

Person-Centred Health and Care

Recommendation:-

Board members are asked to note the content of the report, and in particular:

- Note the alignment of ongoing work streams to 18/19 objectives in particular the proposed changes to align the PCHC Programme with the Excellence in Care (EiC) structure within NHSGGC and form part of the 18/19 Corporate Objectives.
- The Quality Improvement Framework will include delivery of person centred care objectives in its implementation plan.
- The introduction of revised nursing assessment document in adult acute wards
- The North Sector will progress the person centred improvement project by designing and testing a model for managerial leadership for person-centred care improvements within the nursing structure in the North Sector to generate the wider spread of improvement.
- The film footage, which has recently been recorded by HIS at the Acute Assessment Unit at GRI to demonstrate some of the improvement work they have taken forward and the difference, this has made.

Purpose of Paper:-

The purpose of this paper is to provide an update summary for information and assurance purposes of person centred care activity within the Board.

Key Issues to be considered:-

- Progress within the clinical teams and services supported by the Person-Centred Health and Care Programme Team.

- Advise of proposed changes within NHS GGC to align the person-centred health and care programme of work with the Excellence in Care (EiC) structure within the board.
- Examples of person centred care activity and related improved patient, relative experience

Any Patient Safety /Patient Experience Issues:-

Content of paper supports Patient Centred Care activity and outcomes

Any Financial Implications from this Paper:-

Not specifically

Any Staffing Implications from this Paper:-

Workforce development is described within the paper.

Any Equality Implications from this Paper:-

No

Any Health Inequalities Implications from this Paper:-

No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No

Highlight the Corporate Plan priorities to which your paper relates:-

Improving quality, efficiency and effectiveness.

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Date – 9th February 18

Board Meeting: 20th February 2018

Board Nurse Director

Paper No: 18/

Person-Centred Health and Care

1. Context

The purpose of this paper is to provide an update summary for information and assurance purposes of person centred care activity within the Board and covers the following:

- Progress within the clinical teams and services supported by the Person-Centred Health and Care Programme Team.
- Advise of proposed changes within NHS GGC to align the person-centred health and care programme of work with the Excellence in Care (EiC) structure within the board.
- Examples of person centred care activity and related improved patient, relative experience

2. Introduction

NHS GG&C are determined to provide the highest standard of care, treatment and facilities for patients, relatives and carers who need our services. It is recognized that the involvement of patients and the public in how we care is vital in improving patient care and experience.

We recognise that our staff are our biggest asset and there has been significant ongoing training to enhance the knowledge and skills of staff, to treat them with respect and provide development opportunities so that they can be the very best that they can, in delivering care which is responsive to individual preferences, needs and values.

3. Person Centred Health and Care Activity

3.1 Real Time Feedback

The Person-Centred Health and Care (PCHC) Collaborative, launched by the Scottish Government in November 2012 has been a key part of a Scotland wide programme of work supported by Healthcare Improvement Scotland (HIS) aimed at improving health and care services so that they are focused on people, their families and carers.

In March 2016, HIS launched a second phase of work, referred to as the Person-

Centred Health and Care Programme, and, NHS GGC were one of three boards in NHS Scotland awarded funding to help test and further develop models of gathering 'real-time' care experience feedback. This second phase of work has been concentrated in the North Sector Medical Pathway and at the Maternity Units at Queen Elizabeth University Hospital (QEUH) and the Royal Alexandra Hospital (RAH) within the Women and Children's Directorate. To date in NHS GGC the remit of the PCHC Programme Team has been aligned to the national programme (PCHC) <http://ihub.scot/a-z-programmes/person-centred-health-and-care/> However, at the end of March 2018 funding for the national programme will end.

Going forward from April 2018 it is proposed to align the person-centred health and care programme of work with the Excellence in Care (EiC) structure within NHS GGC where the commissions of work for the programme team will be agreed. The programme team will continue to support the project in the North Sector to design and test a model for managerial leadership for person-centred care improvements within the nursing structure in the North Sector. Local funding from the Nurse Director and the North Sector will support this work and be led by the Chief Nurse for the North Sector who will report progress to the Excellence in Care Leads Group.

