimism that it could be successfully adopted by the organisation.

Where to start?

The next question was how to introduce it into the CEDS. The idea of running training sessions was briefly mooted, however the consultant advised that a more powerful process would be to identify a project to which to apply appreciative inquiry. A defined change project encourages engagement with, and application of, the learning and an appreciation of the impact.

The Quality Network for Community Child and Adolescent Mental Health Service Eating Disorders (QNCC-ED) had recently launched an exhaustive quality review process, which required that services undertake a peer review. This peer review offered a place to start that would not only provide immediate benefit while disseminating knowledge of appreciative inquiry widely amongst the system, it would also fall within existing work requirements rather than creating an additional work burden.

We believed that an initiative to develop an appreciative inquiry informed peer review process would align both with the NHS practice outline earlier *and* with the QNCC-ED requirement.

Developing this idea, we thought that bringing an appreciative inquiry approach to the process of peer review could:

- Kickstart a cycle of service improvements
- Create a core group of people who understood this methodology and could take it into other areas
- Ensure each area would have a vision for the future of their service based on their strengths, appropriate to their local context, that built on their existing successes
- Boost morale through an improvement in engagement, communication and shared vision as people worked together across the organisational boundaries
- Produce service improvements for clients, including important factors like wait times
- Support the sharing of good practice ideas.

However, from the earliest discussions it was clear that, while appreciative inquiry sounded attractive, the idea that an appreciative inquiry approach could be successfully aligned with the QNCC-ED process was contentious, and discussions about this continued throughout the life of the project.

The project

The project to develop an appreciative peer review process was led by Dr. Christine Curle and the SW CYP MH CN. This network seeks to do four key things: to support commissioners and providers in service delivery; to help them share best practice; to reduce variability in output, and to provide assurance to NHS England about the service being provided. The SW CYP MH CN includes nine providers. However there is a larger number of CEDS teams as different providers have different patterns of service delivery. In the event six providers chose to work with the project. This brought eight CEDS teams into the project. One other provider worked closely with the programme but was unable to attend the required training.

For those unfamiliar with appreciative inquiry we provide a brief outline below and some more information in the appendices.

What is Appreciative Inquiry?

Appreciative inquiry is an approach to creating sustainable organisational change that is based on the science of positive psychology that offers clear process guidance and underlying principles of practice. Unlike most organisational change methodologies is based on a social constructionist understanding of the social world and a psychological understanding of human social behaviour.

Appreciative inquiry helps groups co-create rich mental images of great futures. These images create sustainable energy and motivation for change. They create a pull motivation for change which is generally more sustainable and far reaching than, for example, the ‘burning platform’ motivation to change. Such push motivation tends to die when the danger or threat retreats. Pull motivations affect us neurologically in different ways and can sustain us for years, particularly when the future aspirations are co-created with a larger social system.

Feeling good (more formally known as experiencing positive affect) has the added benefits of enhancing our ability to think clearly, to work together, and to engage with challenging and complex situations. In other words, when we feel good we are better equipped to work together to achieve change.

In addition, appreciative inquiry avoids some of the common change challenges of getting buy-in and overcoming resistance, by the whole system appreciative inquiry ensures that everyone’s voice is included from the beginning. This means everyone feels some connection to, and ownership of, the change and is committed to delivering the outcome. By including all staff from the outset we would not only ensure that the voices of all the different disciplines co-created the aspirations for the future together, but also strengthen multi-disciplinary working across the different service areas at the same time.

In short, appreciative inquiry is a creative, engaging, positive, whole-system, participatory way for groups co-create their aspirations for their future and their plans for getting there.

For more information on appreciative inquiry as an approach to change, see appendix 2.

For ten key features of the positive appreciative approach to change see appendix 3.

2. Where To Start?

Initial discussions identified peer review as a process through which to introduce appreciative inquiry to the SW CYP MH CN.

Gaining stakeholder engagement.

Early in January 2018 Dr Christine Curle and Julie Smee brought together a mixed group of SW CYP MH CN stakeholders to explore how appreciative inquiry might work as a process for the peer reviews. We knew that a current challenge on people's minds was that of reducing variability in service across the south west, so we posed the question: how might introducing appreciative inquiry based peer reviews help reduce service variability across the region?

The meeting was attended by representatives of providers and commissioners across the region who engaged lively debate. Some people were more familiar with appreciative inquiry than others and some warmed more to the idea than others. Broadly speaking the idea was well received, but it was clear there were some challenges. One key concern was that both learning the process and the performing the actual reviews would demand more time from already hard-pressed staff. Another was that the proposed review was effectively a duplication of the QNCC-ED review process. The group wasn't clear if the suggested peer review process included in the QNCC-ED guidance was mandatory or not. This was a potential showstopper as no one had the time to undertake two versions of a peer review. Dr. Christine Curle undertook to obtain clarity from NHS England on whether appreciative peer reviews could be an acceptable substitute for the QNCC-ED suggested peer review. Assuming that they could, the network gave its blessing to the project.

Engagement Event

By October 2018 we were ready to hold an 'open to all' engagement event. This would give a wide range of people a taste of appreciative inquiry as an approach, and also start to explore how the approach could be applied to a peer review process.

The workshop was run as a mini-appreciative inquiry event. During the workshop people remembered and recounted 'magic moments of feeling good'; shared what gave them 'energy in their life right now, ' and thought about how these conversations- where positive affect is created - affected how they were feeling. From the recent explosion of research in positive psychology we understand how important feeling good (technically positive affect) is for our wellbeing, our social relationships and our interest in, and ability to, engage with change. Taking the time to boost mood before engaging with challenging work that involves working together is a good investment. The training allowed to group to experience this effect.

After sharing a 'success' story, we were invited to identify each other's strengths. Strengths are another important aspect of appreciative inquiry. From positive psychology we know that understanding and using our strengths feeds into confidence, well-being and performance.

In this and similar ways the process of appreciative inquiry was brought to life. The morning workshop took people through the history, the model and the principles underpinning

appreciative inquiry, as well as the experience. In the afternoon we moved on to exploring ideas of review and evaluation.

We explored what a development-oriented and future-focused ‘appreciative review’ might offer. We explored how such a review differs from a more conventional past-focussed, assessment-orientation model. Once again the challenge of ‘fitting’ this approach with the existing context, particularly the QNCC-ED work was raised. Some areas had already invested time and energy in the QNCC-ED process and were reluctant to engage in another one. However, gradually it became clear that the appreciative inquiry approach (future focused, developmental) could be regarded as complementary rather than as oppositional to the QNCC-ED approach (past focused, assessment focussed) .

As the event drew to a close, we asked for volunteers for a steering group to oversee the project. Most people present were keen to be part of it. By the time the steering group met for the first time a month later Dr. Christine Curle had been able to clarify that engaging with a national quality improvement programme was mandatory, but that it didn’t have to be the QNCC-ED process per se.

We also ran and recorded a webinar for people who had been unable to attend the engagement event.

*For a document outlining the core role of the steering group please see appendix 4
For the slides from the engagement group presentation which are up on the system please see appendix 5*

For the link address for the webinar, which is up on the system please see appendix 6

Steering Group

The steering group came together for the first time in November 2019. One of the main things we did at that first meeting was think about ‘What do we hope to gain from an appreciative inquiry peer review?’ Combining the answers with the engagement aspirations, we identified some key ambitions for the project:

- We would kick start a cycle of service improvements
- The development of a core group that would take appreciative inquiry practice into other areas
- The development of a positive set of future aspirations for each area
- A boost to morale through an improvement in engagement, communication and shared vision as people work together across the organisational boundaries.
- Benefits to clients from project involvement and service changes.
- The spread of best practice and a reduction in variation in service delivery

- Staff will find the process accessible, not just another set of boxes to go through. They will feel that it was relevant and there was little preparation needed
- Senior staff will feel that it is a good use of time and that it aligns with the service's objectives.
- Interagency working will be improved

An evaluation against these objectives can be found on page 23.

