

Person Centred Visiting

Engagement Report

Person Centred Health and Care Programme Team

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Summary

There is growing recognition of the importance of encouraging and supporting people to stay connected to the people that matter most in their lives whilst they are in hospital.

In line with this, the Scottish Government is aiming to have Person Centred Visiting (PCV) in all hospitals by 2020, as outlined as a specific commitment in the Programme for Government 2018-19.

We are consequently aiming to implement PCV in all inpatient wards (around 300 in total) in NHS Greater Glasgow and Clyde (NHSGGC) by May 2020.

To support this, we spoke to patients, families and staff about their experiences; what was already going well, what challenges there might be, and how we might make this happen.

This report summarises a period of engagement with around 500 people over Summer 2019; what we heard, and how we plan to take it forward.

Key themes throughout engagement were the importance of:

- **Flexibility** of approach to meet patient need
- **Communication**
- **Welcoming** approach
- **Impact** on family or homely life
- **Facilities**
- **Safety**
- **Processes** to support PCV.

Based on what we heard, our next steps are to:

- **Develop core principles of PCV** so people know what to expect
- **Work with wards to test key changes**, for example telling patients about the routine of a ward so they can choose who supports them and when
- **Develop a NHSGGC PCV policy** and leaflet
- **Develop admission processes** so patients are asked who matters to them as early as possible
- **Share stories and experiences** of how PCV works in practice
- **Begin to implement** and spread key improvements to PCV.

“
My family being there when the doctor came to give news and discuss next steps was so much less overwhelming.”

Engagement workshop attendee



Background and context

Drivers for change

Our objective is for core principles of PCV to be implemented in all inpatient wards across NHSGGC by May 2020. People have told us they want to be able to have the people who matter most to them, involved in their care in the way that they wish. We also recognise the importance people place on rest, privacy, safety and dignity.

The Scottish Government aims for PCV to be in place in all hospitals by 2020, and has been included as a specific commitment in its Programme for Government for 2018-19.

In NHSGGC, this is one of the key person centred priorities for 2019-20 in the Healthcare Quality Strategy.

Drivers for engagement

Each patient, family, staff member and environment in NHSGGC is unique. However, people should be able to know what to expect when admitted to hospital. To support this we are creating core principles of PCV – these will apply to every ward, however can be tailored to suit each individual context.

To inform the development of the core principles, we spoke to people with first-hand experience of receiving or giving care, to explore:

- Their experiences of visiting in hospital
- Where we are doing well
- What might make PCV difficult
- Ideas and suggestions for overcoming these barriers.



My wife is my carer. She had to keep explaining to ward staff why she was coming in outwith visiting hours, even though that had been agreed. ”

Response to National Inpatient Survey



What we did

In Summer 2019, we conducted a programme of engagement with **around 500 patients, family members and staff**, to find out peoples experiences of visiting, potential barriers to implementation of PCV, and their ideas for change to overcome these.

- **Workshops**

Members of the public were invited to attend a workshop via an email to NHSGGC's Involving People Network (a comprehensive list of thousands of people who have expressed an interest in being involved in work NHSGGC is doing). Staff were invited via leadership structures.

Attendance varied from **8 to 43 people at each workshop** – around **186 attendees in total**.

Workshops consisted of a short presentation (Appendix A), a video of experiences of PCV in other Boards, and small group discussions.

- **Leadership**

We met with key leaders; around **50 lead nurses** and **chief nurses/midwives**, the **Equalities and Human Rights Team, Health Improvement**, and the **Deputy Medical Director**. This will continue as the project progresses.

- **Drop ins**

To hear from those who couldn't leave the ward, we had informal conversations with around **47 people** through a series of drop ins to **35 ward environments**.

- **Mental health wards**

Including forensics, learning disability, alcohol and drug recovery, and psychiatric wards, this is a very different context of care. It was therefore agreed that engagement and changes would take place as a largely discrete phase of work, but still ensuring there were opportunities for all to learn from each other.

- **Patient feedback**

We looked at **every written response** mentioning visiting from NHSGGC patients for the 2018 National Inpatient Survey, and feedback to the Patient Experience Public Involvement Team. Experiences from **160 people** fed into this engagement.

