

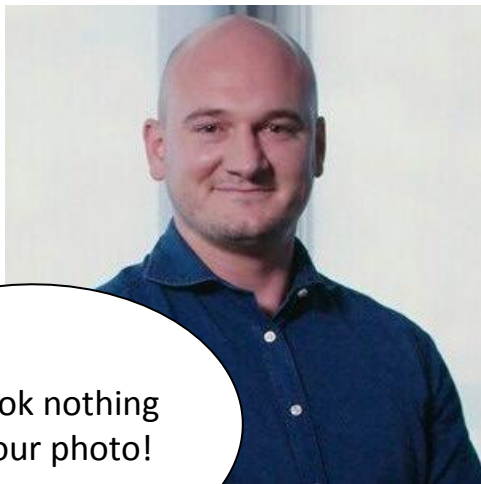
Talk to my agent: Scaling product & flow expertise with AI

Nick Brown
Principal Flow Consultant
nick@thrivve.partners

Let's
connect!







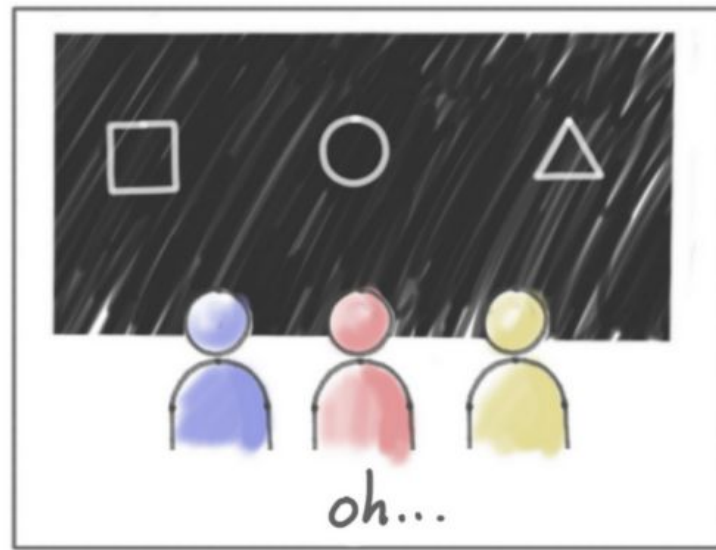
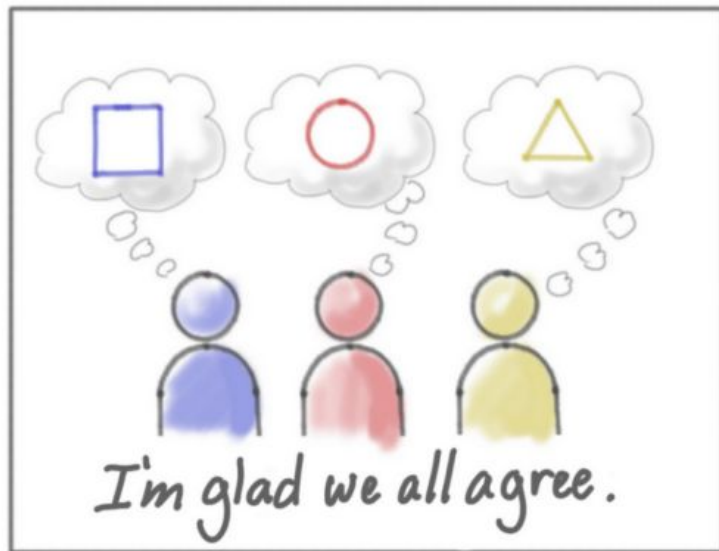
You look nothing
like your photo!



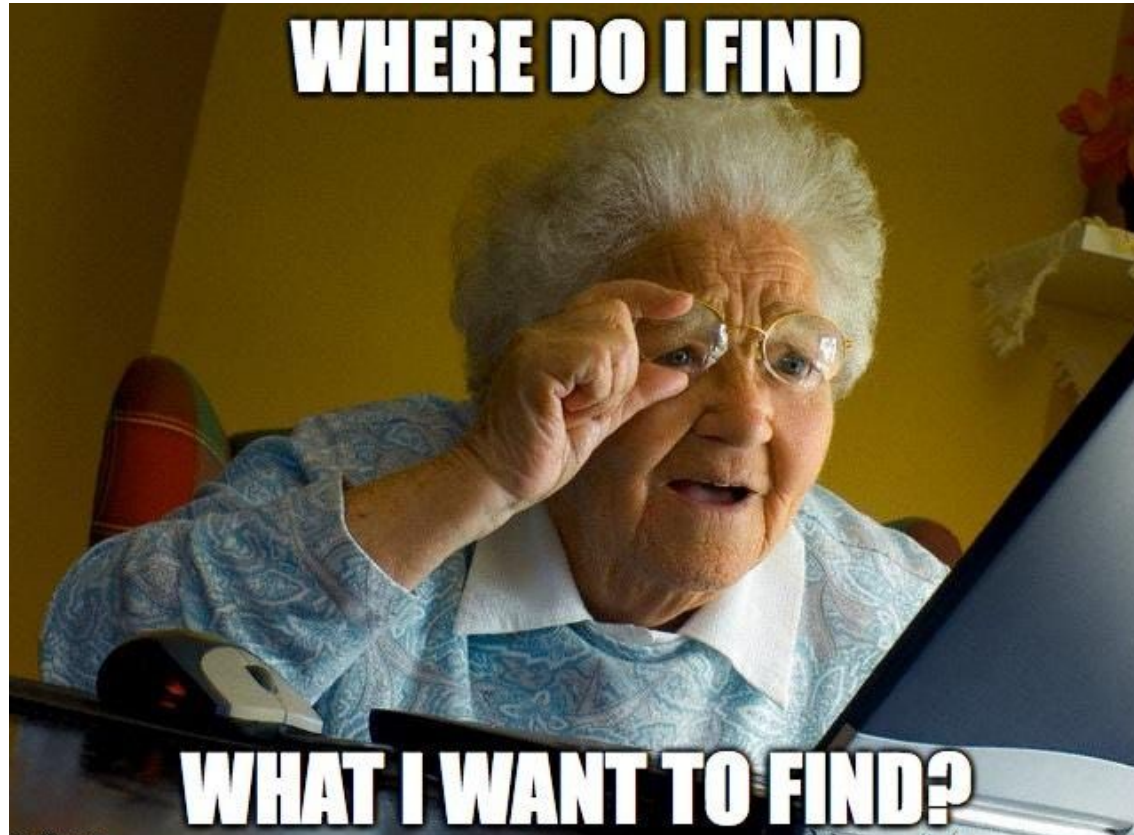
Create an image of how i have treated you

