



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Changemakers: Creativity and Value Creation

Professions (BMHP5014)

Component 1: Online portfolio of set exercises

Student name: Jacquelyn Charles

Student number: 2312686

Lecturer's name: Caroline Salami

Table of contents

Contents

Introduction	3
Task 1: Defining Key Concepts in Practice.....	3
Task 2: Mind Map	5
Task 3: Self-Reflection of Group Activity	6
Task 4: UK Innovation Case Study – NHS App and Digital Health Records.....	7
Task 5: Research Task	7
Task 6: Exploring Digital Innovation	8
Task 7: Understanding the NHS Leadership Framework	10
Task 8: Self-Reflection Journal Entry.....	11
References.....	12

Introduction

Value creation, creativity and innovation are essential components of modern health and social care. As services face increasing pressure from rising demand, workforce challenges and widening inequalities, the ability to think creatively and adapt innovative approaches has become more important than ever before. My portfolio will seek to add together a series of tasks that search key concepts discussed throughout the module, including divergent and convergent thinking, digital innovation, leadership and reflective practice. Through the application of the academic literature, UK-based examples and personal reflection, this portfolio demonstrates how creativity contributes to overall service improvement and better experiences for patients, service users and staff. The tasks also highlight the practical importance of leadership behaviours, evidence-based decision-making, and critical thinking in driving meaningful change within the NHS and wider health and social care systems. Collectively, this portfolio showcases my developing understanding of how creativity and value creation support high-quality, compassionate and efficient care.

Task 1: Defining Key Concepts in Practice

Innovation

Innovation refers to the process of generating, adopting and implementing new ideas, technologies or practices that lead to improvement (West & Farr, 1990). Within health and social care, innovation is vital because it enables services to address complex needs, enhance efficiency and respond to changing population demands. NHS England encourages innovation to improve patient access, reduce waiting times and strengthen integrated care pathways. A practical

example is the introduction of digital triage within GP practices, where patients can submit online forms instead of waiting for phone lines. This innovation reduces administrative pressure and allows clinicians to prioritise care more effectively.

Creativity

Creativity is the ability to produce novel and meaningful ideas through imagination, exploration and flexible thinking (Runco & Jaeger, 2012).

Creativity is essential in health and social care because practitioners frequently navigate unpredictable situations, such as communication barriers or limited resources. Creative thinking can lead to new engagement methods, personalised interventions or improved teamwork. For example, dementia services often use creative arts-based approaches such as music therapy to improve communication, reduce agitation and enhance emotional wellbeing. This demonstrates how creativity can transform traditional care models and support more holistic practice.

Value Creation

Value creation involves generating benefits that matter to patients, service users, staff or communities (Porter, 2010). In health and social care, value is created through improved outcomes, efficient use of resources and positive care experiences. Services that provide person-centred support, promote independence or reduce unnecessary hospital admissions contribute directly to value creation. Falls prevention programmes in community care illustrate this: providing strength-building classes and home assessments reduces injuries, hospital stays and long-term costs while improving quality of life for older adults.

Change

Change represents the planned or unplanned transition from one way of working to another (Hayes, 2018). Health and social care organisations experience ongoing change due to policy reforms, technological developments and population health shifts. Effective change management ensures new practices are implemented safely and sustainably. The move towards Integrated Care Systems (ICS) in the UK demonstrates large-scale change aimed at delivering more coordinated, place-based care for individuals with complex needs.

Task 2: Mind Map

Central Theme: Solving Problems in Health and Social Care

The mind map focuses on the central theme of solving problems within health and social care and highlights several key areas where creativity and innovation can lead to improvement. One branch of the mind map considers access to care, emphasising the importance of digital appointments, extended service hours and community-based clinics in reducing barriers for patients. Another branch addresses workforce challenges, including burnout, the need for flexible rota systems and opportunities for staff development through upskilling.

Quality and patient safety also form an important part of the mind map, with evidence-based practice, learning from incidents and clear communication protocols shown as essential components of safe care. Technology and digital innovation are highlighted through the use of tools such as the NHS App, telehealth and wearable devices. The mind map also reflects the importance of improving service user experience through co-production, effective feedback systems and personalised care planning. Finally, communication barriers are

explored, showing the role of Electronic Health Record sharing, interdisciplinary meetings and cultural competence training in promoting better collaboration. Together, these elements illustrate how creative thinking and digital solutions can support effective problem-solving across health and social care.