- **Community engagement**

Colleagues in the Scottish Health Council targeted **3 community groups** to speak to **41 people** about their views and ideas. The Equality and Human Rights team spoke to **54 people** from **4 community groups**. Reports summarising these views is included in Appendices B and C respectively.

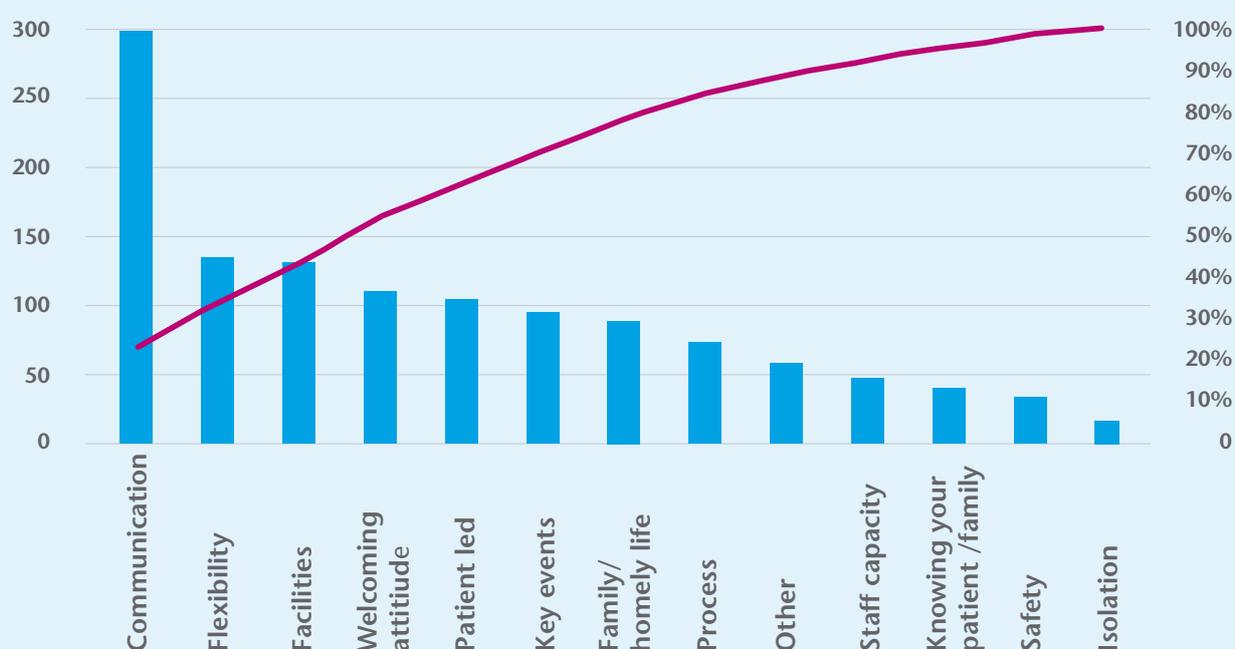
What we learned

As the main formal engagement mechanism, every comment made at the workshops was logged and themed – **1,416 comments** in total. **11 key themes** emerged.

The feedback helped us to consider which areas of improvement we should focus on when planning our next steps, in order to have greatest impact.

Based on the Pareto¹ Principle, we will focus on the top **80%** of areas raised by people in the workshops:

Key focus areas for Person Centred Visiting



¹Pareto, NHS Improvement - <https://improvement.nhs.uk/documents/2137/pareto.pdf>



Communication

People emphasised the importance of communicating clearly and consistently about PCV. This ranged from the messages given by individual ward staff, to NHSGGC wide communications. We will take this forward by:

- **Establishing a short life working group** to create key corporate information materials
- **Working with wards to test key changes** to their local communication processes, for example incorporating information about visiting in safety briefs, and documenting who matters to people on 'what matters to you?' boards.

Although not frequently raised at the workshops, a key aspect of this was mentioned during the ward drop ins and in community engagement. Staff and community members raised concerns regarding a perception that some BME (Black and Minority Ethnic) communities visited relatives in larger numbers that might be expected typically. It was reported that this could create disturbance on shared ward areas.