Image created

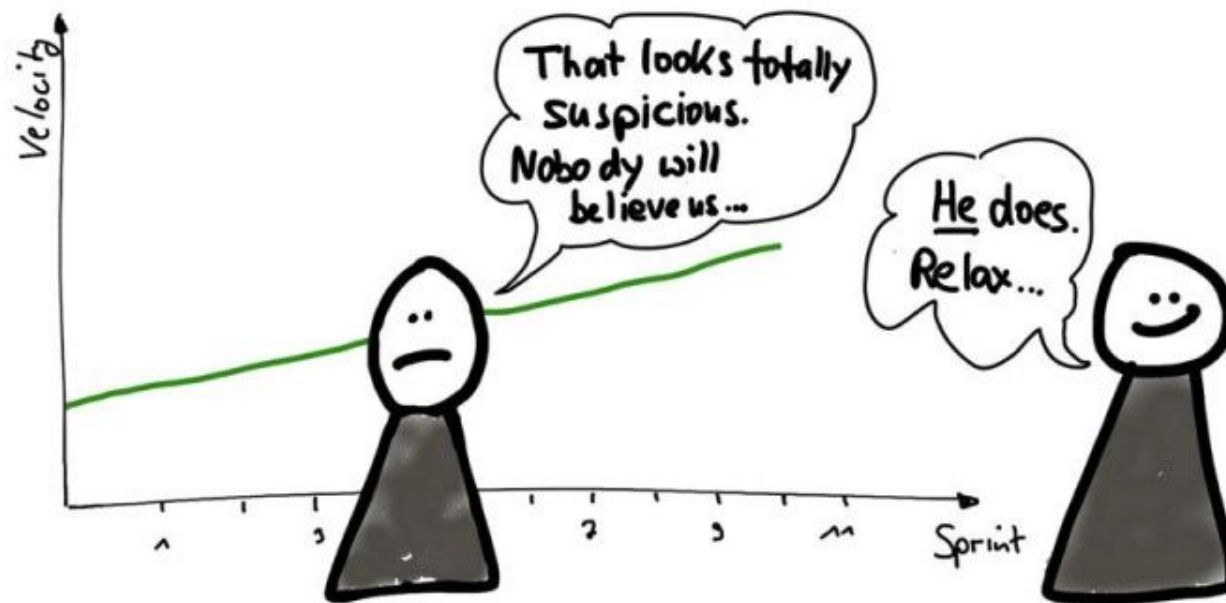




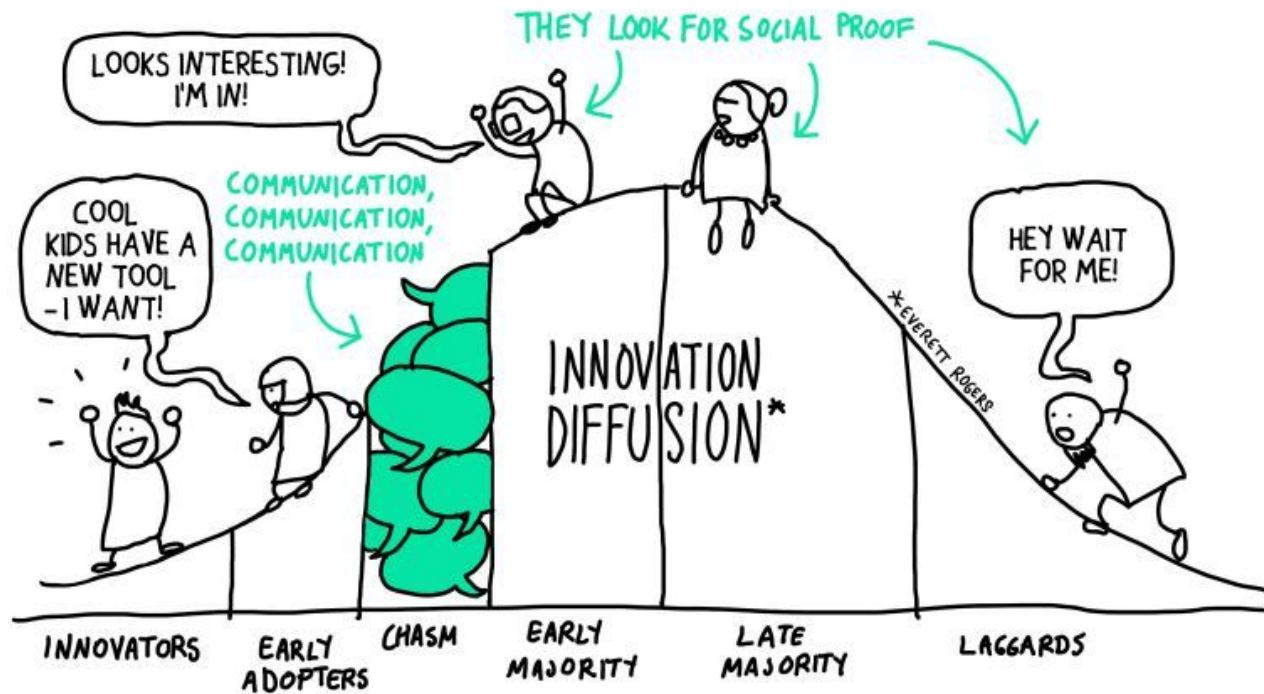
[Jeff Patton - User Story Essentials](#)







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Me completing an hour of
training videos in 3
minutes

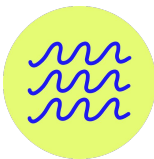




- husk.irl** • Follow
Original audio
- husk.irl** Maybe I'm wrong
3 w
- daniel.avila** This shouldn't make me so angry
3 w 14,008 likes Reply
View replies (34)
- freakbait** We should put AI in charge of important decisions
3 w 2,558 likes Reply
View replies (12)
- 29karatgold** Gaslighting King
3 w 6,835 likes Reply
View replies (6)
- lolitapriceactually** THE WAY HIS TONE GETS MORE CONDESCENDING EACH VIDEO..IS TROUBLING
3 w 3,647 likes Reply
View replies (7)
- _nicOletine_** This is a perfect representation of what it was like arguing with my ex
3 w 2,820 likes Reply
View replies (45)
- 42.1K likes
29 January

Treat enablement as a product





Product & Flow Advisor

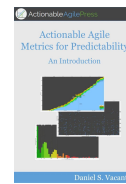


Copilot Studio
(using GPT-5)

Instructions

Knowledge

 Confluence



Web Search

Enable your agent to search all public websites. [Learn more](#)

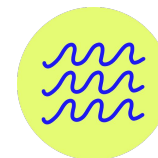
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Tools

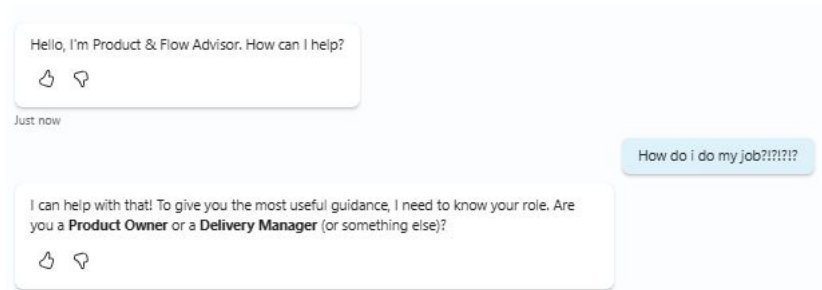


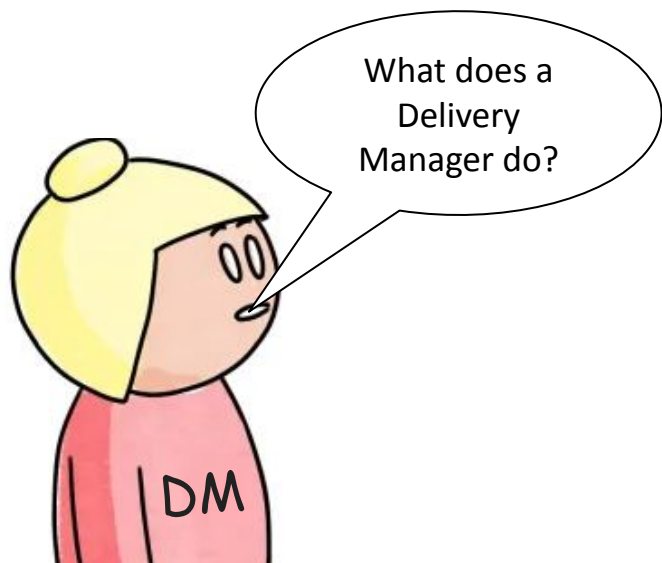
Child agent(s)





Product & Flow Advisor





What does a Delivery Manager do?

Definition

A Delivery Manager is responsible for ensuring that teams deliver value effectively and predictably by managing flow, removing impediments, and facilitating continuous improvement.

Purpose

The role exists to optimize delivery processes, maintain transparency on progress, and ensure alignment between delivery teams and business objectives. It focuses on enabling teams to deliver outcomes rather than micromanaging tasks.

Responsibilities

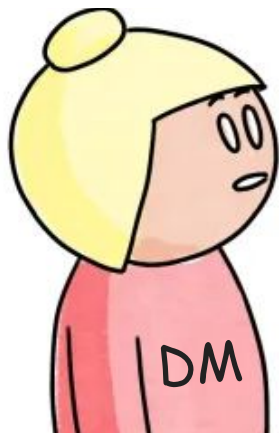
- Facilitate flow of work across the system and remove blockers.
- Monitor and interpret delivery metrics (throughput, WIP, cycle time, age).
- Support forecasting and communicate delivery confidence to stakeholders.
- Ensure risks and dependencies are visible and managed.
- Drive continuous improvement practices within teams.
- Collaborate with Product Owners to balance priorities and capacity.

Guidance

Delivery Managers should act as enablers, not controllers. They should use data-driven insights to guide decisions, maintain transparency, and foster a culture of learning and adaptability. The focus should be on improving system performance rather than individual performance.



2 minutes ago





What about within our org specifically?

Definition

Within our organization, a Delivery Manager plays the role of ensuring that delivery teams operate smoothly, focusing on flow efficiency and predictable outcomes rather than task-level control.

Purpose

The purpose is to maintain visibility of delivery health, manage risks and dependencies, and ensure that work aligns with strategic priorities. Delivery Managers act as the bridge between teams and leadership, providing clarity on progress and confidence in delivery timelines.

Responsibilities

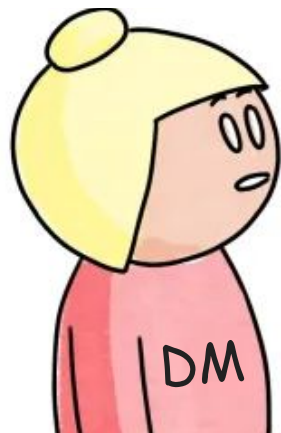
- Monitor and report on flow metrics (throughput, WIP, cycle time, work item age) using our dashboards and tools.
- Facilitate removal of blockers and escalate when necessary.
- Support forecasting using the Delivery Forecast Engine and communicate confidence levels.
- Ensure BRICE scoring and measurable outcomes are in place for initiatives.
- Collaborate with Product Owners to align backlog priorities with capacity.
- Highlight delivery risks (RAG status) and ensure mitigation plans are in place.
- Drive continuous improvement by analyzing trends and facilitating retrospectives.

Guidance

Delivery Managers in our org should leverage data from FlowAI and Power BI dashboards to inform decisions. They should avoid micromanagement and instead focus on systemic improvements, transparency, and proactive risk management. The emphasis is on enabling teams to deliver value predictably and sustainably.



