Board: 30 May 2018

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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SUBJECT: "Real-time care experience improvement model"

## 1. PURPOSE

This paper is coming to the Board:

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For approval	For end	lorsement	To note	
This film shares the NHS solicited feedback from Improvement Scotland as from a two year collaborar improvement model" and bedside handover. Rick I Senior Charge Nuhttps://vimeo.com/2645	n patients. The an exemplar to letive project. The done of the in Edwards, Programse Katie	e film was co be shared with of film focuses on t applemented impo amme Manager to Wyatt will	ommissioned by I ther Health Boards a the "Real-time care of rovements "nurse lo	Healthcare as learning experience ed clinical Care and
2. ROUTE TO TH	E BOARD			
This paper has been:  Prepared	Reviewe	ed	Endorsed	

By the following Committee:

#### 3. **SUMMARY OF KEY ISSUES**



NHS Lanarkshire, NHS Greater Glasgow and Clyde and NHS Western Isles worked in collaboration with Healthcare Improvement Scotland over two years testing the "real-time care experience improvement model".

The Healthcare Improvement Scotland evaluation report is attached. Embedding the model: Training sessions have been provided for staff at each of the acute hospitals to roll out this model. Two Integrated Community Support Teams are currently being supported to use this approach. Two public volunteers have been supporting two wards respectively at University Hospitals Hairmyres and Wishaw to gather feedback through face-to-face interviewing since June 2017. This trial has proved successful and an additional four volunteers have attended initial interviewer induction during April 2018.

**Test of change into practice:** Ward 6 at University Hospital Wishaw used the "model for improvement" to test and implement "nurse-led clinical bedside handover" as a result of patient feedback. This approach aimed to improve communication with patients, involve them in decisions about their care and enable them to ask questions and clarify outcomes of investigations. This change has also had positive impacts for staff.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	LDP	Government Policy	
Government Directive	Statutory Requirement	AHF/Local Policy	
Urgent Operational Issue	Other		

# 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

# Three Quality Ambitions:

Safe	Effective		Person Centred	
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# Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	
Best use is made of available resources. (Effective)	

## 6. MEASURES FOR IMPROVEMENT

Staff are able to use the feedback to identify good practice and identify opportunities for improvement. Feedback and subsequent learning and actions can be recorded on LanQIP and be included in person-centred care reporting dashboard for HQAIC.

#### 7. FINANCIAL IMPLICATIONS

There are minimal financial implications associated with this approach; namely to support volunteers with:

- Induction and mentorship
- Uniform t-shirt
- Travel expenses

# 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Any associated issues will be managed, recorded and reported in line with NHS Lanarkshire Policies and Guidelines.

# 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance and	
		accountability	
Use of resources	Performance management	Equality	
Sustainability			

# 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes	
No	$\boxtimes$

## 11. CONSULTATION AND ENGAGEMENT

A Short Life Working Group including members of the NHS Lanarkshire Public Reference Forum reviewed and endorsed NHS Lanarkshire's approach to inviting, gathering, recording and reporting feedback in December 2017.

## 12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	Endorsement	Identify further actions	
Note	Accept the risk identified		

## 13. FURTHER INFORMATION

For further more detailed information or clarification of any issues in this paper please contact:

- Irene Barkby, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Rick Edwards, Programme Manager for Person-Centred Care, Quality Directorate (Telephone number 01698 858373)