We will take this forward by:

- **Working with colleagues in the Equalities and Human Rights Team and the Scottish Health Council** to engage further with people with protected characteristics, to understand their views and experiences of hospital visiting (see Appendix C)
- **Undertaking an Equalities Impact Assessment** on PCV, to determine how any groups of people with protected characteristics will be affected, and what changes we can make to mitigate against this
- **Liaising with colleagues in the Equalities and Human Rights team** to ensure we take a fully inclusive person-centred approach.



Flexibility

Many felt it was important not to have too rigidly specific rules about visiting – instead, it was vital to understand each situation as it changed for each patient, family or staff member, and to be able to flex situations accordingly. However they also told us they want to know that we are being fair and people should be able to know what to expect on a ward.

We have therefore drafted core principles, which will apply to every inpatient area, but can be applied differently depending on context. We will further refine these as we work with people on how we can implement them:



Welcoming

We welcome and encourage the involvement of the people who matter to patients.



Patient Led

We are guided by patients: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.



Partnership

We work in partnership with the people who matter to patients.



Flexibility

We have no set visiting times.



Respect

We respect people's individual needs and act on an individual basis to ensure the safety, privacy and dignity of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.



Facilities

We have a mix of provision of dedicated facilities and rooms for relatives, to reclining chairs by the bedside. Some wards lock their doors, and others choose to have them open. Managing these different environments in the context of PCV comprised a significant proportion of comments.

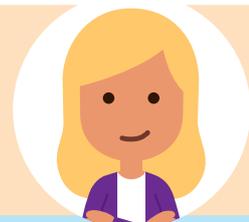
Of greatest importance was the requirement to balance the needs of different people in shared bed bays.

We are looking at simple adjustments to our environment such as encouraging wards to purchase earplugs. Some wards are purchasing fingerprint entry systems, to ensure that wards are still secure and safe, but that some family members can still have access when they need it. We are looking at the development of a visitor's charter, which will encourage visitors to consider the needs of other patients in shared rooms.



It's also about listening to the needs of other patients in the room.

Feedback from workshop attendee





Welcoming approach

“I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward”²

This statement made by a mum a few years ago rang true with many – namely, that a first impression of a ward lasts.

Accordingly, some comments were about getting that right – by having a welcoming attitude to family involvement, and ensuring our posters are accurate and inviting.

In addition to incorporating this into the core principles and communications resources, ward leaders are utilising role modelling and shadowing opportunities for staff to observe the benefits of a welcoming approach. We plan on using the 15 steps technique to support teams.



Patient led

People talked of situations where the focus of visiting has not been on the individual patient, but instead on the family who were visiting. We heard examples where patients had wanted rest and privacy, however felt that they had to socialise with their family who were visiting.

We will take this forward by working with some wards on the development of a ‘visiting plan’ for patients. We will encourage patients and those who matter to them to have a conversation about visiting preference on admission.



Key times

Some noted that key events or times of day were important, primarily:

- **Ward rounds:** these could take longer, but could be a very helpful time for families to be present
- **Mealtimes:** some patients may not want others watching them eat, others may find support helpful
- **Medicine rounds:** some were worried about the risk of additional interruptions
- **End of life care:** we ‘pull out all the stops’ at end of life care, and already deliver most of the principles of PCV in this situation
- **Overnight:** how is this managed in a safe way, which supports the need for privacy of other patients?
- **Personal care:** being comfortable to ask visitors to leave if, for example, someone is using a commode
- **Patients who lack capacity:** how is family involvement managed in these situations?

² 15 Steps Challenge, NHS Improvement – www.england.nhs.uk/participation/resources/15-steps-challenge

We will work with wards to encourage families and staff to ensure that the focus during these times, is on the events in question – whether that be mealtimes, ward rounds, or medication rounds, for example.



Impact on family/homely life

Some noted that hospital can be an intrusion – families can feel obliged to take on caring commitments, or others experience barriers to them continuing their usual caring role. Many also noted that for some carers, hospital stays can provide much needed respite.

We will take this forward by encouraging staff to be person centred in their approach to families as well as to patients, and to recognise that visiting agreements need to be mutual between patients and those who matter to them.



Processes

Other comments identified a need to have processes to find out peoples' visiting preferences, and act on them. Ideas included:

- Including questions to identify who matters to people at admission
- Finding out who matters in the care rounding document
- Building on the use of 'what matters to you?' boards and conversations.