Just now





Work at Psychiatry-UK is prioritized using a combination of structured frameworks and continuous review practices:

Definition

Work prioritization is the process of deciding the order in which initiatives, epics, or tasks should be addressed to maximize value delivery and manage constraints effectively.

Purpose

The goal is to ensure that the most valuable and impactful work is delivered first, while maintaining transparency and adaptability as new information emerges.

How It Works in Practice

- **BRICE Framework:** PUK uses an industry-recognized prioritization model called BRICE, which stands for Business importance, Reach, Impact, Confidence, and Effort. Each factor is scored, and the combined score helps rank items. This improves transparency, but it is not the sole determinant—contextual factors can override scores when justified.
- **Continuous Prioritization:** Prioritization is not a one-time event. Every pull transaction (when a team starts new work) is an opportunity to re-prioritize based on the latest information. This ensures responsiveness to changing needs and risks.
- **Three Levels of Prioritization:**
 - Active work (pull policies) – deciding which in-progress items get attention first, often based on Service Level Expectations (SLE) and work item age.
 - Next item to pull – just-in-time prioritization for upcoming work.
 - Backlog ordering – maintaining a view of the next 3–10 items to prepare for future work.
- **Stakeholder Inputs:** Requests from different stakeholders are consolidated into a shared backlog. Visualizing these inflows helps balance competing priorities and facilitates open discussions.

Guidance

- Use BRICE scoring to inform decisions, but allow for dialogue when exceptions occur.
- Revisit priorities frequently, especially when new data or risks emerge.
- Ensure transparency by documenting rationale for prioritization decisions.
- Avoid treating backlog order as fixed; adapt continuously to maintain predictability and value delivery.

1 2 3

3 references ▾

1 [Our PUK Ways of Working...](#)

2 [ASPK Slides.pdf](#)

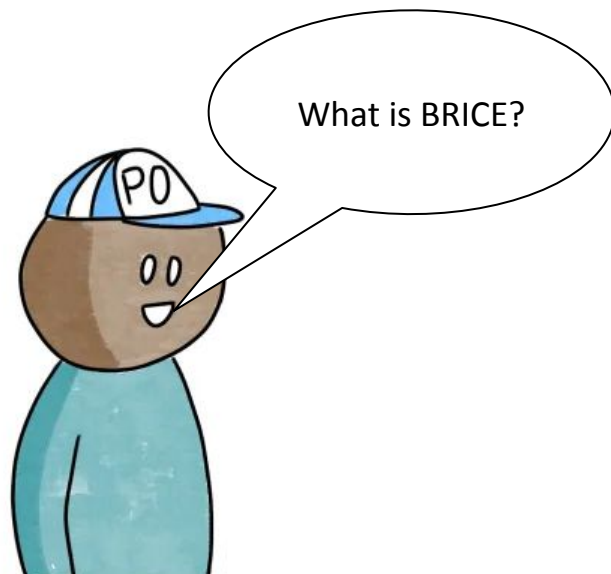
3 [action_agile_tools.pdf](#)



Just now



The image shows a video player interface. The main video content is a colorful graphic with a blue background and a yellow border. The text "THE BRICE IS RIGHT" is displayed in large, bold, yellow and orange letters. To the left of the text is a large yellow dollar sign. The video player interface includes a title bar at the top with "You're sharing your screen" and "Stop sharing" buttons. Below the video, there are controls for "Frame 1/38", a "Stop" button, and other standard video player icons. In the top right corner, there is a small video feed of a man with a beard, labeled "Nick Brown".



Just now

What is BRICE?

Definition

BRICE is a lightweight prioritization framework used to score and compare ideas or initiatives entering the portfolio. It is designed to inform prioritization decisions by making assumptions and confidence explicit, rather than replacing judgment.

Why

The purpose of BRICE is to provide a consistent and transparent way to evaluate work based on value, reach, impact, confidence, and effort. It helps teams align prioritization with organizational outcomes and strategic goals, rather than subjective opinions or local convenience.

Calculation

BRICE stands for:

- **Business Importance** (1–3) – How strongly the work aligns with strategic goals, revenue, efficiency, or risk mitigation.
- **Reach** (1–100%) – The proportion of users or stakeholders impacted.
- **Impact** (0.25–3) – The depth of change or improvement delivered.
- **Confidence** (1–100%) – The strength of evidence supporting the expected outcome.
- **Effort** (1–4) – Relative size or complexity of the work.

Formula:

$$(B \times R \times I \times C) \div E$$

Gaming

BRICE can be gamed by inflating reach or impact estimates, overstating confidence without evidence, or underestimating effort. To mitigate this, teams should use evidence-based reasoning, document rationales, and review scores collaboratively.

Guidance

- Use BRICE to support structured discussion, not as an absolute decision-maker.
- Anchor Business Importance in organizational outcomes, not team convenience.
- Estimate Reach and Confidence realistically, using data where possible.
- Treat Effort as a rough sizing, not a detailed plan.
- Document rationales for transparency and revisit scores as new information emerges.

For more details, see the full guidance here: [BRICE Prioritisation Scoring](#) 1 2

2 references ▾

1 | [The BRICE is right \(Prioriti...](#)2 | [BRICE Prioritisation Scoring](#)

Just now

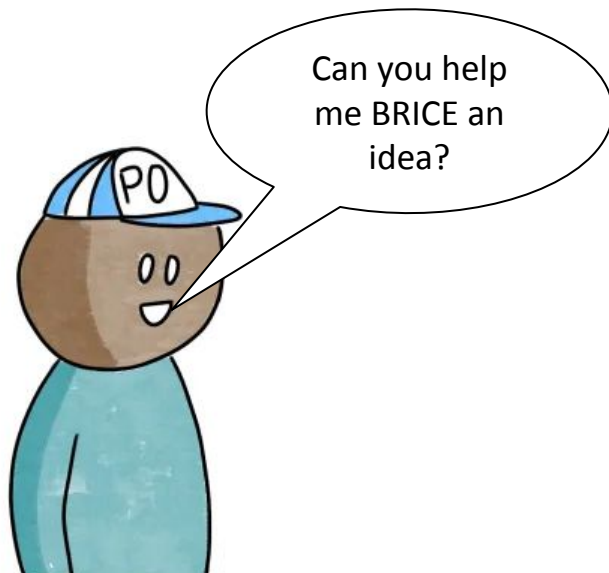


Hi Nick, how are you doing?

Edited

I have a question - I'm trying to BRICE a change to our website cookies consent management and am unsure how to rate the Reach.

The change will affect everyone who accesses our website, but it's a bit hard to gauge that. I think most patients visit our website at least once at some point in their journey. But clinicians and staff (other than patient support and the staff actually working on the website) are less likely to visit the website (frequently)...



Can you help me brice an idea?

Sure, I can help with that. Please provide the Jira issue key for the idea you want to BRICE.



Just now

PUK-399

Here's what I found for PUK-399:

Title

GP Practices are handwritten into the portal in multiple ways which is indecipherable for billing & reporting

Description

Currently, GP practice details are manually entered into the portal in inconsistent formats, making reports unintelligible and preventing reliable matching with ICB boundaries. This creates a risk of payment disputes, revenue loss, and erodes trust with ICBs. The proposed solution is to standardize GP practice input using NHS Digital's monthly published data, ensuring GP Name, Postcode, and ODS code are structured and automatically available in reports.

Now, let's propose BRICE values for this idea:

Business Importance (B): 3

Rationale: This addresses a critical compliance and revenue risk, improves billing accuracy, and strengthens trust with ICBs, aligning with strategic priorities.

Reach (R): 75%

Rationale: Affects a large proportion of operational workflows and reporting across multiple ICBs, though not every single user.

Impact (I): 2

Rationale: Significantly improves data integrity and reduces financial disputes, but does not fundamentally change the care model.

Confidence (C): 70%

Rationale: Based on clear evidence from NHS Digital standards and known issues; implementation complexity is understood but not yet validated at scale.

Effort (E): 2

Rationale: Requires integration of NHS data and dropdown logic, plus ongoing update mechanism, but no major platform overhaul.

Score = $(3 \times 0.75 \times 2 \times 0.70) \div 2 = 1.575$

Are you happy with this BRICE and for me to copy it to Jira?



Just now



The Impact of Generative AI on Critical Thinking: Self-Reported Reductions in Cognitive Effort and Confidence Effects From a Survey of Knowledge Workers

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Pittsburgh, Pennsylvania, USA
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Cambridge, United Kingdom
niwilson@microsoft.com

Abstract

The rise of Generative AI (GenAI) in knowledge workflows raises questions about its impact on critical thinking skills and practices. We survey 319 knowledge workers to investigate 1) when and how they perceive the enactment of critical thinking when using GenAI, and 2) when and why GenAI affects their effort to do so. Participants shared 936 first-hand examples of using GenAI in work tasks. Quantitatively, when considering both task- and user-specific factors, a user's task-specific self-confidence and confidence in GenAI are predictive of whether critical thinking is enacted and the effort of doing so in GenAI-assisted tasks. Specifically, higher confidence in GenAI is associated with less critical thinking, while higher self-confidence is associated with more critical thinking. Qualitatively, GenAI shifts the nature of critical thinking toward information verification, response integration, and task stewardship. Our insights reveal new design challenges and opportunities for developing GenAI tools for knowledge work.