3. How To Design and Implement Our Appreciative Peer Review?

With our regional system-wide steering group in place we were all set to go. The next step was to train people in every area as peer reviewers so that each area could review another area. In the event we choose to run two circuits, southern and northern, to reduce travel across the region. Before we could do that we had to develop a process as there didn't seem to be any 'off the shelf' model that exactly fit our requirements.

Designing our process

To design our process we ran a one-and-a-half-day training event in March 2019. The first day was an introduction to appreciative inquiry, and the second was entitled 'creating our own peer review process.' A representative from The South West Branch of the National Network of Parent Carer Forums (SW NNPCF) joined us for the day. Involving parent/carers at this early stage proved to be a great idea. We evaluated the effectiveness of the training.

Have you used Appreciative Inquiry before?				
85% (18 out of 21) answered NO				
How would you rate your knowledge of Appreciative Inquiry before this training?				
38% (9)	46% (11)	16% (4)	0%	0%
Very Low				Very High
How do you rate your understanding of Appreciative Inquiry following this training?				
0%	0%	13% (3)	71% (12)	17% (4)
Not at all				Very Confident
How confident do you feel in using the Appreciative Inquiry methodology in a peer review now?				
0%	0%	42% (10)	50% (12)	8% (2)
Not at all				Yes, greatly

The percentage of people who rated their knowledge of appreciative inquiry as high or very high shifted from 0% to 88% over the day, with more than 50% confident or very confident in their ability to use it by the end of the event.

Along with the encouraging evaluation above, people had some great things to say when asked 'What has been your experience of the appreciative inquiry peer reviewer training?'



The training was deemed a great success.

For slides from training day see appendix 7

Building from the discussions at the event we developed an initial ‘pro forma’ for conducting an appreciative peer review. This was further refined at the next steering group meeting. The membership of the steering group and the ‘peer review group’ overlapped considerably.

For the core peer review process document see appendix 8

We developed another document to inform our next step, which was to train ourselves to undertake the reviews we had designed.

For a further guidance on undertaking peer reviews see appendix 9

Training ourselves to do peer reviews

And so the final step was to train ourselves to run these peer reviews. We did this as a simulation, each group getting the exercise of both being a reviewing team and being reviewed. It was great fun and revealed a wealth of creativity and facilitative talent in the group. Once again a representative from the SW NNPCF joined us. After the simulation, we asked everyone how confident they now felt about going out as reviewers, on a scale of 1 (low) and 5 (high).

10 out of the 26 people present scored themselves as confident that they were now ready to go and deliver a self-designed appreciative peer review. Another 6 people scored themselves as fairly confident, as long as they were working with others. Unfortunately we weren't able to record everyone's self-assessment. But no one indicated they felt completely at sea with this.

The next step was to conduct the reviews.

4. The Peer Reviews

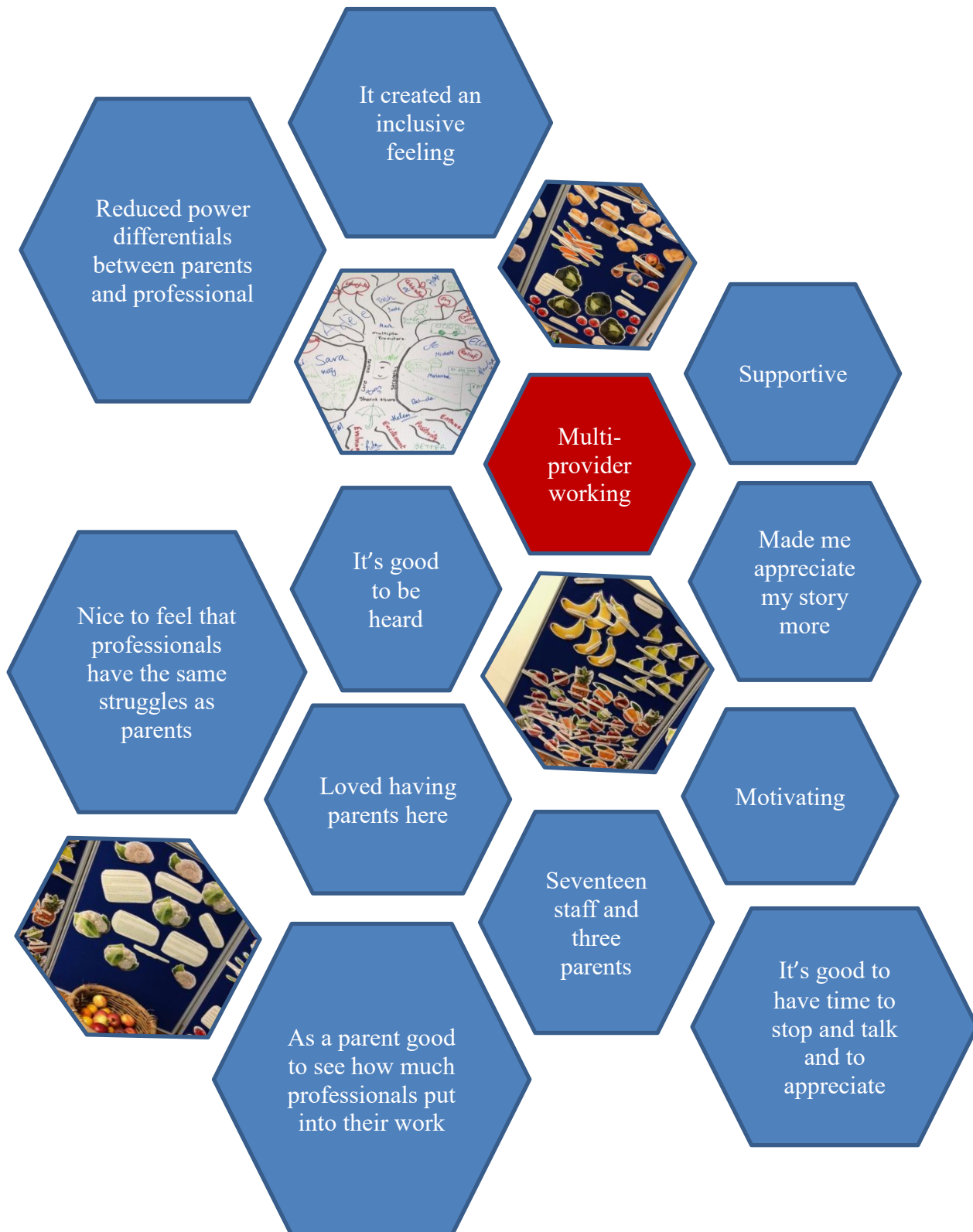
Over the next six months six ED teams undertook a review of their colleagues in a quid pro quo arrangement. Ellie Scutt and Dr Christine Curle attended most of these reviews and gamely recorded them. Fuller records are available in the archives, here we showcase the highlights of the experience.

Each team had a different experience of being reviewed, and of reviewing, as different topics were discussed and exercises used. Each event was supported by the guiding principles of appreciative inquiry, and the documentation we had produced.

Devon peer review by Cornwall



Cornwall review by Devon



Cornwall Review Highlights

- Having three parents present
- Having time together as a team to consider what we do well, often when we have time together we end up problem-solving
- The focus on positives helped generate energy

They were proud they had been brave enough to shut the service for a day to make the event possible; and brave enough to invite the parents. (While the parents weren't asked about this, we can guess they felt pretty brave about attending!) They thought the discovery exercise worked really well to generate energy, and they noticed ideas beginning to crystallise during the design phase.

Reflections on the process

At their booster session a few months later, Cornwall said the highlights of the process had been

- Being together as a team
- Protected time
- Shared lunch and time to network
- Space to review the service
- Energy, humour, motivation for change
- Being reviewed by people, who are doing the same work, helped that they know the work that we do and the challenges

Gloucestershire review by Bristol



Eleven professionals attended this review.

Reflecting on the strengths they had, they noticed

- In assessment there is a balance between giving hope to a service user and raising expectations, the team is good at managing this.
- We are good at keeping people motivated and developing a rapport with service users.

- We are able to use our clinical judgement, skills and experience to be flexible in working with patients, whilst keeping the evidence base in mind.
- In home treatment we are good at asking for feedback.
- We review and action feedback every 6 months.
- We enjoy working with a great group of people and feel that we are always learning, the team are very positive and supportive.
- The multidisciplinary backgrounds in our team is a strength, it is helpful in gaining different perspectives.
- There are a good range of training and development opportunities in the team.