Recently HIS invited the clinical team at the Acute Assessment Unit (AAU) at Glasgow Royal Infirmary (GRI) to record some film footage to demonstrate some of the improvement work they have taken forward over the last 12 months and the difference this has made to patients, relatives and staff. The film can be viewed via the following links:

<https://vimeo.com/251286062/ac2b49a4ee>
[BLOCKEDsftp\[.insidemetro\[.\]com/index\[.\]php/s/TEKu38ES1mUrRKfBLOCKED](https://www.insidemetro.com/index.php/s/TEKu38ES1mUrRKfBLOCKED)

"Real-time" feedback is sought from people using services at the point of care. Feedback is used specifically to influence and drive improvements in person-centred care at a local level and to design improvement interventions and actions through a coaching, mentoring and support relationship with the clinical teams.

The overall aim is to achieve an aggregated positive care experience response of 95%. Figure 1 demonstrates that the aggregated care positive care experience response varies from 87% to 92% with a median of 89%.

The main themes emergent from the feedback where reliability of care processes and interactions require to be improved include the following:

1. Consistency and coordination of care
2. Communication and information
3. Respect and dignity
4. Safety

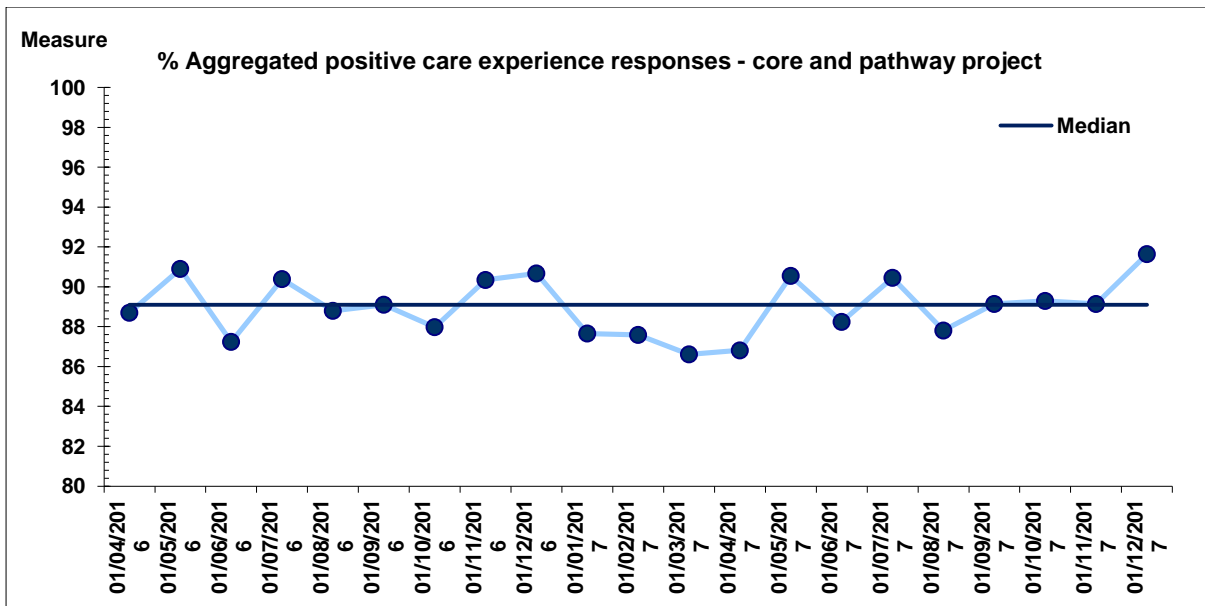


Figure 1: % Aggregated positive care experience responses – core and pathway project

Action: Going forward as part of our corporate objectives real time feedback will be to achieve an aggregated positive care experience response of 95%.

3.2 ‘Must Do With Me’ Criteria for Person Centred Care

The design of improvement interventions taken forward by the programme team incorporates where possible the five ‘must do with me’ criteria recommended by Healthcare Improvement Scotland (HIS).

http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx

Incorporating the ‘must do with me criteria’ into our interactions with people using health and care services is crucial to delivering safe, effective, person-centred care.