We will make changes to the My Admission Record, which encourages a conversation to take place with nursing staff on admission about who is important to patients, and for this to be documented. Some wards are exploring including visiting experiences in their safety briefs.



Knowing your patients, having a named nurse. Good information on entering the ward – clear information. Friendly people, going over the rules again and again, as people often don't hear.”

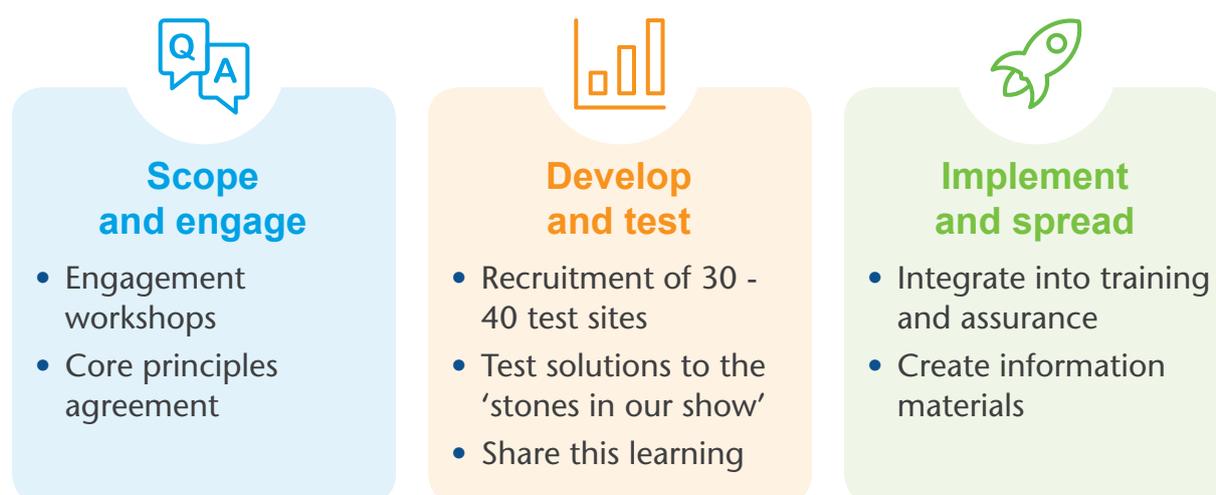
Workshop attendee - Gartnavel



Next steps

The previous pages detail how we are taking forward what people told us during the workshops. This section gives an overview of the next steps for the project as a whole:

Project plan



Testing

Based on the key areas people told us to consider through engagement, we will work with around 30 wards on how we can ensure we meet the core principles. Key focus areas are:

- **A welcoming approach** to the involvement of the people who matter to patients
- **What and how to communicate with people** when we remove visiting times
- **How to find out who matters to people**, and how they want to be involved
- **How to support individual patient privacy** and family support at mealtimes and ward rounds.

We will report on what we have learned from these tests, and host a learning event, on Friday 15 November 2019. Wards will also be asked to measure their progress with these principles to establish a baseline, and quarterly thereafter.

Implementation and spread

In 2020 we will spread what we have learned for these key changes to other areas. In April 2020, we are aiming to launch PCV across NHSGCC.

Evaluation of approach

Patients, families and staff all invested time to tell us about PCV (3,276 hours of workshop attendee time in total). Consequently it is important that, in addition to the learning about PCV which has been described elsewhere, that we learn from the approach taken.

What went well

Having a mixed approach to engagement meant we heard a range of voices and opinions. People who attended the workshops appreciated:

- **Hearing from others**
- **Having dedicated time to reflect on PCV**
- **The format of the workshops**
- **People told us the content of the workshops met their needs** – it helped them understand PCV and plans for the future.



Interesting to meet other people – adult hospital, past patients, and relatives. I initially came with ‘the hospital I work in’ thoughts, and in the first 5 mins of introduction I completely changed my train of thoughts and opinions.”

Feedback from workshop attendee



What could be better

Each workshop was refined based on feedback from participants and facilitators. A key improvement had been enlisting the support of colleagues as co facilitators, after the first 3 workshops. Encouraging attendance from staff, patients and the public at the workshops was an ongoing challenge; on reflection, the limited amount of notice given and time of year were felt to have contributed to this.