They shared stories of when they had worked with parents and carers. From the stories, they created these reflections:

- We have had positive patient outcomes, for example one patient has come back following discharge to tell her success story to staff and other patients. Patients and staff gave very positive feedback from this.
- Patients are included on interview panels.
- Would be lovely to do more participation and be more involved in it.
- Rewarding seeing someone's development from patient to peer.
- This patient never had an admission because of community intensive treatment.
- We used to run groups for parents and carers and got positive feedback from these
- We have done this through self-disclosure: it takes bravery, respect and communication to promote the event and commitment to the task. The team have shown passion for participation.
- Carers now don't contact as much, why? Helpline- would regular meetings help so they could ask questions?

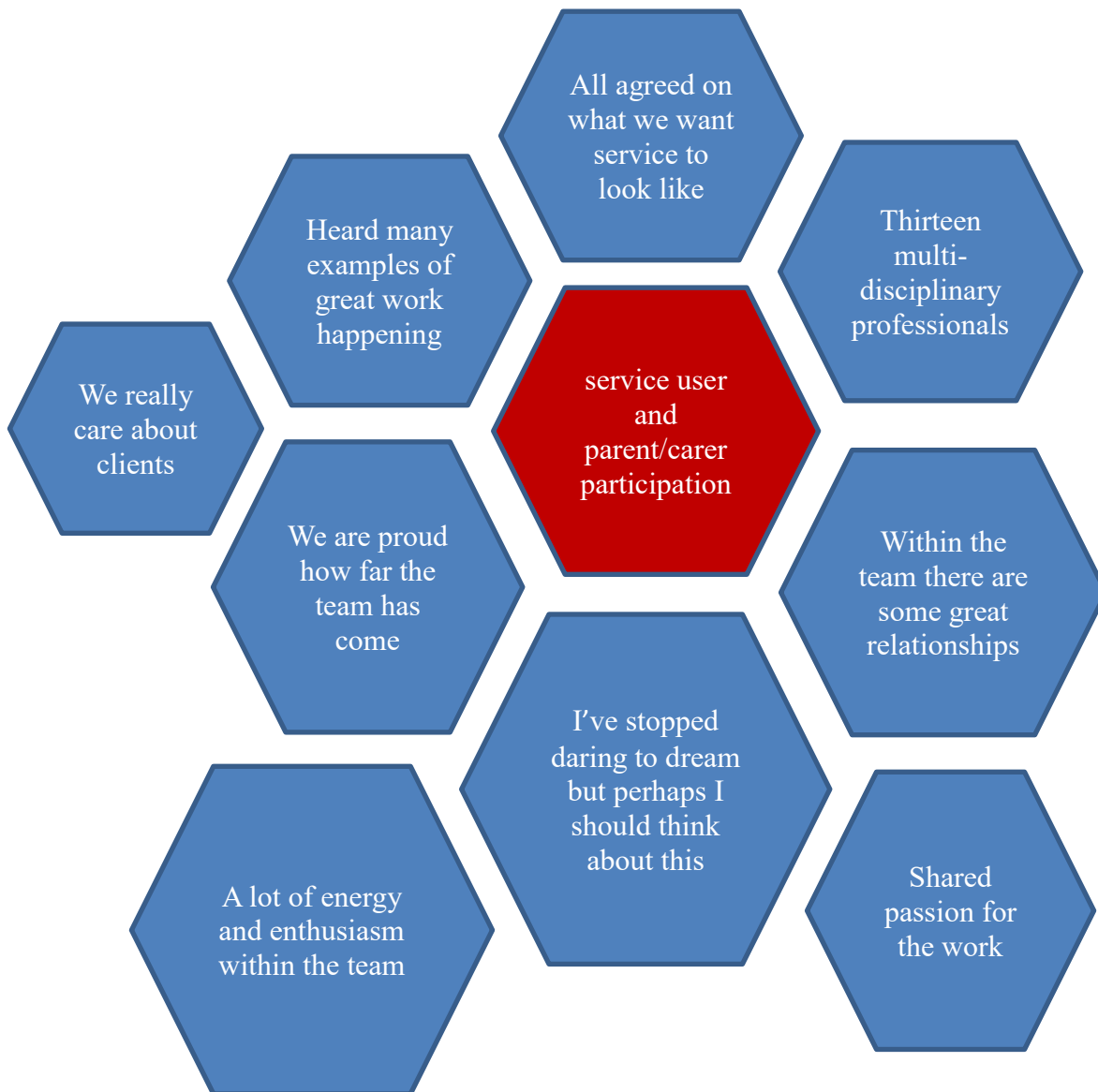
Plymouth review by Devon



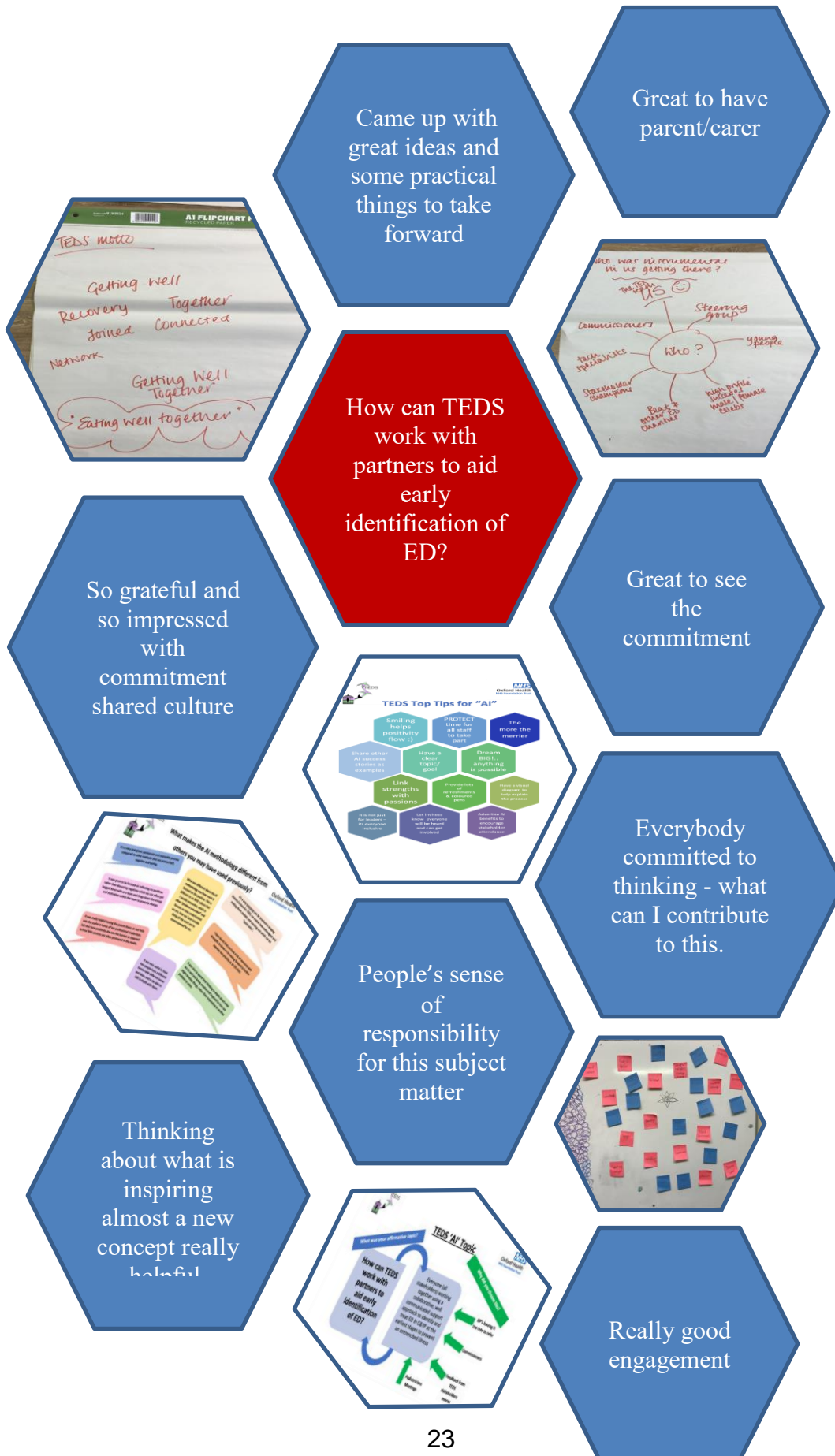
Eighteen professionals came together with one parent and two recently discharged service users for this review. Together they looked at the questions

- When have you had a good experience of moving through the service?
- What has made a difference so far?
- Times when you have felt proud of yourself?
- What strengths do you bring to helping achieve this change?