3.3 What Matters to You

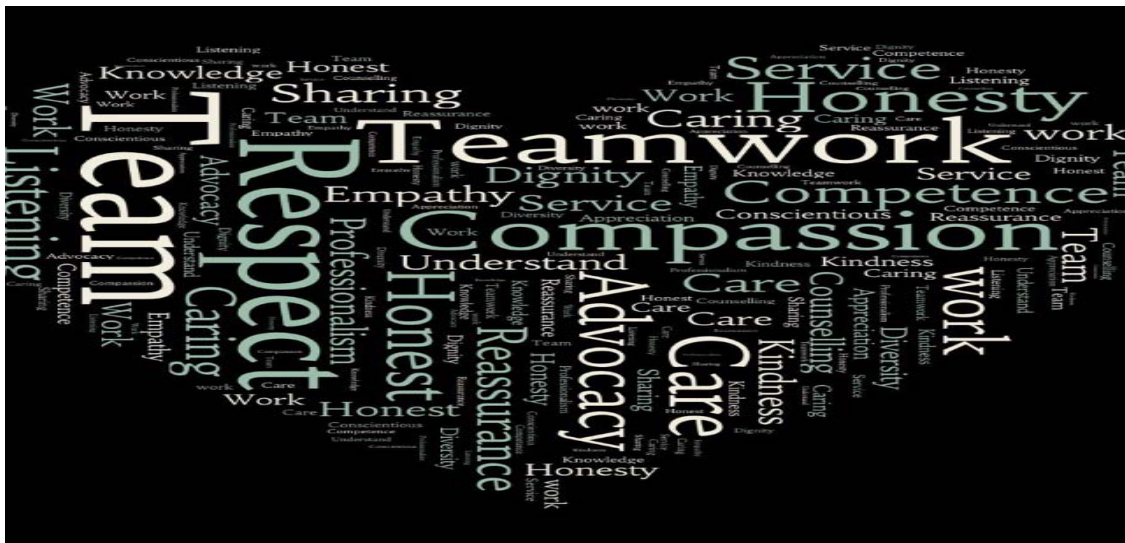
Understanding what matters to people is fundamental in providing high quality person centred care. We know that when we provide health and social care in this way, not only does it lead to positive life experiences, but it also results in higher quality and better outcomes for less money¹ Secondly, the positive impact on staff experience as a result of developing a ‘What matters to you?’ culture is significant.² Supporting people to work in this way can help to reduce levels of burnout and increase job satisfaction.³

¹ <http://www.locality.org.uk/wp-content/uploads/Locality-Report-Diseconomies-updated-single-pages-Jan-2017.pdf>

² http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/patients-preferences-matter-may-2012.pdf ‘What matters to you?’ day – Report 2017

What Matters to you is now full embedded in. Greater Glasgow and Clyde paediatrics and older people's services and improvement work is continuing to implement the approach in all inpatient services, and community settings.

Team across NHSGGC demonstrated their support and commitment to building person centred approaches by taking part in the 2017 'What Matters to You day'. By way of example, regional services embraced the concept for staff as well as patients. This was facilitated via drop in teas and included all staff groups. The wordal below encapsulates their views.



The purpose of the 'what matters to me' movement is to support people to get the care or support they really need and want, when they need it. The What Matters to You concept has spread across Greater Glasgow and Clyde, Scotland and is internationally renowned.

Below provides a link to one story which came from Glasgow Royal Infirmary.

Vinnie's story –

<https://www.glasgowlive.co.uk/news/health/nurses-glasgow-hospital-turn-mans-14195545>

Finding out who matters to people and what involvement they wish them to have in their care whilst in hospital helps clinical staff to develop a collaborative engagement with them, share information and involve them in providing care where this is their choice. The principle of 'John's Campaign' and 'Stay With Me' is about recognizing the rights of family and carers to stay with their relative whilst in hospital. This principle has been adopted in a number of areas where relatives and carers have been welcomed to stay throughout the hospital stay.

Maternity services have for a number of years taken a family - centred inclusive approach, with partner being encouraged to accompany their wife/partner for antenatal and intranatal care experiences. More recently focus has been

³ www.pointofcarefoundation.org.uk/wp-content/uploads/2017/07/Behind-Closed-Doors-July-17.pdf

directed to also include the postnatal period.

Quality Improvement audits demonstrated mothers would welcome more time on their own without their extended family, to spend with their partner post birth to experience their new family unit jointly as well as sharing the care for their new infant. To facilitate mother's wishes inpatient visiting within the maternity sites has a partners/ designated person only approach to morning visiting. This allows for family time as the newborns siblings are also encouraged to visit with their parent at this time. The wider family is asked to visit from the afternoon onwards.