CCS Concepts

• Human-centered computing → Empirical studies in HCI

Keywords

Critical thinking, Generative AI tools, Knowledge worker, Bloom's taxonomy, Survey

ACM Reference Format:

Hao-Ping (Hank) Lee, Advait Sarkar, Lev Tankelevitch, Ian Drosos, Sean Rintel, Richard Banks, and Nicholas Wilson. 2025. The Impact of Generative AI on Critical Thinking: Self-Reported Reductions in Cognitive Effort and

Confidence Effects From a Survey of Knowledge Workers. In *CHI Conference on Human Factors in Computing Systems (CHI '25)*, April 28–May 01, 2025, Yokohama, Japan. ACM, New York, NY, USA, 23 pages. <https://doi.org/10.1145/3706598.3713778>

1 Introduction

Generative AI (GenAI) tools, defined as any “end user tool [...] whose technical implementation includes a generative model based on deep learning”¹ are the latest in a long line of technologies that raise questions about their impact on the quality of human thought, a line that includes writing (objected to by Socrates), printing (objected to by Trithemius), calculators (objected to by teachers of arithmetic), and the Internet.

Such consternation is not unfounded. Used improperly, technologies can and do result in the deterioration of cognitive faculties that ought to be preserved. As Bainbridge [7] noted, a key irony of automation is that by mechanising routine tasks and leaving exception-handling to the human user, you deprive the user of the routine opportunities to practice their judgement and strengthen their cognitive musculature, leaving them atrophied and unprepared when the exceptions do arise.

In response, research has begun looking closely at how different activities are impacted by GenAI and the extent to which cognitive offloading [8] occurs, and whether this may be an undesirable thing. Some work has focused, for instance, on studying the effects of GenAI use on memory (e.g., [1, 106]) and on creativity (e.g., [28, 100]). Moreover, design research has also been developing interventions that *improve* the ability of people to think in certain ways (e.g., [24]). We review these lines of work in Section 2.

In this paper, we focus on a higher-level concept that captures another aspect of thought considered desirable and worthy of preser-



[The Impact of Generative AI on Critical Thinking: Self-Reported Reductions in Cognitive Effort and Confidence Effects From a Survey of Knowledge Workers](#)



Can you help me brice an idea?

Sure, I can help with that. Please provide the Jira issue key for the idea you want to BRICE.



Just now

PUK-399

Here's what I found for PUK-399:

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GP Practices are handwritten into the portal in multiple ways which is indecipherable for billing & reporting

Impact (I): 2

GP details are manually entered into the portal in inconsistent formats, making it difficult and preventing reliable matching with ICB boundaries. This creates revenue loss, and erodes trust with ICBs. The proposed solution is to use NHS Digital's monthly published data, ensuring GP Name, GP Number, and ICB are structured and automatically available in reports.

BRICE values for this idea:

Confidence (B): 3

Rationale: This addresses a critical compliance and revenue risk; improves billing accuracy, and strengthens trust with ICBs, aligning with strategic priorities.

Reach (R): 75%

Rationale: Affects a large proportion of operational workflows and reporting across multiple ICBs, though not every single user.

Impact (I): 2

Rationale: Significantly improves data integrity and reduces financial disputes, but does not fundamentally change the care model.

Confidence (C): 70%

Rationale: Based on clear evidence from NHS Digital standards and known issues; implementation complexity is understood but not yet validated at scale.

Effort (E): 2

Rationale: Requires integration of NHS data and dropdown logic, plus ongoing update mechanism, but no major platform overhaul.

$$\text{Score} = (3 \times 0.75 \times 2 \times 0.70) \div 2 = 1.575$$

Are you happy with this BRICE and for me to copy it to Jira?



Just now



I'm not sure I agree...

Postcode, and ODS code are structured and automatically available in reports.
Now, let's propose BRICE values for this idea:
Business Importance (B): 3
Rationale: This addresses a critical compliance and revenue risk, improves billing accuracy, and strengthens trust with ICBs, aligning with strategic priorities.
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 $(3 \times 0.75 \times 2 \times 0.70) \div 2 = 1.575$
I think confidence should be lower, due to lack of data

Let's copy to Jira!

I think confidence should be lower, due to lack of data

Got it. Let's adjust Confidence to reflect that concern.
New Confidence (C): 50%
Rationale: While the approach is logical and based on NHS data, there is limited internal evidence or prior implementation experience, so confidence is moderate.
Recalculated Score:
 $(3 \times 0.75 \times 2 \times 0.50) \div 2 = 1.125$
Here's the updated BRICE:

- Business Importance: 3
- Reach: 75%
- Impact: 2
- Confidence: 50%
- Effort: 2

Score: 1.125

Are you happy with this updated BRICE and for me to copy it to Jira?



Just now

LEADING

METRIC

Focus on these



DIET
calories/day

+



EXERCISE
workouts/wk



WEIGHT LOSS
weight

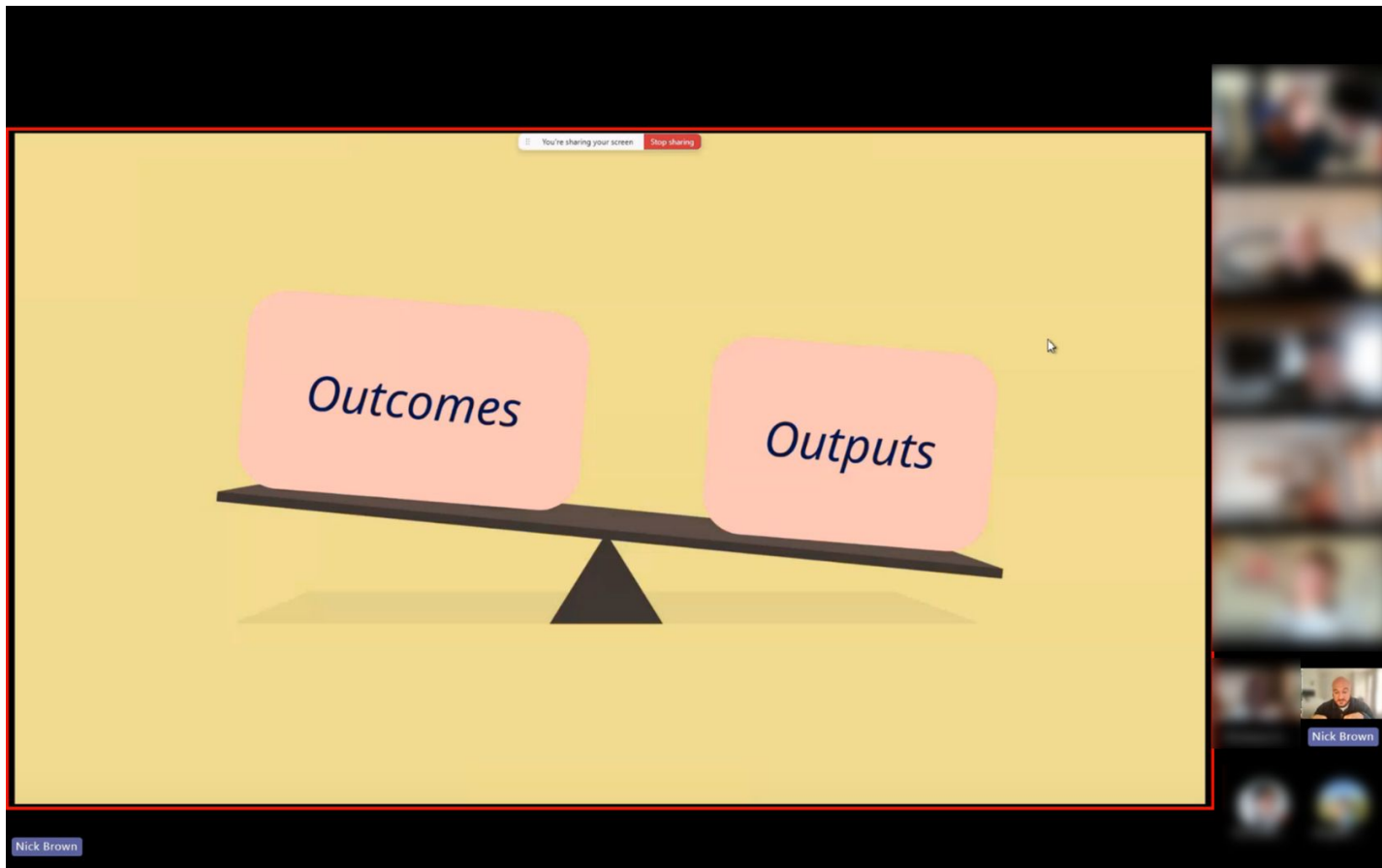
For example

LAGGING

METRIC

To influence these

THRIVVE





$$(3 \times 0.75 \times 2 \times 0.50) \div 2 = 1.125$$

Here's the updated BRICE:

- Business Importance: 3
- Reach: 75%
- Impact: 2
- Confidence: 50%
- Effort: 2

Score: 1.125

Are you happy with this updated BRICE and for me to copy it to Jira?