Bristol review by Wiltshire



Wiltshire review by Bristol



5. What Was The Impact?

The ambition from the beginning was to collect qualitative and quantitative data on the impact of the project, both against the specified criteria, and of other, unanticipated positive outcomes.

Every team was asked to complete a team effectiveness questionnaire before the project began, which we intended to repeat after the first cycle of peer reviews. While this attempt to create a full project quantitative measure of impact was entirely appropriate, on this occasion it was overtaken by events, namely Covid-19.

In addition, we tried to pick up evidence of impact as we went along; at the reviews, at the steering meetings, and anywhere else we could. We anticipated that the follow up booster sessions would be a good source of impact data.

Booster sessions

The initial plan was that each team would have a review, later renamed booster, session about three months after they had completed their initial peer review. Five teams have completed a booster, although at the time of writing, unfortunately, we only have information on the Cornwall and Wiltshire/Oxford/TEDS booster sessions. We have collated this with other information into our evaluation against objectives in the table.

Objective for the Appreciative Peer Review Initiative	Area of Impact	Outcome
<i>We would kickstart a cycle of service improvements</i>	Services	1) Oxfordshire set up two working groups focussing on adherence to the cognitive behavioural therapy eating disorders and family-based therapy models, and established more reflective and clearer pathways.
		2) Oxfordshire now have assistant psychologists in nearly all bases and are discussing how to use them in eating disorder clinics
		3) Oxfordshire immediately produced TEDS information leaflets for users
<i>The development of a core group that would take the Appreciative Inquiry practice into other areas</i>	Practice locally and nationally	4). There is an understanding of, and ability to apply appreciative inquiry as a transferable skill, for example a person from Cornwall (not part of peer review), watched webinar and applied approach to an upcoming performance review with great results
		5) We engaged the whole system for CYP MH, and disseminated what we learn into wider systems and outside our agency

		boundaries for example, by producing this report.
		6) We have a core group of people, across the whole system, who understand this methodology and can take it into other areas for example the Access Planning pathways is taking an appreciative inquiry approach
		7) Oxfordshire are going to apply appreciative inquiry to ARFID pilot to get stakeholders on board.
<i>The development of a positive set of future aspirations for each area</i>	Strategy	8) Each area has a vision for the future of their service based on their strengths, appropriate to their local context, that is built on their existing successes, as evidenced in this report and available more fully in the archives of each peer review.
<i>A boost to morale through an improvement in engagement, communication and shared vision as people work together across the organisational boundaries.</i>	Staff wellbeing, teamwork and development	9) Cornwall has instituted a bimonthly full day of continuous professional development activity, and intends to hold micro appreciative inquiries within their own team. They also intend to offer regular supervision, both individual and peer.
		10) Staff involved in the project activity report feeling more valued and positive - as evidenced in this report
		11) Staff were fully engaged in the project and the process reviews -as evidenced in this report – see particularly comments in the hexagons of the peer reviews
		12) The TEDS workforce were recognised by their reviewers for their cohesive team working, the support they give to one another and their strong TEDS identity. Their teams help cover other clinics who are struggling
		13) A Wilts member enthused in a meeting about the positive impact of appreciative inquiry not only on her professional life but also her personal life
		14) See the qualitative feedback from the training event in this report
	Client involvement	15) In Cornwall parents set up parent support group

<i>Benefits to clients from project involvement and service changes</i>	and direct benefit	16) Cornwall actively worked on improving their face to face interactions at Derriford hospital with young people, families and staff.
		17) In general, throughout the network, we have become more aware of how small differences in our teams can make a difference to families, for example Plymouth instituted a quick phone response to every application, while Oxfordshire's updated online referral form now includes weight and height
		18) Services users can share their opinions on what good looks like and on how national guidelines fit with their wishes for example through the Cornish parents' support group
		19) Services are aligning themselves more closely with parents' vision of good -see the appreciation of the value of parent and carer and young people input evidenced in this report. There has been a shift in terms of what is possible when involving parents, carers and young people and an acceptance that it is essential to getting a great outcome
		20) Service users are experiencing a more coherent offer of care as evidenced by the boost reviews we were able to conduct
		21) A psychology assistant in Oxfordshire is already working on a full information pack for parents/carers/YP alongside Lottie Mellor and Rochelle Barden. This also contains a list of resources and websites.
		22) See the parent carer feedback in the report
		23) Wiltshire immediately improved their service users leaflets and information.
<i>The spread best practice and a reduction in variation in service delivery</i>	Consistent quality of service	24) People picked up good ideas and practices from reviewing each other's services and transferred them to their own area.
		25) All the teams across the southwest became aware of what the other services are offering for Eating Disorders, and where there are differences, we understand why.
		26) In Oxfordshire the three CCG's are coming together in April to develop a

		consistent service of the highest standard. This will get all CCG's onboard and working together and will allow us to have better discussions and working relationships.
<i>Staff will find the process accessible, not just another set of boxes to go through. They will feel that it was relevant and there was little preparation needed.</i>	Staff experience	27) Throughout this report there is evidence in the feedback from events that people found it highly relevant, accessible and not arduous
		28) Oxfordshire reported a Great TEDS away day and leadership group in January 2020 covering/feeding back on Appreciative Inquiry
<i>Senior staff will feel that it is a good use of time and that it aligns with the service's objectives.</i>	Organisational fit, support and appreciation	29) Oxfordshire - Overall the TEDS management and leadership is great in supporting staff and teams who are struggling with capacity/roles. This is highly valued within TEDS.
<i>Interagency working will be improved</i>	Multi-disciplinary working	30) Cornwall are starting to have ideas on how they can work closer together and share resources. e.g. joint MFT, Working on improving links between FBT clinicians and the RCHT Paediatric clinic,
		31) Cornwall thinking about how they can have influence on training GP's / Junior Doctors.
		32) Cornwall developing a focus on adult transition and linking up with the adult ED team.
		33) Cornwall instituting more regular communication to GPs
		34) Cornwall are working with the CRISIS team, intend to keep lines of communication open with the wider CAMHS service and the network
		35) Cornwall plan to jointly run an Eating Disorder Conference with Plymouth and Devon
		36) Cornwall plan to maintain a focus on multi-provider communication within the pathway
		37) Cornwall will continue networking with other teams from south west (steering group) and in more detail with the team they reviewed, sharing ideas and thoughts about shared resources and working practice across south west and our neighbouring services e.g. Cornwall/Plymouth/Devon

		38) Oxfordshire to develop extended team approach including paediatricians and commissioners
		39) Oxfordshire have evidenced improved conversations with commissioners.

What we learnt about how to ensure an effective process.

In addition to all these practical outcomes, we learnt a lot from these pioneer events. The key things we learnt that affect the effectiveness of the process were

- The importance of having the whole system present at the review
- The importance of picking an appropriate topic
- The importance of including parents/carers/clients
- The importance of people committing to be present for the whole day
- The importance of iteration

For a fuller account of the many other things we learnt about how to run a great appreciative peer review see appendix 10

The impact of being part of the project frequently had an impact on people beyond that of learning a new process. See below personal reflections from a senior clinician, who by her own confession initially wasn't too sure about the project, and a quality improvement lead who was delighted at being included as a key team member.