Feedback from participants at the workshops again clustered around:

- **Who was present**, in particular the desire for more input from patients, families and members of the public
- **Content of the workshop**; some people wanted more information in terms of why PCV is important, and plans for the future
- **Format of the workshop**, in particular the acoustics and length (most people wanted the workshops to be longer, although there were those who would have preferred a shorter session).

Thanks

Hundreds of people – patients, families and staff – gave up their time to talk to us about PCV, to help make sure we get this right for everyone. This is really appreciated.

We also had support, particularly with the workshops, from colleagues in:

- Health Improvement Team
- Patient Experience and Public Involvement Team
- Scottish Health Council
- The Clinical Governance Support Unit.

Our sincere and heartfelt thanks to everyone involved.



GRI workshop facilitators

Appendix A



Person Centred Visiting

Person Centred Health and Care Team



Today's discussion



- History and context
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in an improvement?
- Open forum for discussion...





- Support the improvements to person-centred visiting in our NHS so that patients can be with the important people in their lives while in hospital – flexible visiting will be in place across our NHS by 2020

What is person centred visiting?



Why does person centred visiting matter?

- Separating people from the people who matter to them causes harm
- Reduction in falls
- Reduction in medicine related errors
- Lower readmission rates
- Reductions in complaints
- Key objective of NHSGGC's Quality Strategy



History and context



2.1 Visiting Times

As a minimum standard inpatients areas will have two periods of two hour visiting each day. Visiting times are as follows:-

Afternoon

Between 2.30 pm and 4.30 pm

Visiting Times Policy

Evening

Between 6.30pm and 8.30 pm

Visiting times will be across the 7 day week, i.e. will be Monday to Sunday, with afternoon and evening visiting being available each day.

- Gradual evolution and extension of approach:
 - Board wide flexible visiting times announced August 2017
 - Variation in local implementation, experience and practice
 - 12 month secondment appointed May 2019 to support implementation

Source: NHSGGC visiting times policy, 2012

Where are we now?

🗨️ Flexible visiting times to suit patient, family and carer needs

📄 Visiting policy under review

★ 50/ 254 wards have no restriction on visiting times

🚪 We can accommodate a family member or carer to stay overnight in some areas

🔪 We have made improvements, but still have variation during mealtimes

★ Some exemplar practice, across sectors/ directorates, and specialties

Variation in what patients and their families can expect

"I was in the [ward] and there was no control over how many visitors were allowed at time. The room was full with people to the point where they were in my area. There was no peace in the ward and no privacy, other patients calling relatives throughout the night etc. [Staff] ran off their feet, not able to support [patients]."



"I was afraid at night and wanted family to stay but this was not allowed."



What are we trying to accomplish?