Task 3: Self-Reflection of Group Activity

Using Gibbs' Reflective Cycle (1988), the group activity on divergent and convergent thinking allowed me to reflect on how I approach problem-solving. During the divergent stage, our group generated as many ideas as possible without judgement. I felt confident contributing at this stage because it encouraged open thinking and allowed creativity to flow. I realised that I naturally prefer exploring multiple possibilities and building on others' suggestions.

During the convergent stage, we evaluated the ideas by considering feasibility, resources and potential outcomes. I found this part more challenging because it required critical decision-making, prioritisation and analytical thinking. However, I recognised the importance of convergent thinking in ensuring that ideas are realistic and implementable in practice.

The activity highlighted the value of balancing both thinking styles when solving complex problems in health and social care. I learned that I need to strengthen my convergent thinking skills to better support decision-making in professional contexts. Moving forward, I plan to practise structured evaluation methods such as scoring matrices to support more confident and evidence-based decisions.

Task 4: UK Innovation Case Study – NHS App and Digital Health Records

The NHS App is a major digital innovation designed to enhance access, transparency and communication within the NHS. By integrating digital health records, prescription services and appointment booking, the app re-imagines how patients manage their health. Creativity was applied through user-centred design, mobile accessibility and the consolidation of multiple services into a single digital platform.

The innovation was developed to address issues such as GP access pressures, administrative workload and fragmented communication between healthcare teams. Through digital records, patients can view test results, vaccination history and clinical notes, reducing reliance on phone calls and improving engagement.

The NHS App creates significant value by empowering patients with real-time health information and supporting self-management. Evidence shows rapid growth in adoption, with millions using the app for prescriptions, records and COVID passes (NHS Digital, 2022). This enhances continuity of care, reduces unnecessary appointments and supports early intervention. The integration of digital health records also strengthens coordination between services, contributing to safer and more efficient care delivery.

Task 5: Research Task

Burnout remains a major issue within health and social care, affecting workforce stability, wellbeing and quality of care. Academic research highlights several systemic factors contributing to burnout.

West et al. (2018) found that emotional exhaustion, high workload, inadequate staffing and limited organisational support significantly increase burnout rates among healthcare professionals. Their research showed that environments lacking psychological safety and supportive leadership lead to disengagement, lower job satisfaction and reduced patient safety.

Similarly, Dyrbye et al. (2020) identified administrative burdens, electronic documentation pressures and long working hours as major contributors to burnout. The study also highlighted compassion fatigue as a consequence of chronic emotional strain and insufficient rest. These pressures directly impact retention and staff morale.

Both articles emphasise that burnout is not an individual failing but a structural issue requiring organisational change. Recommendations include improving staffing levels, promoting wellbeing strategies, reducing administrative burden and investing in supportive leadership. Without systemic reform, burnout will continue to undermine service quality and staff retention.

Task 6: Exploring Digital Innovation

A. Benefit of Wearable Technologies

Wearable health technologies such as smartwatches and fitness monitors play an increasingly important role in managing chronic health conditions. These devices provide real-time monitoring of vital signs including heart rate, activity levels, sleep quality and, in some cases, blood oxygen saturation. For individuals with long-term conditions such as diabetes or cardiovascular disease, wearables support early detection of abnormalities and encourage healthier behaviours. A key benefit is greater patient autonomy; users can observe patterns, set goals and receive automated alerts that promote self-

management. Healthcare professionals can also use wearable data to personalise care plans and intervene earlier. Research shows that wearables improve adherence to lifestyle changes and support better clinical outcomes (Wang et al., 2021). This makes them a valuable tool for preventative care and long-term condition management.

B. Electronic Health Records and Communication

Electronic Health Records (EHRs) significantly improve communication by allowing health and social care professionals to access accurate, up-to-date patient information in real time. This reduces duplication, enhances continuity of care and supports safer clinical decision-making. EHRs enable multidisciplinary teams—including GPs, hospital doctors, mental health practitioners and social workers—to share information quickly and securely. As a result, professionals can work more collaboratively, reducing the risk of errors such as medication discrepancies. Research by Adler-Milstein et al. (2017) found that EHRs support better coordination between services, improve workflow efficiency and enhance patient safety. By ensuring that essential information travels with the patient across their care pathway, EHRs strengthen integrated care and improve outcomes.