Appreciative Inquiry: A clinician's experience by Dr Viki Laakkonen

'Before I start, I admit that, as a recent convert, I am evangelical about Appreciative Inquiry. Having been volunteered by my Trust to attend the initial meetings and steering group, I was sceptical about trying yet another method of quality improvement. My experience of the NHS, over a number of years as a psychiatrist, has been a tendency to focus on problems, complaints and tick boxes, which can completely miss the quality and efficacy of the interaction with young people and families on many levels. These result in endless improvement plans which don't get enacted before it's time to change again, which reduces staff morale and does little to improve services for children and young people.

However, the AI methodology really appealed to me. With an evidence base grounded in positive psychology, it is a good fit with clinical skills, particularly systemic approaches, feels intuitive to learn and put into practice. The opportunity to be part of this project with the wider clinical network was also really valuable: meeting other clinicians and commissioners, sharing ideas and networking.

Just as in clinical work, some sessions are easier to facilitate than others. Facilitation does require preparation, a good working relationship with co-facilitators and lots of energy to keep the creativity going in the room. Having facilitated a number of sessions with different colleagues, teams and topics, the key is teamwork and enthusiasm. At times it can be tempting to be directive when the discussion takes a surprising turn but it's really important to remember, as facilitator, that it's the team's dream and not yours. One of the most powerful positive events that I have witnessed in a team happened after a very tricky AI session, where the team members did not all agree the dream. They had reflected on this before the booster session, three months later and when we met them again, had made a profound change in their teamworking and their thinking, both as a group and individuals.

From a participant and facilitator perspective, the most creative AIs are those where the discovery phase is given adequate time before the dream takes place and the question is set out clearly. This engages everyone, helps them to understand that they have agency in the process and allows those who are more reticent about cutting and pasting images or drawing to join in.

As a participant, I have found the process very empowering. Previous experience of change in the NHS had been very problem focussed, often feeling that the funding had gone to another service so we were shuffling deck chairs on the Titanic or decisions were made behind closed doors by seniors, with little role for the jobbing clinician. The ability to include as many team members, stakeholders, parents and young people in the process as you can fit in the room makes a significant difference. You have to find a common positive language as others do not see the system or process in the same way. Input from young people and families is extremely valuable and often adds completely different perspectives and ideas to the thinking. Hearing about the strengths of your service first-hand and in person from young people and families, in discussion as equals, rather than a questionnaire or interview, gives a real boost to your collective self-esteem. This is so important to staff wellbeing, one of the key foundations of a well-functioning and effective service.

Our Trust has been quick to take on the AI process in all aspects of our CAMHS transformation work. Even during the Covid lockdown period we have managed to do AI sessions virtually using Microsoft teams. So far the technology has been in our favour. The creativity and energy levels can be more difficult to maintain but some humour and lateral thinking helps. I would recommend a stylus if you want to use the whiteboard function to share work around the dream, although we had some creativity even using word documents. We have had very positive feedback from those who have participated virtually. I also am aware of colleagues who are using AI for appraisal, team away days and as an adjunct to clinical practice, especially in multiagency meetings and reviews.

For me, previous quality improvement work has often appeared to start from the premise that your glass is at best half full, probably half empty, or even that someone else has your glass altogether. AI gives you the freedom to dare to drink out of the bottle!

Deputy Medical Director, Associate Medical Director - CYP Oxon BSW, Consultant Psychiatrist – Salisbury Community CAMHS

Leanne Mcilhinney

'I am a very keen advocate for the Appreciative Inquiry (AI). This was since I was lucky to get the fantastic opportunity to firstly have our eating disorder service take part in an AI, and

secondly to receive AI training to facilitate two separate AI days. One of these days was for our internal CAMHS team and another was for an external CAMHS service. The AI process is entirely positive (from both sides) which is a very refreshing and uplifting method for reviewing a team/service and identifying options for improvement. It is also fully inclusive for everyone in and outside the team/service, at every level and angle, to be able to engage and have a voice to help shape and plan things for the better. This was great for me, as it did not discriminate me not being a Clinician, as it looked at all the other strengths and experiences I could bring to the day. We also had patients, parents and Commissioners attend which allowed us to look at the topic from yet another perspective. The AI's 5 D process specifically chooses a topic to hone into which then helps to shape the remaining 4 D's journey empowering attendees to passionately want to help make improvements. Not only is the AI positive, all-inclusive and reviews a topic with ways to improve it with current systems and resources, but it is an enjoyable and memorable day. AI is also fantastic for team building and to bring staff and external colleagues closer together.'

Data Quality Improvement Lead
Community Child & Adolescent Mental Health Service (CAMHS) for Bath & North East
Somerset, Swindon and Wiltshire

6. What Was The Effect Of Including Parent/Carers In Our Reviews?

The question of whether or not to invite young people and/or their parents to take part in the appreciative review process stimulated much debate in the steering group. The idea was supported by appreciative inquiry methodology which recognises that whole system needs to be in the room for the process to be really effective, and the client system is clearly part of the system we were focusing on. On the other hand, it was recognised that their presence would affect the dynamics of the event and in ways that some felt might be to the detriment to the event.

In the end it was left up to each ED team being reviewed to decide whether or not to invite parent/carers or young people to the review, although they were strongly encouraged to do so. In the event almost every review included at least one parent or carer or recently discharged young person.

The decision to include service users turned out to be one of the highlights of the process.

Feedback gathered from parent/carers who took part in the review process

Cornwall asked their parent/carers these questions

What were you hoping for in being part of the appreciative inquiry process?

I was hoping to be able to 'give back'. Your team have been greatly helpful to me and my family and I wanted to feel that I could do something to help both your team and other families who find themselves in our situation. I was also hoping that I would be able to bring some of my skills as a marketer to the process.

What was it like being included?

It was refreshing to be asked - you don't expect the NHS to take so much interest in the opinions of service-users. (Faceless surveys don't really count).

It was almost a bit therapeutic in itself. Being able to talk and be open in a room of people who understand what you have been through. It felt like I was doing something very positive about eating disorders. L's illness is not something that we share or talk about outside of our very closest family and therefore in protecting her privacy, we are not able to help others by standing up and challenging the misconceptions that people have about the condition. This means that it is difficult to do anything positive about helping others. I felt that this was a strong way to do so.

What were the highlights for you?

Out of these sessions we have set up our own parent led group which has been successful - deepening friendships and giving us the ability to support each other outside of the support that we have from the ED team. This would not have happened without the

appreciative peer review. Seeing something good happen and be actioned directly is motivating.

Was there anything that surprised you about being part of it?

Mostly an appreciation of the size and wide skill set of the ED team. It helps you appreciate the level and quality of care that we are given. You don't necessarily appreciate this fully when dealing with the ED team as a service user.

Also, when going to the Devon team meeting what was noticeable was how quickly it was possible to find connection, with another parent with whom I had only just met. It shows how valuable finding others with shared experiences is.

Being a part of the process gave me a better understanding of the challenges you face (I'm thinking in particular about how to ensure the right care is given by the right person at the right time given some of the complex issues some of the young people face). More understanding fosters more respect and tolerance.

What hopes do you have for the future of this process?

It will ultimately save the NHS time and money as best practices are shared and new systems are adopted.

Other parent groups will be set up to help parents and carers help each other (and build friendships and have a safe space to laugh about what is otherwise a very serious issue)

The profile of eating disorders will be raised generally (within the NHS and more widely) so that your teams have the support they need and deserve and sufferers can be treated as quickly and efficiently as possible.

The ED team will look to parents not just as service users but as a resource to help them make things better.

Feedback from the Celebration Event

We also had a parents' panel at the celebration event, and we asked them these questions: What has it been like for parents to be part of this process?

I love the Appreciative Inquiry methodology. It's so refreshing to see an improvement process that focuses on the positives and builds from strengths.

As a parent, it was fantastic to see first-hand just how passionate, focused and committed everyone is to making TEDS the very best it can be, and to getting our young people diagnosed, treated and well as effectively and efficiently as possible.

Most parents want to give something back – feedback on positive and negative and for those coming through the service in the future.

Being part of the process enabled us to ‘see behind the scenes’ and appreciate more the perspective of CAMHS staff.

What was good about Appreciative Inquiry?