2 minutes ago

yes

PUK-399 has now been updated in Jira with the agreed BRICE values and rationales. You can review the changes directly in Jira to confirm everything reflects our discussion.



A minute ago

Can you help define some measurable outcomes for it as well?

Here are some proposed measurable outcomes for PUK-399:

Leading indicators

1. Percentage of GP practice entries in the portal that match NHS Digital standard format (targeting >95%).
Rationale: Directly measures adoption of the standardized input process.
2. Number of credit notes issued due to GP data errors per month.
Rationale: Early signal of whether the change is reducing billing errors.
3. Time taken to generate ICB-aligned reports (average minutes per report).
Rationale: Indicates improvement in reporting efficiency.

Lagging indicators

1. Reduction in payment disputes related to GP data (count per quarter).
Rationale: Demonstrates long-term impact on financial accuracy and trust.
2. Percentage of monthly NHS Digital updates successfully integrated within 5 working days.
Rationale: Ensures sustainability of the solution over time.

Are you happy with these measurable outcomes and for me to copy them to Jira?



Just now





$$(3 \times 0.75 \times 2 \times 0.50) \div 2 = 1.125$$

Here's the updated BRICE:

- Business Importance: 3
- Reach: 75%
- Impact: 2
- Confidence: 50%
- Effort: 2

Score: 1.125

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2 minutes ago

yes

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Let's copy to
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Rationale: Ensures sustainability of the solution over time.

Are you happy with these measurable outcomes and for me to copy them to Jira?



Just now





- Done when if there is no awlld in the latest titration record then the clinic ID is found from the most recent record in the appointment_waiting_list where the pathway_treatment is in this config: ADHD-BUNDLE-TREATMENT-ID

- Done when the config to activate or deactivate the feature should be called E-PRESCRIPTIONS-ACTIVATE (which is consistent with the naming of other configs in our system)

Here's my assessment and recommendation:

Strengths

- The story has a clear user role (prescriber) and goal (show digital button for eligible patients).
- Acceptance criteria are detailed and cover multiple scenarios.

Issues

- The description is good, but the story mixes business logic and technical implementation details (SQL logic, config names) which should ideally be in technical notes, not in the user story.
- The acceptance criteria are very specific and somewhat technical; they could be simplified to focus on behavior rather than implementation.
- There are multiple scenarios embedded in one story; these could be split into smaller stories for clarity and easier testing.

Here's a cleaner version of the main story:

Title

Show digital prescription button for eligible patients

Description

As a prescriber, I want to see a digital prescription button for eligible patients so that I can prescribe digitally when required.

Acceptance Criteria

Given the digital prescribing feature is deactivated

When I open the prescription workflow

Then I see the "Add Prescription" button and not the "Send Digitally" button

Given the digital prescribing feature is activated and the patient is eligible

When I open the prescription workflow

Then I see the "Send Digitally" button and not the "Add Prescription" button

Given the digital prescribing feature is activated and the patient is not eligible

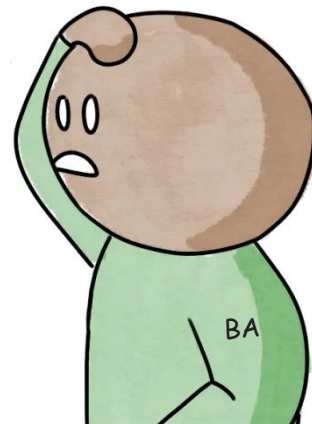
When I open the prescription workflow

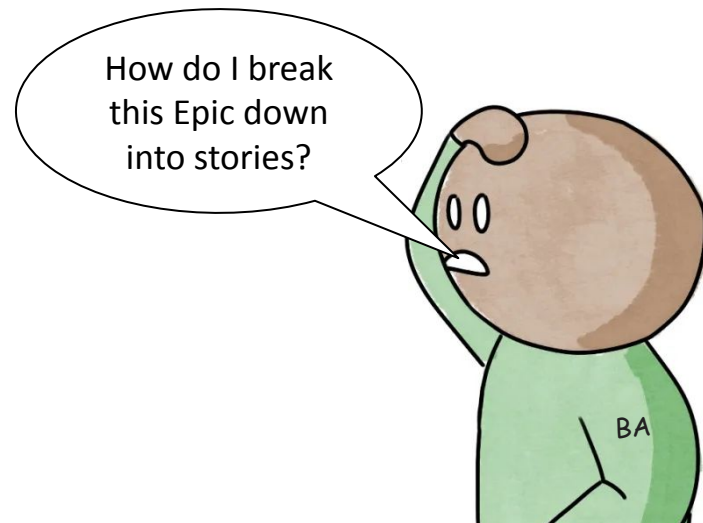
Then I see the "Add Prescription" button and not the "Send Digitally" button

Would you like me to break this into smaller user stories for you?



A minute ago





that data entry is accurate and consistent.

Acceptance - Given a selected GP practice, when I confirm the selection, then the ODS code and postcode should appear automatically.

4. Summary - Implement Monthly Update Process

Description - As an admin, I want a process to update the GP dataset monthly so that the portal always reflects the latest NHS Digital data.

Acceptance - Given a new NHS Digital file, when I upload it, then the old data should be replaced and the dropdown updated.

5. Summary - Apply Changes to Priority ICBs

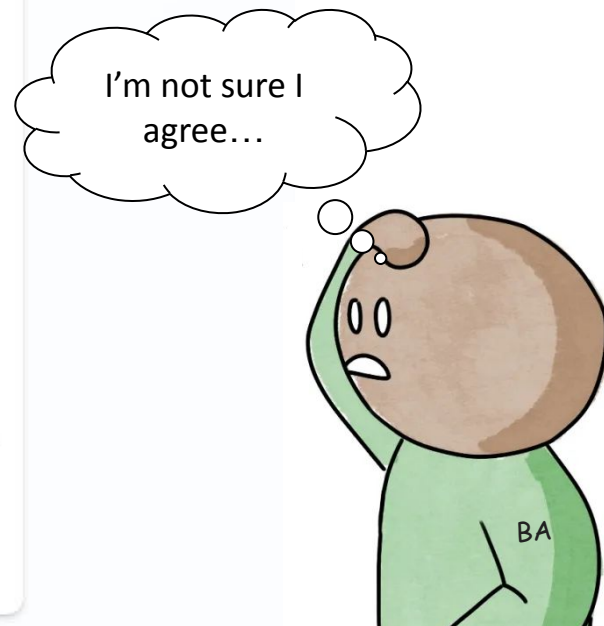
Description - As a user, I want these changes applied first to Cheshire & Merseyside, North East & North Cumbria, and NHS Sussex ICBs so that high-risk areas are addressed early.

Acceptance - Given the updated functionality, when I select practices in these ICBs, then the dropdown and auto-population should work as expected.

Do you want me to create these as child stories under PUK-399 in Jira?



A minute ago





You're absolutely correct—using "As a user" is considered an anti-pattern because it's too generic and doesn't clarify who the real actor is. Good user stories should identify a specific role or persona that benefits from the functionality.

For PUK-399, the roles implied in the description are:

- **Portal Admin** (responsible for uploading and maintaining GP datasets)
- **Portal User / Clinician / Referral Coordinator** (selecting GP practices when entering patient or referral data)
- **Reporting Analyst** (consuming accurate GP data for billing and reporting)

Here's the improved version of the stories with specific roles:

1. **Summary** - Upload NHS Digital GP Practice Dataset

Description - As a **Portal Admin**, I want to upload the monthly NHS Digital GP practice spreadsheet so that the portal has an up-to-date source of GP details.

Acceptance - Given the latest NHS Digital file, when I upload it, then the portal should store all GP names, ODS codes, and postcodes.

2. **Summary** - Display GP Practices in Dropdown

Description - As a **Referral Coordinator**, I want to select GP practices from a dropdown list filtered by ICB or clinic so that I can easily choose the correct practice.

Acceptance - Given the portal, when I add a GP practice, then I should see a dropdown populated from the uploaded dataset.

3. **Summary** - Auto-populate GP Details

Description - As a **Referral Coordinator**, I want the GP ODS code and postcode to auto-populate when I select a GP practice so that data entry is accurate and consistent.

Acceptance - Given a selected GP practice, when I confirm the selection, then the ODS code and postcode should appear automatically.

4. **Summary** - Implement Monthly Update Process

Description - As a **Portal Admin**, I want a process to update the GP dataset monthly so that the portal always reflects the latest NHS Digital data.

Acceptance - Given a new NHS Digital file, when I upload it, then the old data should be replaced and the dropdown updated.

5. **Summary** - Apply Changes to Priority ICBs

Description - As a **Portal Admin**, I want these changes applied first to Cheshire & Merseyside, North East & North Cumbria, and NHS Sussex ICBs so that high-risk areas are addressed early.

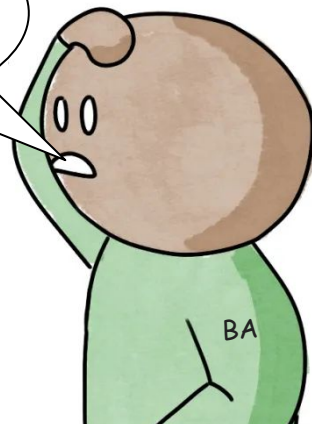
Acceptance - Given the updated functionality, when I select practices in these ICBs, then the dropdown and auto-population should work as expected.