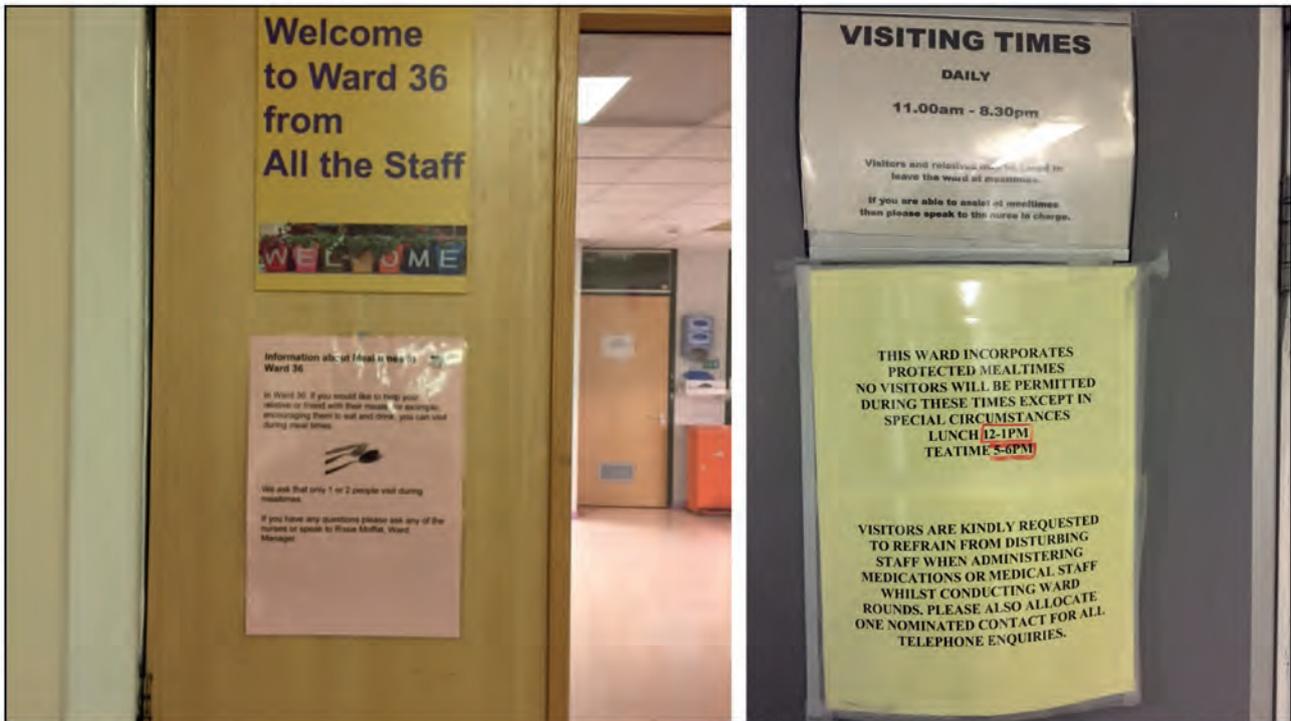
By May 2020, 100% of inpatient bed-holding wards will have implemented core principles to support a person centred approach to visiting

What are we trying to accomplish?

Implement person centred visiting in 100% all NHSGGC wards so that people can, wherever possible:

- Choose who visits and when
- Choose how they want those people to support them during their stay.





Welcome to Ward 50



We wanted to let you know our visiting times have now changed to a Person Centred Approach.

This means that we want you to be able visit your relative or friend throughout the day, at times that they feel are best for them and we will do our best to welcome you onto the ward.

To deliver the best care possible to our patients we may sometimes have to ask you to wait outside due to clinical reasons.

We hope you understand and feel comfortable here. If you have any questions please just ask.

Best wishes
everyone on ward 50



What change can we make that will result in improvement?



'Must do with me' Criteria

What matters to you?

Who matters to you?

What information do you need?

Nothing about me without me

Personalised contact

Source: Healthcare Improvement Scotland

Who matters to you?

'I'm very anxious - when I had to have a lumbar puncture carried out, the staff allowed my husband to come in and hold my hand during this to keep me calm. ..it was amazing they allowed this.'



Today's workshop

Core
principles

Good
practice

Change
ideas

Next
steps

Core principles of person centred visiting

Aim: The people who matter most to patients are involved in their care when and how they wish, whilst they are in hospital.

In your experience, what makes visiting person centred?

- As a staff member?
- As a relative?
- As a patient?



How do we make this happen?



- What are we doing well already?
- What barriers do we need to overcome?
- What ideas do you have for making this a success?



Appendix B

Scottish Health Council summary report on engagement with community groups

Speaking with three community organisations across NHS Greater Glasgow and Clyde area (Your Voice Inverclyde, People First and Crohn's and Colitis Clyde) exploring their views on acute visiting.

Assumptions and Communication

Participants understood the current visiting model, but a common theme shared between them was that work was needed to help avoid staff making assumptions about those in their care, be these regarding who their partner was, the pronouns they used or their capacity to answer questions on their condition they felt improvements could be made.

This theme of improved communication continued as we discussed making person centred visiting a success, with a desire to see less jargon used around patients, inconsistency between wards around visit approaches, talking with not to patients and actively listening to them and those who matter to them main themes. Some challenges around communication were getting the technology right to help patients arrange times that worked for them and making sure patients felt they could talk with and request staff involve people who matter to them in their care. One suggestion that was popular was the idea of a shared calendar or schedule to help avoid mass visits at busy times.