- ◆ The inclusivity.
- ◆ Engaging parents.
- ◆ Skills that parents can bring to CYP-ED teams.
- ◆ Seeing parents as resources.
- ◆ Perspective/power of parents.
- ◆ Parents providing input to services – wider than CYP-ED teams.
- ◆ Learning from what’s there already – not reinventing the wheel.
- ◆ Staff to reflect on the good work they’re doing, not focusing on the negative side.
- ◆ Strategies for families/CYP in the community and outside of health services – building resilience and community support.
- ◆ Parent groups as part of a community approach within health and social care.

How can we better prepare parents for Appreciative Inquiry?

- ◆ Help them to walk in with open mind.
- ◆ Help them not feeling judged.
- ◆ Show an appreciation of the difficulties talking about these issues.
- ◆ Demonstrate awareness of stigma for the CYP and their families.

7. How To Showcase Our Learning And Achievement?

We knew from very early on that, once we had run the first iteration of reviews, we wanted to come together again as a whole system to share our learning and celebrate our successes. We held our celebratory event on the 28th of November 2019.

The purpose of the event was to share across the southwest and beyond the learning from all the appreciative peer reviews, their impact on service and value of the boost reviews. We also wanted to create impetus for next steps in quality improvement, and to gather feedback on the process and impact as part of the evaluation of the project.

We also invited some people who had not been previously been involved so that they could get a sense of what it was all about. We opened the event by explaining the context of the project and appreciative inquiry as a process to create a shared understanding of the project.

We asked each team to bring the materials from their review (or create new ones) to share what the peer review process had helped them achieve. We asked each group to set up a market stall about their experience of the appreciative review. This allowed everyone to visit the different stalls and learn about the different initiatives and outcomes in an engaged and informal way. All the teams were interested to learn about their colleagues' experiences.

Thinking about the future

During the event we asked people to self-select into groups to consider these questions:

What other systems or processes would benefit from the life enhancing properties of an appreciative inquiry approach?

Any review that includes shared decision making or collaborative working, particularly where people struggle to have their voices heard or to feel valued could benefit from this approach. As could any new projects where you want to get everyone on board or that are being considered as part of parent and young people's engagement. This approach will enhance any review by bringing a positive approach. It will improve the wellbeing of those involved. It will help where quick wins are needed since it's faster, easier than many traditional QI approaches. It can be used at the interface of services where relationships can be challenging. etc.

And, how else can we use the appreciative inquiry approach to give a connected voice to clients, parents and carers accessing our service?

This question generated lots of creative ideas for using the approach to connect with others. For instance it can be used to hear the lived told/untold stories of service users. It can also be used for two-way partnership work, for peer to peer support, or as the as basis of parent support. It can be used as a basis for any communication with families and as an annual appreciative inquiry for parents.

What do we need to be doing to sustain the appreciative inquiry approach to quality improve the CYP-CED teams?

We need to ensure we allocate appropriate time. We need to address drivers and enablers of the process. We need to ensure good coordination across the southwest locality. We need to ensure that people get clear feedback about the impact of the process to maintain engagement. While dreaming is an important stage in the appreciative inquiry methodology, we need to ensure that it is followed by the design phase, which clarifies which dreams we want to pursue. We need to ensure that our actions continue to be in line with the QNCC-ED principles. It is important that the event is owned by the system, this might mean including acute services. Teams and groups planning to run an appreciative inquiry need to allocate dedicated time. It is important that the purpose of the inquiry is clear, and that any quality measures to be used to assess impact, align with that purpose.

The plan from the very beginning was that this would only be the first round of appreciative peer reviews and that they would become an iterative process, interspersed with boost sessions. In this way the energy and momentum for positive change could be maintained even in the challenging climate of service provision. The reviewing teams all said they were looking forward to returning for the boost sessions to see how 'their' team had got on. All reviewing teams learnt something from the practice of reviewing their colleagues, including some good ideas for their own practice.

It is encouraging to hear, that even though group events such as these appreciative peer reviews are currently impossible to hold due to C-19, teams have been finding ways to continue to utilise their learning and are practicing appreciative inquiry in the digital space.

8. Concluding remarks

This approach, achieved with minimal training and lots of energy and goodwill, has now become embedded in our approach to our peer reviews and is extending to other parts of our work.

We have found it to be enjoyable, positive and productive. We hope you have enjoyed reading about our journey, and that, should you be inspired to apply appreciative inquiry to a current challenge of yours, you have found what you need here to get you started.

Thanks for reading!

9. Appendixes

Appendix 1: Project Time-line

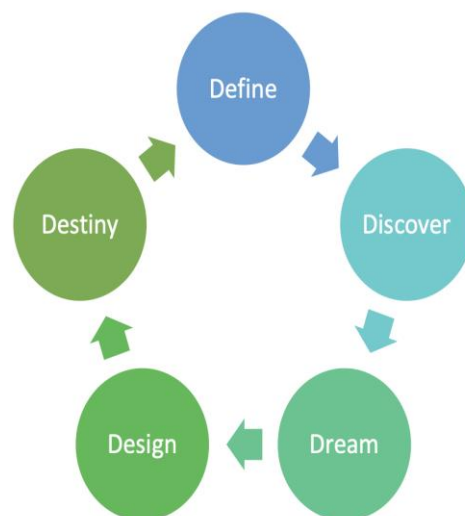
- January 2018 Dr. Chris Curle (commissioner) and Sarah Lewis (consultant) begin conversation about developing appreciative peer reviews with the southwest clinical network
- September 2018 the project is signed off
- October 2018 we hold the engagement event
- November 2018 webinar is broadcast
- November 2018 first steering group meeting is held
- March 2019 we hold our appreciative inquiry training and appreciative peer review process design event
- April 2019 we train our peer reviewers
- May 2019 the first review is held
- November 2019 we hold our celebratory event

Appendix 2: Explanation of Appreciative Inquiry

Principles of Appreciative Inquiry

- What we focus on becomes our reality
- An organisation is a social creation
- Everything is everything else
- Create vision before decision
- Change takes energy

The 5D model of appreciative inquiry



16

Book references for more on appreciative inquiry

Lewis, S., Passmore, J., Cantore, S. (2016) 2nd edition: Appreciative Inquiry for Change Management using AI to facilitate organizational development. Kogan Page, London

Cooperrider, D. and Whitney, D. (2001) *A Positive Revolution in Change: Appreciative Inquiry* in Cooperrider, D., Sorenson, P. F. Jnr., Yaegar, Therese and Whitney, Diana (eds) *Appreciative Inquiry: an Emerging Direction for Organizational Development*. Stipes Publishing L.L.C

Watkins, J. M. & Mohr, B. J, (2001) *Appreciative Inquiry – Change at the speed of Imagination*. San Francisco, CA: Jossey-Bass/Pfeiffer.

Weblinks for more on appreciative inquiry

[Appreciating Change on Appreciative Inquiry](#)

[Appreciative Inquiry Commons](#)

Appendix 3. Ten Key Features of the Positive, Appreciative Approach to Change

- It involves everyone from the beginning (in creating, not just implementing)
- It works with a psychological understanding of people (rather than the rational man model)
- It understands the organization as a living human system (rather than a machine)
- It works on an understanding that we can learn from and build on the best of what we have: what is working, what we can do, our successes (rather than focussing on problems and failure)
- It calls on the power of the social dynamic to achieve sustainable change: ‘if you want to go further, go together’ (rather than the individual ‘hero’ of change: ‘if you want to go fast, go alone’)
- It uses the power of aspiration, imagination and attractive futures to pull people forward creating energy and motivation (rather than the push of fear)
- It attends to emotion as a key component of energy for change (rather than assuming information is sufficient)
- It is creative, it is about creating possibilities and finding new ways (rather than relying on the old ways)
- It is focused on discovery (rather than control)
- It is supported by human dynamics and human psychology research (it is not positive thinking or any other weird new age fad)

Appendix 4: Role of Core Project Team

The core project team has many important tasks

- Ensure coordination and effective and appropriate communication within and across the system and with the wider national system
- Attend to project logistics
- Contribute to the creation of the peer review process
- Clarify desired outcomes for both project as a whole and the specific peer review process
- Defining clear success criteria for all elements of the process
- Overview and manage participant diversity, appropriateness within specific events and across the whole project to enhance cross boundary networking
- Encouraging and supporting attendance at events
- Attend to all admin and logistic questions
- Ensuring diversity attended to – food, access etc. at training events
- Securing venues and facilities
- Timetabling the year's key events
- Measurement and evaluation of different events and the project as a whole
- Assembling baseline measures of desired areas of impact and process for re-measurement
- Communicating and publicising impact
- Amplifying good practice
- Identifying further opportunities for Appreciative Inquiry Approach

Appendix 5 Slides from the engagement group presentation. Attached.