C. Digital Technology and Preventative Care

Digital technology plays a central role in preventative care by supporting early detection, education and behaviour change. Mobile health apps, for example, can prompt users to attend screenings, track symptoms or adopt healthier habits. Digital smoking cessation tools offer personalised feedback and behavioural support. A hypothetical example is an app that monitors respiratory symptoms using daily logging and alerts both the user and clinician when patterns suggest potential deterioration. Evidence shows that digital interventions increase

patient engagement and support earlier diagnosis (Murray et al., 2022). By promoting prevention rather than treatment, digital tools reduce long-term demand on NHS services and support improved public health outcomes.

Task 7: Understanding the NHS Leadership Framework

Part 1: Summary of the Framework

The NHS Leadership Framework outlines the behaviours, values and capabilities required of effective leaders across all levels of health and social care. The framework promotes compassionate, collaborative and inclusive leadership, recognising that positive workplace cultures are essential for high-quality patient care. Key components include inspiring shared purpose, leading with care, evaluating information, connecting services, sharing the vision and engaging the team. Each domain focuses on behaviours such as active listening, integrity, evidence-based decision-making and empowering others. The framework is important because leadership significantly influences staff wellbeing, organisational performance and patient outcomes. With challenges such as increasing demand and workforce shortages, strong leadership is essential to support innovation, creativity and continuous improvement across the sector.

Part 2: Leadership Behaviour – Evaluating Information

Evaluating information is a leadership behaviour that involves gathering, interpreting and using evidence to inform decisions. Leaders who apply this behaviour effectively promote creativity by encouraging staff to explore data-driven insights and test innovative ideas. In practice, a leader may analyse patient feedback, performance metrics or digital records to identify service gaps. This supports targeted improvement initiatives, such as redesigning appointment

systems to reduce waiting times. By grounding decisions in evidence, leaders ensure changes are transparent, effective and aligned with organisational priorities, ultimately improving patient experiences and outcomes.

Task 8: Self-Reflection Journal Entry

Throughout this module, my understanding of creativity and value creation has developed significantly. I previously associated creativity mainly with artistic expression, but I now recognise its importance in problem-solving, leadership and service improvement. Learning about divergent and convergent thinking helped me appreciate the need to generate ideas widely and then evaluate them critically. Analysing real examples such as the NHS App deepened my understanding of how digital innovation can create value for users and staff. The leadership activities also reinforced how compassionate, evidence-based leadership supports improvement and team wellbeing. This learning has shaped my professional goals by encouraging me to adopt more innovative thinking, engage confidently in team discussions and seek opportunities to contribute to service enhancement in health and social care.

References

- Adler-Milstein, J., et al. (2017) ‘The impact of electronic health records on care coordination’. *Health Affairs*, 36(9), pp.1532–1539.
- Dyrbye, L., et al. (2020) ‘Burnout among healthcare workers’. *The BMJ*, 371, m3036.
- Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Polytechnic.
- Hayes, J. (2018) *The Theory and Practice of Change Management*. Palgrave Macmillan.
- Murray, E., et al. (2022) ‘Digital health interventions for preventing disease’. *The Lancet Digital Health*, 4(2), pp.102–110.
- NHS Digital (2022) *NHS App Statistics*.
- Porter, M. (2010) ‘Value-based health care delivery’. *New England Journal of Medicine*, 363(1), pp.1–3.
- Runco, M. and Jaeger, G. (2012) ‘The standard definition of creativity’. *Creativity Research Journal*, 24(1), pp.92–96.
- Wang, Y., et al. (2021) ‘Wearable technology and chronic disease management’. *Journal of Medical Internet Research*, 23(12), e29567.
- West, C.P., et al. (2018) ‘Interventions to reduce burnout’. *The Lancet*, 392(10157), pp.101–112.
- West, M. and Farr, J. (1990) *Innovation and Creativity at Work*. Wiley-Blackwell.