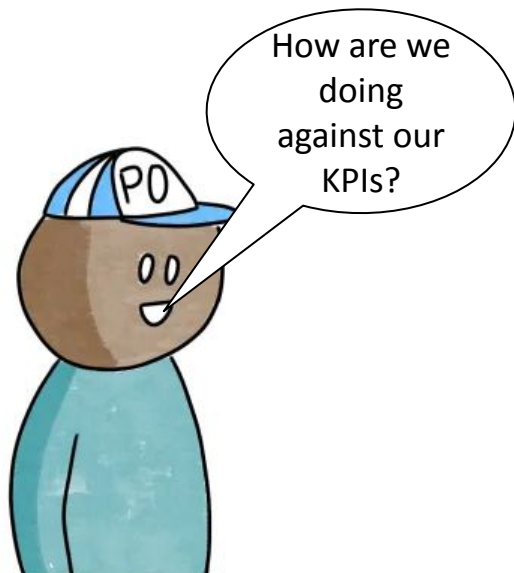
Would you like me to create these as child stories under PUK-399 in Jira now?



4 minutes ago

Let's copy to Jira!





Hello, I'm Product & Flow Advisor. How can I help?



19 minutes ago

How are we doing against our KPIs?

As of the latest information available to me, here's how we are performing against our KPIs:

North star metric

Patients Assessed and Treated

1 (trend 7d)

99 (trend 6w, +98%)

Key metric changes (top three)

- Confirmed Booked Appointments - +8.9% (7d), +71% (6w)
- Patients Treated - -0.04% (7d), +23% (6w)
- Pre-Titration Forms Completed - +0.52% (7d), +53% (6w)

Other notable changes

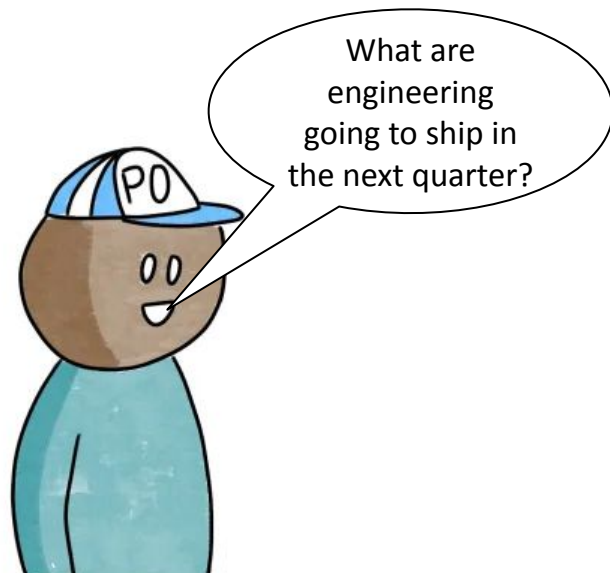
- Patients Assessed - -0.17% (7d), +20% (6w)
- Patients Diagnosed - -0.45% (7d), +29% (6w)
- DNA Appointments - -0.21% (7d), -0.08% (6w)
- Declined Appointments % - +0.16% (7d), -0.36% (6w)
- Avg Patient Feedback - -0.0008% (7d), +0.002% (6w)
- Avg Weeks Assessment to Titration - -6% (7d), -30% (6w)

Overall, the six-week trend shows strong positive movement in core throughput metrics (bookings, treatments, pre-titration), while short-term (7-day) changes are relatively flat or slightly negative in some areas like diagnoses and assessments.



Just now





I want to forecast what we will complete in the next weeks (by 23/02/2026) with likelihood, a Feature/Epic WIP of and Throughput change of

Legend

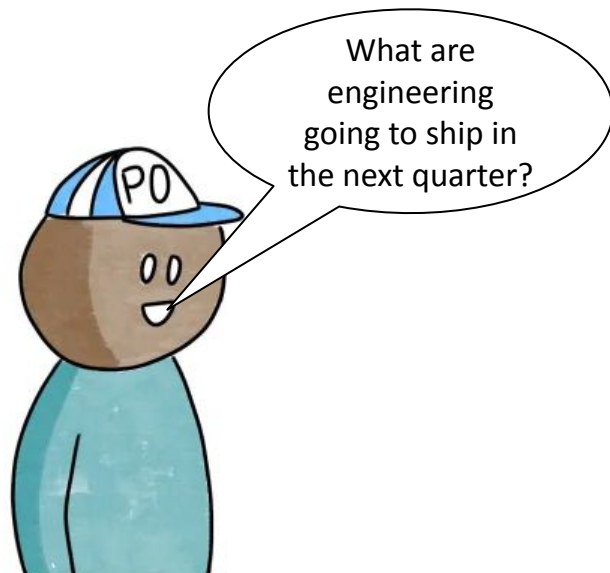
Forecast to finish on or before the selected date

Forecast to finish up to one week after the selected date

Forecast to finish MORE than one week after the selected date

Epic/Feature	Priority	Due	Progress	Remaining	Forecasted (on or before)
User Authentication & Authorization	1	Mar 16 2026	3/13	10	Feb 16 2026 ✓
Role-Based Access Control (RBAC)	2		6/9	3	Feb 16 2026
Product Management System	3	Feb 09 2026	7/10	3	Feb 23 2026 !
Inventory Tracking & Management	4		3/5	2	Feb 23 2026
Order Processing & Management	5		7/9	2	Mar 02 2026
Payment Gateway Integration	6		0/6	6	Mar 09 2026
Shipping & Fulfillment Management	7		0/3	3	Mar 16 2026
Discount & Coupon System	8		0/3	3	Mar 16 2026
Customer Account Management	9	Feb 23 2026	0/4	4	Mar 30 2026 !
Product Search & Filtering	10		0/14	14	Apr 13 2026
Shopping Cart Functionality	11		0/2	2	Apr 18 2026
Wishlist & Favorites	12		0/5	5	Apr 20 2026
Checkout Process	13		0/3	3	Apr 27 2026
Email & SMS Notifications	14		0/1	1	May 02 2026
Review & Rating System	15		0/2	2	May 04 2026

Note: I use the term Feature, you might call it Epic or something else, basically the level above Story/PBI





nick@thrive.partners

20-Mar-26 (70%)

• PUK-818 - Talkdesk update [🔗](#)

Completed: 2/4

13-Mar-26 (70%)

20-Mar-26 (85%)

27-Mar-26 (95%)

• PUK-462 - Booking links/Waitlist issues remediation [🔗](#)

Completed: 19/34

27-Mar-26 (70%)

10-Apr-26 (85%)

17-Apr-26 (95%)

• PUK-542 - Booking app performance optimisation & improvements [🔗](#)

Completed: 7/9

03-Apr-26 (70%)

10-Apr-26 (85%)

17-Apr-26 (95%)

• PUK-873 - Prescriber Type Tagging on Medqare for accurate reporting [🔗](#)

Completed: 0/3

03-Apr-26 (70%)

10-Apr-26 (85%)

24-Apr-26 (95%)

• PUK-490 - NHS eReferrals Integration - MVP Phase [🔗](#)

Completed: 0/8

17-Apr-26 (70%)

24-Apr-26 (85%)

08-May-26 (95%)

• PUK-892 - ICB Merger-Finance and Payment Adjustments [🔗](#)

Completed: 0/8

24-Apr-26 (70%)

01-May-26 (85%)

15-May-26 (95%)

• PUK-785 - Firefly [🔗](#)

Completed: 0/2

24-Apr-26 (70%)

08-May-26 (85%)

22-May-26 (95%)

Would you like to see the impact if we:

- a) Increase delivery
- b) Decrease delivery
- c) Increase work in progress (WIP)
- d) Decrease work in progress (WIP)