Appendix 6 Appreciative Inquiry Webinar. Attached.

Appendix 7.1 and 7.2 Slides from training day. Attached.

Core Peer Review Process Document (Starter for 10) to be adapted for each review

1. Before the peer review

- With the team to be reviewed – agreeing the affirmative topic i.e. what they want to focus on in an appreciative way. What they want to grow more of in their team.
- Therefore, who needs to be at the peer review event
- How to include the voices of those who are part of the system relevant to the topic but not able to be present
- How will we know the peer review has been a success?
- How to capture data(e.g. stories, images, action aspirations personal and group) in various ways (video, audio, note taking, flips and post-its) about what happens at and after the event (this is for various purposes and audiences, including the team being reviewed, other audiences and the wider evaluation)
- Ensuring that venue can meet needs of all attending
- How to create a nurturing environment at the event
- Any orienting pre-activity for those who will be at the event e.g. Jackie Kelm video, the webinar by Sarah, any papers
- How the broad process might need to be tailored for this specific peer review topic, context etc.
- Whether and how to involve client as part of **reviewing** team

2. At the event

- **Beginning**
 - Agreeing (or re-confirming) the affirmative topic. E.g. *What is it we want to inquire appreciatively into today?*
 - Negotiate any recording permissions
 - Take an initial measure of where the team is against the ambition for the event, if appropriate
 - Agree how the voices of those absent will be brought into the event
- **Discovery:** Selecting from and combining questions/activities such as Identifying Strengths
 - *Please share a recent success you felt really good about*
 - *Give each other feedback on the strengths you heard in each other's stories that contributed to this great outcome, you can also draw on your general knowledge of the person*
 - *Construct a wall chart of the 'economy of strengths' in the team*
 - *Discuss how work could be better related to the strengths of particular team members*

Learning from positive past experiences

- *What have been your best experiences of this (the affirmative topic) so far?*
- *Describe a specific incident or case where you know you had a genuine, positive impact*
- *What strengths do we bring to the challenge?*

Exploring sources of pride, motivation and morale

- *What are you most proud about as a member of this team?*
- *What makes the work worthwhile?*
- *What's the greatest thing anyone has ever said to you about your work?*

Thematic Analysis

- *Identify 'the differences that make a difference' to how people feel and behave both with each other and with clients, that positively impact on outcomes*

- **Dream:** Creating an attractive image of the future

Imagine it's already happening

It's already two years in the future; you have brought the very best of your past practice with you and built on them in creative and adaptive ways. You are even more impactful in your work with clients and your abilities to work with the team and the larger system. Describe what is happening.

Ask each other: what are you doing these days? Tell me about a recent great case, success, piece of work. What do you spend your time doing? Who do you have conversations with about what? How do you know, as a team, that you are offering great practice – what is happening with clients, what feedback are you getting? Who are your greatest allies? What is different now to two years ago?

Find a way to share the image

Create an image of this future, creatively

Find a way to encapsulate the core of this future in a few words like a motto or strapline.

What really matters

From all these wonderful ideas of possibility, which ones really matter to us?

- **Design:** Ideas to create movement

Looking back from the future. What did you do that changed things? Who else did you need to involve? How did you communicate it, so others understood? What did you have to change about how you worked to make this future possible? What did you stop doing/start doing? How did you keep yourselves motivated during the past two years? What did you do when things seemed not to be progressing or to be going backwards?

What do we need to be doing now to make these futures more likely?

- **Destiny:** What happens next

Given everything we have talked about today, what are you now motivated or inspired or moved to do? What do you have energy for? How can you start to move in the direction you want? What might be a first few steps?

Who wants to offer a lead on what? Who wants to join them?

Each person identify one thing you can do different, or do differently, from tomorrow in your sphere of influence to move things in this direction

- **At the end**
 - Feed in the reviewing team's observations of the best of the team – the positive things they have noticed, been struck or impressed by during the event. Things that are inspiring, or that they want to take for themselves from the experience. Practices they believe could and should be more widely shared. Their hopes for the team's future. This could be through 'gossiping in the presence of' or in a direct way like in the Jackie Kelm video.
 - Ensure that the team that has been reviewed create their own account of the event and its outcome – creative and personal
 - Agree an account for wider audiences of outcomes created- this can be brief and bullet points.
 - Agree a date for the reviewing team to return to help team recognize and notice the positive changes they have achieved.

- **Three months later**
 - What has changed for the better since we last met? How do you know?
 - What, if any, further insights or sensemaking has followed from the event?
 - How are you doing on creating positive change with your aspirations, ambitions and plans?
 - Tell us about your dreams of the future now?

Discovery Interview to discover 'the best of the service'

For use by team members to interview parts of their system not able to be present at the peer review.

1. What has been your best experience of our team/service? Please describe it in detail to me. What made it so special for you?
2. Given this experience and in general, what do you see as our strengths? What do we do consistently well time after time?
3. What is your dream of how our team/service could be?
4. Can you identify two small things we could do, do differently, or stop doing right now that would move things in the right direction?
5. If you could give us one piece of advice about how we could offer you an even more valuable service, what would it be?

Appendix 9. A Further Guidance on Appreciative Peer Reviews

Good practice for Appreciative Inquiry Peer Reviews

Preparation

Reviewers

- Find out from the team to be reviewed what their affirmative topic is and plan your review around this
- Determine with the team to be reviewed how data will be captured and bring materials to capture this
- Plan out how you will structure the day and what activities you want to do the review

Reviewees

- Determine in advance as a team a firm topic to base your peer review on. This topic should be well defined and communicated amongst the team. It should be broad enough to enable in depth discussion and ideas but not so broad that would allow the review to become less focused
- Make sure that you have the right people present to discuss your chosen affirmative topic
- Gain insight from those who cannot be present at the peer review, including their views on the team's strengths, their dreams for the future and any commitments they are willing to make
- Recruit service users/parents to attend the peer review and prepare them for the review
- Circulate the appreciative inquiry materials (PowerPoint, Jackie Kelm video and webinar) to all team members and attending service users/parents in advance
- Plan venues and lunch! Ensure that everyone is able to be comfortable at chosen venue
- Discuss how you would like data to be captured and what materials you need for this

Tips

- Stick to time allocations, it is really important to try and cover every section of the peer review in detail.
- Make sure that you leave time to record the details of what have been agreed
- Spend a good amount of time at the start generating an understanding of the process and an energy for dreaming
- Include service users as much as possible in the process

Some general principles

1. The AI based process will be consistent across the events. And. Each event will be conducted in a local context responsive specific way e.g. they select own topic(s) for inquiry and define the system boundaries
2. It is recognised that this process needs to co-exist in a productive way with the QNCC process. How to achieve this is still emerging
3. That it will be really useful to include 'data control' people (IMT) – see if can get to join steering group, and also in local areas.
4. Reviewing teams to be drawn from the reviewing team pool in a way that creates connection across boundaries
5. General bias towards including service users in process. However this to be locally decided given topic, participation systems in place etc. Those included need to be able to speak to the topic under inquiry

6. Team to be reviewed and reviewing team to work in collaborative and co-creative way e.g. ‘with’ not ‘to’.

The Process

Before

1. Team to be reviewed think about
 - What they want the focus of their event to be
 - How to define their system
 - How to include the client voice (range of options from a few pre-conversations to presence at event) as appropriate
 - Who will liaise with the reviewing team?