This arrangement has received positive feedback from parents, they welcome the protected time on their own for personal conversations to discuss important decisions on either care for themselves or their newborn. The time facilitates bonding and attachment and, therefore, importantly the development of the family unit. It's valuable in terms of empowering parents, by maximising their opportunities to look after their infants and an opportunity for midwives to identify when additional support maybe required and access the additional community support services for those who need them.

This protected time has demonstrated value in reducing anxiety not only of mums but fathers or partners also. In cases of illness of either mother or newborn or where additional support for the mother is required fathers/partners/designated family member are encouraged to stay with the mother day or night.

Our current work and progress in providing family - centred care is in keeping with the National Best Start programmes vision for family – centred care, however some adjustments are required to be worked through to ensure the service of an overnight stay can consistently be extended to all fathers/partners/designated family member who may wish to stay with their partners while in hospital and not only on a priority needs based approach.

3.4 Getting to Know You

Getting to Know You is a set of questions incorporated into patient assessments to support the development of person centred care plans. The questions are designed to support the clinical assessment and produce a holistic assessment of the person as they are focused on what is important to the patient including likes/dislikes, values/beliefs, social activities and general well being. Getting to You Know is routinely used within inpatient mental health assessments and care plans.

3.5 Helping Us Grow

The HUGG group is generating successes from small tests of change and improvement projects generated by parent feedback. This group has medical, specialist, nursing and parent representatives (everyone is welcome) and meets once a month to plan for improvements in the service. There are 6 sub-groups – staff education, family awareness, discharge readiness, communication, peer to peer support and resources – and these are responsible for taking forward their work streams. The group has had a profound effect on the culture of the unit,

breaking down professional barriers and barriers to communicating effectively with parents. Parents have been empowered to help shape improvements

When a dad within the unit questioned why he could get a film clip of his car getting an MOT but not film clips of his baby in the NICU the HUGG team set to work. They collaborated with a small company who had previously supplied technology for automobiles MOT's, NHSGGC IT and governance teams to create a system where families could receive video clips of their babies. Over a hundred families have taken part and the scheme has been well received by all. Vcreate is now expanding to other neonatal units across the UK. For more on this story:



vCreate-RHC-Case-Study.pdf

<https://www.vcreate.tv/neonatal>

3.5.1 What Difference Does This Make

Feedback has demonstrated the value of the approach:

“My mother has told them to speak to me as she is too tired and cannot be bothered. The staff were very nice and let me sit with my mum so I could reassure her as she is getting anxious.”

“On previous occasions being here with my wife I have had to sit outside in the waiting area. I have sat out there for ages before. This time I was allowed straight in with her after she was seen by the nurse, it was much better.”

“The staff at reception was very nice. Told me the wait, should not be too long and asked if anything else they could get me. When my daughter arrived they asked if I wanted her to come in and they brought her in right away which made me feel better.”

“My two sons were coming from Canada for my ninetieth birthday. My Doctor liaised with them and arranged for my surgery around them visiting. It was great as they could see that I was fine after it and not just hear it on the phone.”

3.6 Nothing About Me Without Me

Inviting patients either to be present or to participate in decisions about their care is at the heart of **‘nothing about me, without me’** or when this is not possible due to cognitive impairment or acuity of the clinical situation that their relative, carer or power of attorney is involved in these discussions. The principle is that patients’ needs, wishes and preferences are at the heart of clinical decision-making and that they are invited to be involved in decisions about their health and well-being.

The focus for improvement is concentrating on working with teams delivering

multi-disciplinary ward rounds and how they engage patients and relatives in discussion and decisions about their care as well as inter-disciplinary communication and team working.

3.6.1 What Difference Does This Make

*“I saw Staff Nurse ****, at my pre-assessment who oozes knowledge and you can tell she cares about you and all those who she comes into contact with. Many including me have benefited from her caring ways and more will follow. She put me at ease from the first moment.”*

“The Drs are brilliant the way they have your best outcome at the front of their minds with no pressure. The information I got about the next steps took me from scared to speechless with confidence and I feel so humbled by their kindness. It's an exceptional team.”

“The options about delivery were discussed with me, and then I was given time to think about it and discuss it with my partner. I also got to discuss it with one of the midwives. That was really helpful, as I had lots of information to inform my decision. And even though it was a big decision, I felt I reached a decision I was comfortable with.”