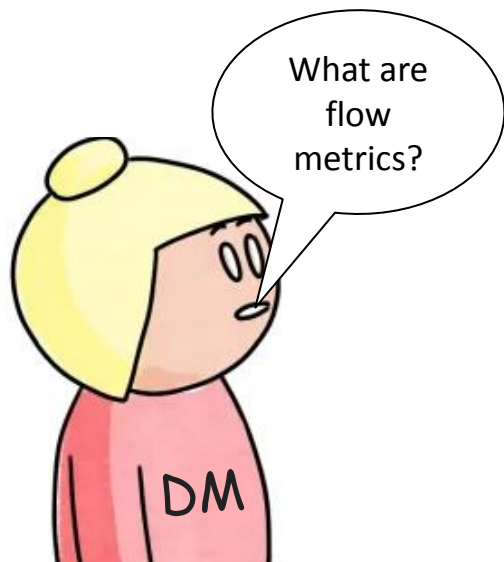
Just now





10-Apr-26 (85%) - earlier
 24-Apr-26 (95%) - earlier
 • PUK-775 - New Patient Portal Notes Modal [↗](#)
 Completed: 2/17
 29-May-26 (70%) - earlier
 12-Jun-26 (85%) - earlier
 03-Jul-26 (95%) - earlier
 • PUK-335 - Private ADHD & ASD Registration Form - Fixes & Improvements [↗](#)
 Completed: 1/13
 10-Jul-26 (70%) - earlier
 24-Jul-26 (85%) - earlier
 21-Aug-26 (95%) - earlier
 • PUK-981 - Update Cookies Compliance on the Website to Meet Google Requirements [↗](#)
 Completed: 0/1
 10-Jul-26 (70%) - earlier
 31-Jul-26 (85%) - earlier
 28-Aug-26 (95%) - earlier
 • PUK-855 - Customised & Automated Titration Referral Note for Private Patients [↗](#)
 Completed: 0/2
 17-Jul-26 (70%) - earlier
 07-Aug-26 (85%) - earlier
 04-Sep-26 (95%) - earlier
 • PUK-774 - Migration of Private Adult ADHD Legacy Patients to the New Private Service [↗](#)
 Completed: 0/4
 31-Jul-26 (70%) - earlier
 21-Aug-26 (85%) - earlier
 18-Sep-26 (95%) - earlier
 • PUK-544 - Klarna Payment Option [↗](#)
 Completed: 1/7
 21-Aug-26 (70%) - earlier
 18-Sep-26 (85%) - earlier
 16-Oct-26 (95%) - earlier
 • PUK-321 - Pathway Clinic Visibility on TWL [↗](#)
 Completed: 0/3
 04-Sep-26 (70%) - earlier
 25-Sep-26 (85%) - earlier
 23-Oct-26 (95%) - earlier
 • PUK-600 - Adhoc Newsletter/Service Emails sent to MedQare Patients [↗](#)
 Completed: 0/7
 02-Oct-26 (70%) - earlier
 23-Oct-26 (85%) - earlier
 20-Nov-26 (95%) - earlier







Range

Last

12

Weeks

Team

Engineering

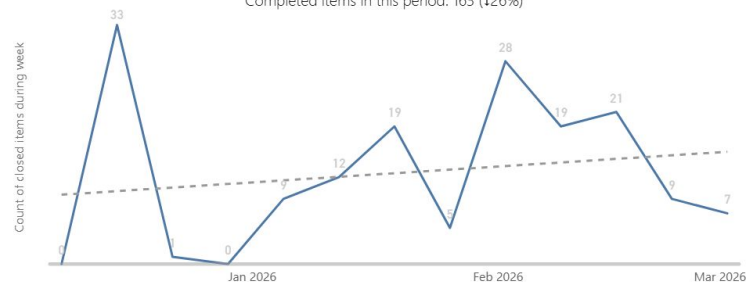
11/12/2025 - 04/03/2026

Last Refresh

04-Mar-26 0:15

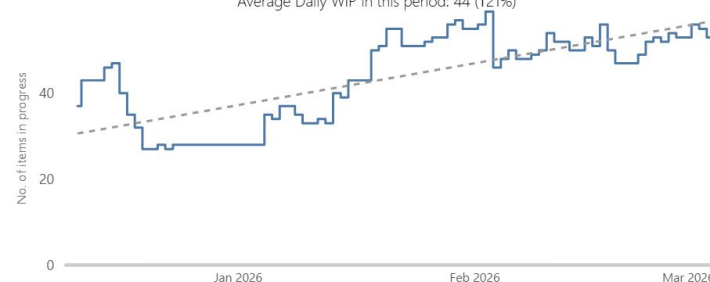
Throughput

How many items do we complete per week?
Completed items in this period: 163 (126%)



Work In Progress (WIP)

The number of items in progress each day.
Average Daily WIP in this period: 44 (t21%)



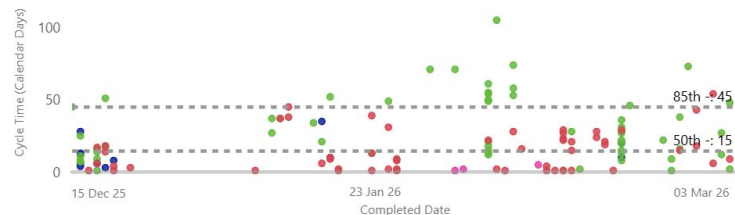
Cycle Time

How long (in calendar days) did an item take to complete once started.

85th percentile: 45 days (→0%)

● Bugfix ● Hotfix ● Story ● Task

○ Use Lead Time



Work Item Age

How many days an individual item has been in-progress for.
Total Work Item Age: 1,309 days (t242%) | Total Blocked Items: 7



Hello, I'm Product & Flow Advisor. How can I help?



Just now

What are flow metrics?

Definition

Flow metrics are quantitative measures that describe how work moves through a delivery system, focusing on speed, efficiency, and predictability of value delivery.

Why

They are used to understand system performance, identify bottlenecks, and support continuous improvement by providing visibility into throughput, work in progress, and cycle times.

Calculation

Common flow metrics include:

- **Throughput** – Number of completed work items in a given time period.
- **Work in Progress (WIP)** – Count of items currently in progress at a point in time or averaged over a period.
- **Cycle Time** – Time taken for a work item to move from start to finish, often measured at the 85th percentile for predictability.
- **Work Item Age** – Current elapsed time for items still in progress.

Gaming

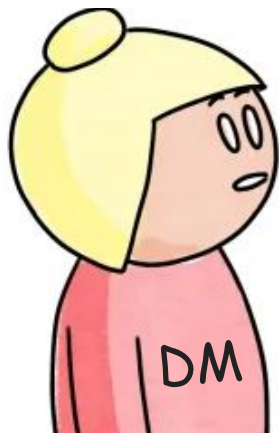
Teams might artificially split or merge work items to influence throughput or cycle time, or delay starting work to keep WIP low without improving actual flow.

Guidance

Use flow metrics to monitor trends rather than single data points, and interpret them together (e.g., WIP and cycle time) to diagnose constraints. Avoid using them as individual performance targets; they are system health indicators, not personal KPIs.



Just now





What are the oldest items for my team?

Could you confirm which team you mean: Private Patients or Engineering?



Just now

Engineering

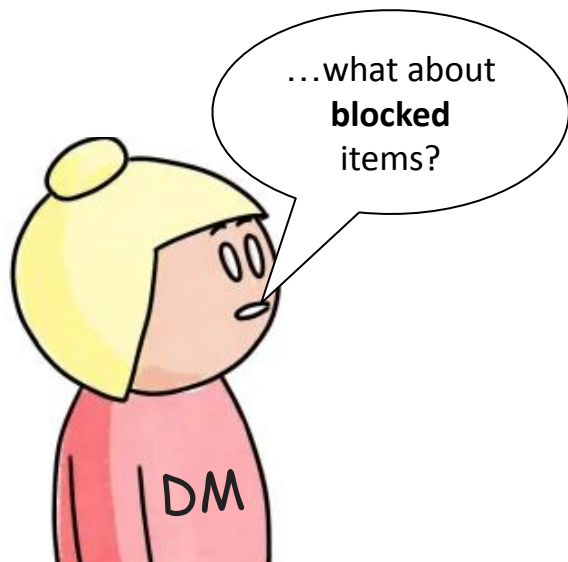


Here are the oldest items currently in progress for the Engineering team:

- [ENG-5323](#) - Referrals App - When a new pathway is created and the record status is 'Discharged' or 'Archived' - Record needs to be made 'Active'
86 days - Ready for Testing
- [ENG-5635](#) - Api unit tests and refactoring for /api/v3.0/config routes
54 days - In Progress
- [ENG-5689](#) - Remove unused libraries in companion app api repo
50 days - Ready to Deploy
- [ENG-5698](#) - [Companion app API] Remove all unused frontend files and libraries
47 days - PR For Review (Dev)
- [ENG-5639](#) - Adding form collection to automated tests
45 days - PR For Review (Dev)



Just now





Range

Last

12

Weeks

Team

Engineering

11/12/2025 - 04/03/2026

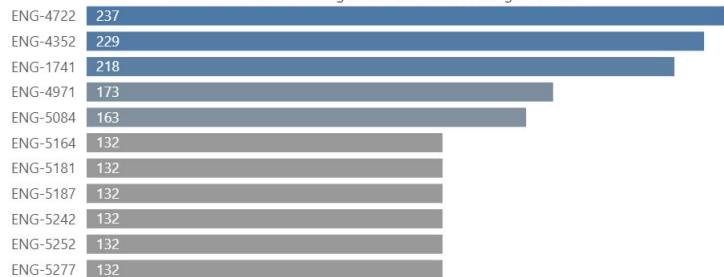
Last Refresh

04-Mar-26 0:15

Current Blocked Items

What are our currently blocked items and how long have they been blocked for?

Goal: Prioritize unblocking these items over starting new work.

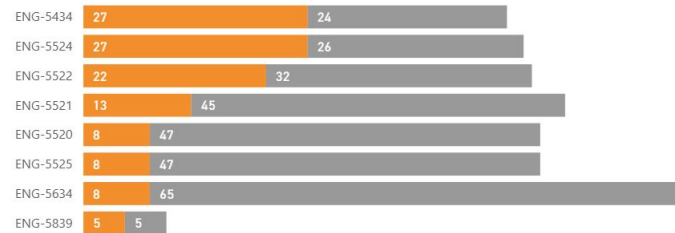


Days Lost to Being Blocked

How many days of an items cycle time did it spend blocked?