This conversation could be supported by someone from the ‘reviewing network’ – helping them conduct this initial ‘internal review’

2. Someone (or more than one person) from the Team to be reviewed and The reviewing team discuss
 - Focus of inquiry
 - Identify 5 context and topic specific event evaluation questions based on what they hope to affect through the process
 - The system included, particularly how to meet needs of any service user attendees
 - Venue and creating a nurturing environment
 - Pre-activity/ preparation for those to be present at event – links to JK video, webinar, papers etc. – if any
 - Agree any tailoring of the process to the particular topic and requirements of this group
 - Whether and how to involve client as part of **reviewing** team
 - How to collect and collate data (e.g. stories, images, action aspirations personal and group) – video, audio, note taking – completion of yet to be designed generic ‘for the commissioner’ account.

a.

During

- Orient people to process
- Locate process in local context
- Negotiate Recording permissions
- Baseline evaluation against the event evaluation criteria
- Run AI process
- Feed-in reviewing team observations (...in the presence of) and reflections on
- Organize team being reviewed to write their own account of the process of the event
- Ensure a shared account of outcomes created – brief, bullets

After – approximately 3 months later. (This became the booster session)

Same reviewing team ? – return to ask

What has changed for the better?

What, if any, further insights or sensemaking has followed from the event?

How are you doing on your aspirations, ambitions and plans?

Appendix 10: Things we learnt along the way

What we learnt along the way, in addition to the learning outlined in appendix 9

Before you start:

Reviewers:

- ◆ The process is more fluid and seamless if the reviewers know each other a bit.
- ◆ Reviewers will feel more confident if they have practiced using the Appreciative Inquiry approach together in advance.
- ◆ It is important to remember that the language you use as a reviewer is very important in creating the best conditions for an appreciative review.
- ◆ Gather resources you may need for exercises.
- ◆ Give thought to how you are going to involve service users in the review.
- ◆ Remember that you are the reviewing team – it is their review so draw out their process, try not to tell them about yours!
- ◆ Listening is key.

Team being reviewed:

- ◆ Teams will get more from the review if they understand about Appreciative Inquiry e.g. watch Jackie Kelm video and/or Sarah's webinar.
- ◆ Teams will get more out of the review if they have agreed the affirmative topic in advance and considered how the size of the topic will be managed.
- ◆ Teams can be inclusive of those who are unable to attend, by agreeing in advance how the review is to be recorded and feedback.
- ◆ Give thought to how you are going to involve service users in the review.

On the day:

Reviewers:

- ◆ To make the day rewarding, creative and fun – start by generating enthusiasm and energy! (Remember your Appreciative Inquiry training!!)
- ◆ Use warm up exercises (Fire Starters!).
- ◆ The crib sheet will help you think of questions if you feel a bit awkward at first.
- ◆ Think about positive focus and things that people are passionate about.
- ◆ Remember interactive tasks help to engage team members with the topic and increase motivation.
- ◆ Make sure the basics are taken care of e.g. room is comfortable, food and drinks are available, no interruptions etc.
- ◆ Make sure you have the right people in the room!

Team being Reviewed:

- ◆ Come prepared i.e. with a topic and an open mind.
- ◆ Know how you are going to include the ideas of others not present and capture the learning to take back to them.

Preparation

- ◆ It is good to experiment with the technique internally before trying an external review.
- ◆ It helps if reviewing partners know each other.
- ◆ Wider team of those being reviewed need to be on board with process.
- ◆ Having a concise topic is useful, need to think about how to manage when the topic is huge.
- ◆ Importance of capturing the process for team members not there or as a reminder for those who were there.
- ◆ Warm up exercises- getting to know each other, are important.
- ◆ Choose to discuss something you feel passionate about.
- ◆ Important to have the right people in the room.

Generating enthusiasm

- ◆ Reviewers benefit from enthusiasm and ideas of team being reviewed.
- ◆ The dreaming and designing phases- thoughts about how you got to 2021 were really impactful.
- ◆ The energy and momentum generated from the process.
- ◆ Having interactive tasks helped to engage team members with the topic and gave motivation, even when the team was initially unsure about the topic being discussed.

Time on the discovery phase

- ◆ Spending more time on discovery helped us to develop a dream more easily and to imagine what this means for the team.
- ◆ Discovery needs to feed the dream.
- ◆ Designing sections of the process to facilitate helped to prepare us.
- ◆ Takes more preparation than initially thought- useful to think about how to go about the process of reviewing before doing it.
- ◆ Spending time on the discovery phase helped us to focus on the topic and gave us energy to think about what we wanted to see in this area.

Dreaming phase

Reviewers:

- ◆ The team being reviewed will be helped by being encouraged to BE in the future (2021) i.e. 'It is 2021' rather than 'imagine you are in 2021'

Team being Reviewed:

- ◆ Going with the process and allowing yourself to BE will enable you to be your most creative.

Design and destiny phases

Reviewers:

- ◆ Detailed ideas generated during discovery can support the team to move from dream to design and on to destiny with practical ideas for making improvements.

Team being reviewed:

- ◆ Dreaming and designing phases are richer and more fruitful if the team go with the process and experience the impact of being in the future.

Sharing strengths

- ◆ This will be a good opportunity to learn about another team’s good practice and to hear about the variety of strengths and resources within the team.
- ◆ Discovery exercises helped the team to identify strengths and gave energy to the process.
- ◆ Thinking about the team’s strengths and what has already been achieved feels really good.
- ◆ It helps to focus on strengths both at individual and team level.

How the process felt

- ◆ It can initially feel very difficult to think of questions.- but you have the crib sheet
- ◆ Any event with review in the title raises anxiety for those reviewed and the reviewers.
- ◆ Reviewers might feel anxiety initially about asking questions- worried about how these might be received. There is vulnerability in both reviewing and being reviewed!
- ◆ The process becomes easier as you get into it.
- ◆ Going through the process helped to highlight what the important aspects are.
- ◆ The process can help the reviewers and reviewed to get a sense of connectedness
- ◆ The team being reviewed need time to reflect and work things out.
- ◆ Asking questions and summarising is helpful but needs to be balanced with space for the team being reviewed to reflect and respond.

At the *celebration* workshop at the official end of the first round of peer reviews, we asked people

What are the conditions for success?

The key themes that emerged, from a panel and question and answer discussion, were

- ◆ The importance of leaders for Appreciative Inquiry.
- ◆ Balancing tensions/challenges between clinical work and Appreciative Inquiry peer review.
- ◆ Opportunity to network across the regions.
- ◆ How can cross-border teams work together?
- ◆ QNCC vs Appreciative Inquiry or both?
- ◆ Use of Appreciative Inquiry to review how things can move on/improve after QNCC.
- ◆ Boost visits help identify how/what things have moved on/been achieved since Appreciative Inquiry peer review.
- ◆ Appreciative Inquiry provided additional energy and helps things move on.
- ◆ Seeing “real things” e.g. new/adapted policies/processes come out of the Appreciative Inquiry process.
- ◆ Preparation beforehand is important – provides focus and purpose.
- ◆ Being specific about what you want to review – more specific outcomes.
- ◆ Including the “whole pathway” team in the process with “everyone in the same room”.
- ◆ Appreciative Inquiry is empowering for all in the team/pathway – combined positivity, passion and energy, collaborative working. “The art of the possible”.
- ◆ Importance of some people forming a backbone, given the part-time membership of many clinicians.
- ◆ Direct connection with parents.
- ◆ Thinking about things that are new and important.
- ◆ Chance to talk about the positive.
- ◆ So quick, can do in a day in a team.

- ◆ Volunteerism.
- ◆ Booster fantastic, discovered so much work done, moved on so much.
- ◆ Concentrating on relationships.
- ◆ Brought different quality of thinking and energy (as opposed to) prepared plans.
- ◆ Taken this idea (Appreciative Inquiry) into a meeting with other stakeholders, improved things no end.
- ◆ Outcome - independent parent support group
- ◆ Micro interventions.
- ◆ Interfaces with other institutions.
- ◆ Use of CPD days.
- ◆ Instant successes and long-term aspirations.
- ◆ Favourite process ever done, so positive, so inclusive, energising and passionate. Makes you feel like you're doing a really good job and getting excited together. Everything feels like it's positive. Ownership of "your bit".