“I met the consultant this morning with the other doctors, they respect me as a carer and give me the information I need about my daughters condition. I take it a day at a time and they acknowledge that. I sometimes find it hard to ask questions during the ward round and especially in the morning but if I remember later in the day the staff is approachable for me to ask at any time.”

3.7 Personalised Contact

The ‘**Hello my name is**’..... Campaign was adopted in NHS GGC as a means of reminding staff to verbally introduce themselves to patients properly as it advocates that a confident introduction is the first step to providing compassionate care, Staff can be seen across the Boards wearing the Hello my name is badges as part of routine uniform and dress code.

Calling people by their **preferred name** is another way of ensuring a personalised approach to care. Having space on the boards above each patient bed for this to be recorded has helped to address people by their preferred name.

3.8 ‘Care Rounding’ is a structured approach whereby nurses have planned regular interactions with patients to address their comfort care needs and assess and manage their fundamental care needs.

3.8.1 What difference does this make?

“I like the way the nurse comes in when they come on duty and

introduce themselves to you. It's reassuring you've an individual nurse looking out for you in particular each day."

"I've been in this ward many times and it's nice when the nurses recognise you and show you that kindness. They have all introduced themselves everyday and I like that they take the time to do that."

"All of the nurses give you privacy and maintain your modesty when helping you to get washed and getting to the toilet. They always ask you if it's ok to do this and that and it shows they consider your feelings."

"The physio is wonderful. She is outstanding, an inspiration and motivates you to get on. After a poor night I was reluctant to get up and after two minutes she got me up and I achieved more in a short time with her and her unique ways."

3.9 Welcome to the Ward Posters

A consistent approach to immediate patient information within the acute division has been developed with Welcome to ward posters. These posters while maintaining consistent information about visiting policy also recognise the need for person centeredness and include information about flexibility to suit the needs of the patient. The development of the poster and revision of the visiting policy to more extended visiting has had a positive impact on staff understanding the need to provide greater flexibility and work with relatives/carers as 'partners in care.' Many wards and departments, including some who have historically defended shorter visiting times have embraced more open visiting with several offering 24 hour visiting. Inpatient adult and older peoples mental health wards are also developing Welcome to the Ward posters for implementation in 2018.

3.10 Care Assurance System (CAS) and Excellence in Care (EiC)

CAS is a continuous improvement approach to achieving a set of standards for the delivery of safe effective and person centred care. It is a system that enables senior charge nurse (SCN/Ms) to locally benchmark their team's progress against the standards and to identify where support is needed for improvement. The CAS framework for the Adult Acute service consist of 13 standards reflecting the policy requirements of NHS Scotland, and involves nurses, midwives and all allied health professionals within NHS GGC's inpatient and community areas of maternity, paediatrics, adult nursing and health visiting.

The Scotland's National Approach Excellence in care (EiC), key deliverables to Assuring and Improving Nursing and Midwifery Care as requested by the Cabinet Secretary for Health and Sport and agreed at the National Meeting in 2015, supported by CNO and Scottish Executive Nurse Directors were:

1. Identification and or development of a nationally agreed (with 19 indicators currently) set of clearly defined key measures/ indicators of high quality nursing and midwifery.
2. A framework document that outlines key principles/ guidance to NHS

Boards and Integrated Joint Boards on development and implementation of Excellence in Care.

3. The design and delivery of a local and national infrastructure, and 'dashboard', that enables effective and consistent reporting 'from Ward to Board'.
4. A set of NHS Scotland record keeping standards and guiding principles that drive shared decision making and support professional judgment whilst taking a proportionate and appropriate response to risk.

NHSGGC is utilizing the CAS framework to deliver EiC whilst focusing on the person centred agenda and engage with clinical staff throughout the process. One way in which we engage with clinical staff is their attendance at the 'Making a Difference' programme which focuses on What Matters to Me from an individual, clinical team, patient and relatives perspective. This provides staff nurses/midwives with the opportunity to consider patient and carers feedback in the development of person centred and health care.

3.11 Anticipatory Care Planning

Prison Health care staff at Lowmoss prison are working with MacMillan Cancer to develop anticipatory care plans for patients. Each plan is developed to meet the patients individual and specific needs and is based upon person centred characteristics.