Goal: Focus on system improvement. Use these as items for a blocker clustering exercise.

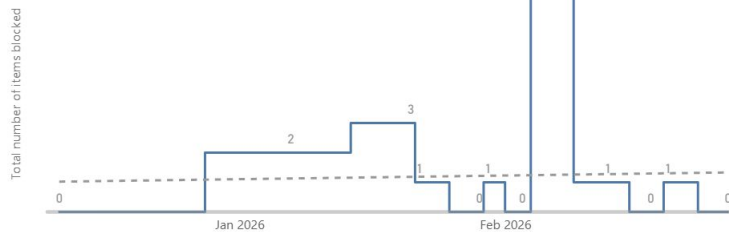
● Days Blocked ● Days Not Blocked



Blocker Frequency

How many items each day were identified as blocked?

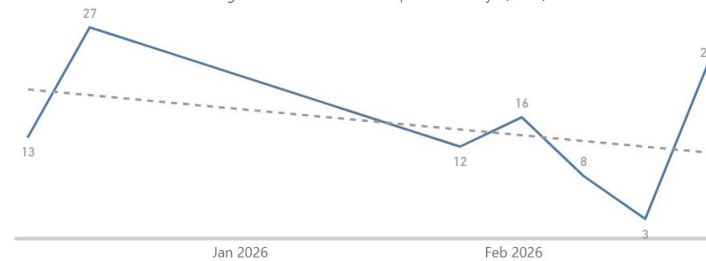
Number of times items were blocked in this period: 17 (181%)



Mean Time To Unblocked (MTTU)

How long does it take (on average) to unblock work once blocked?

Average time to unblock in this period: 13 days (119%)



What about blocked items?

Here are the currently blocked items for the Engineering team, sorted by how long they've been blocked:

- ENG-4722 - Review whether Sendgrid provides a report on emails it delivers encrypted to recipients
Blocked 232 days
 - ENG-4352 - Add the 'Edit' column and button into the 'Declined' tab on patient's case file to allow for a 'Declined' appointment to be changed to 'Cancelled'
Blocked 224 days
 - ENG-1741 - Amend the ADHD Monitoring cron timings to create a shorter time span between voiding and creating a new form
Blocked 213 days
 - ENG-4971 - Get Github deploy key ADR accepted
Blocked 168 days
 - ENG-5084 - Modify workflow to allow auto-deploy to staging
Blocked 158 days
- Several other items are also blocked for over 100 days, and a cluster of companion app API tasks have been blocked for 22 days. Would you like me to share the full list or focus on the top 10 longest blocked items?



Just now

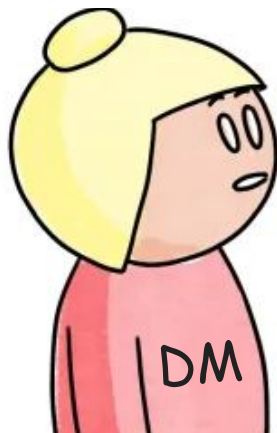
top 10

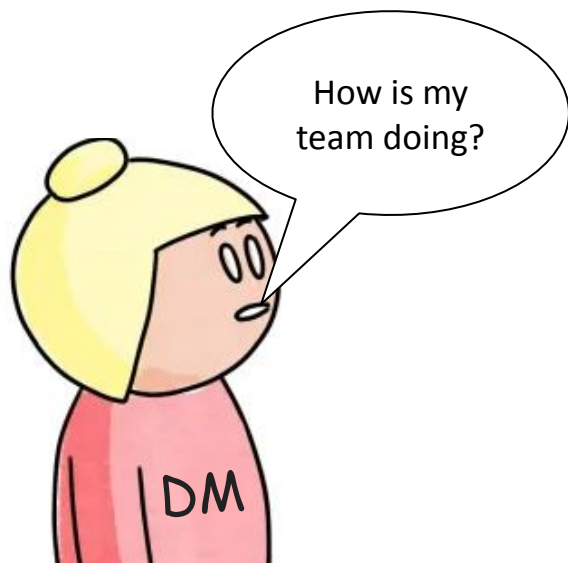
Here are the top 10 longest blocked items for the Engineering team:

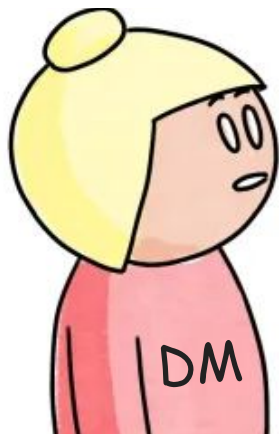
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Blocked 213 days
- ENG-4971 - Get Github deploy key ADR accepted
Blocked 168 days
- ENG-5084 - Modify workflow to allow auto-deploy to staging
Blocked 158 days
- ENG-5278 - repointing QareScribe to DS replica
Blocked 127 days
- ENG-5277 - Pre-req for EXPLAIN_PLAN - Update permissions for the Datadog user on the Portal Database
Blocked 127 days
- ENG-5252 - Gather more information on Heroku legacy water EOL plan
Blocked 127 days
- ENG-5242 - Validate the Portal reporting stats from Datadog vs Heroku
Blocked 127 days
- ENG-5187 - Remove alerts for successful / recovered notifications from the DD monitors
Blocked 127 days



Just now







Flow metrics (last 12 weeks)

Throughput - 141 items (↑39%)
 WIP (Daily Avg.) - 41 items (↑9%)
 Cycle time (85th pcnt.) - 39 days (↑12%)
 Work item age (Total) - 1105 days (↑330%)

Oldest items (Top 3)

- [ENG-5323](#) - Referrals App - When a new pathway is created and the record status is 'Discharged' or 'Archived' - Record needs to be made 'Active'
82 days - PR For Review (Dev)
- [ENG-5634](#) - Api unit tests and refactoring for /api/v3.0/build
70 days - In testing
- [ENG-5635](#) - Api unit tests and refactoring for /api/v3.0/config routes
50 days - In Progress

Longest blocked items (Top 3)

- [ENG-4722](#) - Review whether Sendgrid provides a report on emails it delivers encrypted to recipients
Blocked 232 days
- [ENG-4352](#) - Add the 'Edit' column and button into the 'Declined' tab on patient's case file to allow for a 'Declined' appointment to be changed to 'Cancelled'
Blocked 224 days
- [ENG-1741](#) - Amend the ADHD Monitoring cron timings to create a shorter time span between voiding and creating a new form
Blocked 213 days

Forecasted delivery (and confidence)

- [PUK-191](#) - Partial Refunds where SCA Declined Ends within 6 Months (Devon & RTC)
2026-03-06 (70%) | 2026-03-13 (85%) | 2026-03-13 (95%)
 - [PUK-967](#) - OLD E-Prescriptions - 5. Send Prescribers to Cleo For Eligible Patients
2026-03-13 (70%) | 2026-03-20 (85%) | 2026-03-27 (95%)
 - [PUK-818](#) - Talkdesk update
2026-03-13 (70%) | 2026-03-20 (85%) | 2026-03-27 (95%)
 - [PUK-462](#) - Booking links/Waitlist issues remediation
2026-03-27 (70%) | 2026-04-10 (85%) | 2026-04-17 (95%)
 - [PUK-542](#) - Booking app performance optimisation & improvements
2026-04-03 (70%) | 2026-04-10 (85%) | 2026-04-24 (95%)
 - [PUK-873](#) - Prescriber Type Tagging on Medqare for accurate reporting
2026-04-03 (70%) | 2026-04-10 (85%) | 2026-04-24 (95%)
- Suggested focuses:
- Address the extremely long-standing blocked items (over 200 days) to unblock critical dependencies.
 - Investigate why work item age has spiked significantly despite improved throughput.
 - Prioritize completion of near-term forecasted epics to maintain delivery momentum.



Just now

I'd rather write my own user stories 😊 Sometimes AI can be helpful with suggesting an aspect you hadn't considered, but it also tends to be full of mistakes, even when you prompt well.

(Plus, I like to use and my cognitive abilities and practice and improve my skills 😎)

I'd defo use your tool to help with BRICE, though!

Analytics Last 7 days ×

Total topic use ⓘ

3,532 ↑ 5%

Usage ratio ⓘ

3% ↓ 14%

Topic outcomes

The outcomes percentage of engaged sessions in which this topic was triggered. [Learn more](#)



Total topic use ⓘ



Savings ⓘ

[Edit](#) [See trend](#)

Time saved (last 7 days)

6.5 hours

Money saved (last 7 days)

£250

Last generation: 27/02/2026, 10:13:15 ⓘ

If you wanted to do something similar...

- Create a “knowledge” layer
 - Jira/Confluence
 - Good books
 - Proceed with caution if using public web sources
- Connect one trusted data source first
 - Snapshot data > live chaos
- Add guardrails
 - No targets or hallucinated metrics, clear definitions, validate any quantified output
- Treat it like a product
 - Users, use cases, feedback loops

You're not scaling AI, you're scaling better decision-making...



Questions?

Email: nick@thrivve.partners

Let's
connect!