Space to Talk

Providing this space to talk and interact with visitors was also a potential challenge, with a lack of privacy or noisy shared wards being a concern for some, how to balance the needs of multiple patients and visitors was seen as a possible source of stress for staff already in a stressful environment. The groups did identify potential solutions, with a desire to see better use of space across sites and encouraging patients (where possible) to move to visiting areas, perhaps day rooms with small touches to make them more welcoming like tea and coffee facilities or even space to share a home cooked meal.

Support from Visitors

This desire to have visitors more involved in their care was seen as important across all the groups. There was a general hope that drawing on this personal relationship could lead to better support to patients to help them drink more regularly and eat more of their meals. This also extended to helping patients dress, groom themselves and generally enjoy life more while receiving care, though participants shared their apprehension around staff not responding well to this support being given. The groups did discuss challenges associated with this, with a fear that visitors could be seen as a replacement for care provision and how this could impact those without social support, there were also concerns on the pressure this could put on the visitor to always be present, putting themselves at risk.

Paid Carers

There was also discussion around the role of the paid carer/support worker and a patient's hospital stay. It was identified that if the aim is to maintain routine and improve outcomes by including those that matter to a patient this can only happen for two days currently before that support is ended, removing that structure to potentially very vulnerable people. There was also discussion on the effect this has on the carer, their stress levels and how they need to rebuild their relationship after a prolonged stay.

Transport

One further area of potential stress that garnered a lot of conversation was transport, with some hospitals being seen as better than others, but concerns being raised around misuse of disabled spaces, visitors having to take multiple buses/trains (especially for regional services) and how this could fall foul of pre-arranged visits clashing with unscheduled/last minute clinical procedures.

Appendix C

Equalities and Human Rights Team summary report on engagement with community groups

What are your experiences of visiting/being visited in hospital? Could you have support from the people most important to you?

We are working so patients get support from the people who matter to them, when and how they need it. However lots of our hospital wards aren't single rooms, so patients are sharing rooms with other patients and their families. This means sometimes we will need to ask families to visit two people at a time, or sometimes we will need to ask them to leave (for example, if another patient needs help with toileting). What do you think about this?

Equality and Human Rights Team designed 4 session workshops to promote Access to NHS Services and engage with Community groups. One of the workshop covered "Rights to NHS Services" part of this session patients were ask for feedback regarding the patient visiting experience in the hospital.

Two statements at the top were used to open the discussion.

In total 54 people attended the workshop from four different organisations as part of the four session programme which was delivered with the list below.

- East Glasgow Integration Network
- Govan Integration Network
- Govanhill Regeneration Agency
- Daisy Street ESOL Class.

The common themes were discussed in all groups and the comments were noted as follows:

General experience of visiting patient in the hospital

Most of the patients had experience of visiting family and friends in the hospital. They fed back:

- Staff had always been very helpful
- Children are not allowed when visiting which creates difficulty for people who do not have family support for childminding e.g. Asylum seekers
- Children have to sit outside the ward alone without adult supervision.

- All members agreed that they go and visit the patient in a big group which is dictated by their culture and religion
- They also agreed that there is the possibility that they are disturbing other patients, may be due to speaking in other language
- It's a cultural norm to visit patient in the hospital
- Asian and Romanian community members openly agreed that families from their community do visit the patient in big groups
- Other languages do sound loud when used in the hospital wards
- We are no longer allowed to visit in big groups and restricted time and numbers apply. Only two people per bed are allowed in some places
- Staff attitude can be very poor when communicating with visitors who are not white.

Fixed visiting time

- Fix timing is better for patients health
- Friends and extended family should come at set times only
- For the benefit of staff and patient NHS should keep the restricted time
- Majority of the group members said that patient need rest and staff need to organise for their patients and flexible timing will disturb them.

Open visiting time

Majority of the group member discussed that they did not like the idea of the open visiting time due to some of the points below.

- Open visiting time is not a good idea for patient and staff
- Patient need rest which will be disturbed due to open visiting time
- Open visiting will disturb other patients
- Staff need peace to do their job
- Only close family should be allowed to open visiting time
- Doctors need time to treat patients, staff need to manage patients instead of managing visitors all the time
- Group members were in favour of open visiting time for close family only.

Suggestion for future improvement

- Separate rooms for patient with big families can work better
- Staff should be provided cultural awareness training
- Do's and don'ts regarding visiting patient should be promoted widely
- Patient should also be part of the conversation in admission regarding the visiting time preference.

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