3.12 Thrive and Strive

'It is recognized that people who enter the criminal justice system often suffer with psychological and emotional difficulties resulting from complex trauma which is a significant contributing factor to them embarking on offending behavior. The 'Thrive and Strive' 10 week programme delivered in Greenock Prison addresses the psychological and emotional impact and offers support to patients to build resilience and coping strategies to deal with the trauma.

4. Conclusions

This report describes a wide variety of approaches to person centred health and care being delivered or adopted within NHSGG&C, and as we know variation in practice can in many instances lead to unsafe care or poor patient outcomes. However, the premise of person centred care is to put the patient, relatives and carers at the centre of everything we do and treat them as individuals.

NHSGG&C vision for person centred health and care remains at the forefront of continuous development and improvement and will be the cornerstone of transformational change as part of Moving Forward Together.

There has been a great deal of individual and organisational learning from person centred health and care approaches and improvements. During the course of 2018/19, we will continue to listen, and hear, what patients, relatives and carers tell us, sustaining, and building upon the work to date, and make the necessary improvements to have truly person centred health and care focussed services.

The Quality Improvement Framework will include delivery of person centred care

objectives in its implementation plan. A significant development will be the introduction of revised nursing assessment document in adult acute wards, which has been developed taking a person centred care approach. The assessment document is called My Assessment Record (MAR), to signify that it belongs to the patient. The record has been developed taking a quality improvement approach and will be introduced alongside the existing care plan, taking a practice development approach. It should be noted that a version of the MAR for babies, children and young people is in development.

As a Board, NHS GG&C promotes a culture of continuous learning and development, and the following are some examples of the aggregated learning,:

- Finding out what matters to patients and families help staff to build more personal relationships with the people they are looking after and helps them to work in more of a partnership role through joint understanding of what is most important as well as recognising and acknowledging their individual preferences, choices and expectations.
- The 'What Matters to You' boards have been hugely successful in the children's service and in acute adult areas where people with cognitive impairment or with people who are acutely unwell to see at a glance what matters to them. However, in general acute areas there are a number of people who do not want 'what matters' displayed above their bed stating they are able to verbalise and communicate this to staff independently. It is important to recognise that this is a choice and that information displayed needs to be with the consent of the patient. Some areas have a similar template in the bedside folder so that this is still recorded but not on public display.
- Inviting relatives and carers to remain with patients at crucial times for example during admission procedures, when acutely unwell and with people who have cognitive impairment has helped staff to realise the important role that relatives and carers have in people's lives. This has helped to reduce anxieties of being in hospital, fears from being in an unfamiliar environment, and helped to ensure information is exchanged between patients, their relatives and hospital staff at crucial times. It has also helped to prepare relatives and carers with any changes or additions to care needs prior to discharge and helps to promote a safer discharge process.
- The adoption of proactive approaches to communicate with the whole team following ward rounds to update them about what is happening to individual patients has helped nursing staff in particular to pass on information to patients and relatives in 'real-time.' Nursing staff in particular are finding that they spend less time trying to find out information and are more confident to approach patients and relatives to provide updates and respond to questions and queries.
- Inviting people to be more active participants in care discussions has helped clinical staff to acknowledge the rights of people to be part of the clinical decision making process and not assume that we know their choices, preferences and expectations.
- The Hello my name is... campaign raised awareness of the importance of verbal introductions. Although a simple concept, it has reminded us all that what is considered common courtesy often is missed and does not create a good first impression. The 'real-time' feedback demonstrates that although we are much better with introductions that we still need to remind people to do this.

- Combining all of the learning above into a person centred patient record.

5. **Recommendations**

Board members are asked to note the content of the report, and in particular:

- The proposed changes to align the PCHC Programme with the Excellence in Care (EiC) structure within NHSGGC and form part of the 18/19 Corporate Objectives.
- The Quality Improvement Framework will include delivery of person centred care objectives in its implementation plan.
- The introduction of revised nursing assessment document in adult acute wards
- The North Sector will progress the person centred improvement project by designing and testing a model for managerial leadership for person-centred care improvements within the nursing structure in the North Sector to generate the wider spread of improvement.
- The film footage, which has recently been recorded by HIS at the Acute Assessment Unit at GRI to demonstrate some of the improvement work they have taken forward and the difference, this has made.