Welcome... Over the next two days we will have the opportunity to listen, observe and share examples of person-centred approaches to care that support the five “Must Do With Me” elements of care. Most importantly, you will be able to spend time with your local team planning your person-centred activity for the next action period. Our aim over the next two days is to provide you with support, encouragement and inspiration to make sure you have testing activity in all five areas of the “Must Do With Me” elements.

“You must be the change you wish to see in the world.”
Mahatma Gandhi

“A small group of thoughtful people could change the world. Indeed, it’s the only thing that ever has.”
Margaret Mead

Tweet your comments and questions to #pcic3
follow us @PersonCntrdSco
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**Free wi-fi connection available**

Wi-fi network: personcentred
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<tr>
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<td><strong>Registration and refreshments</strong></td>
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<td><strong>Welcome</strong> - Pam Whittle CBE, Chair, Scottish Health Council</td>
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<tr>
<td>09:55-10:05</td>
<td>Opening plenary from Michael Matheson MSP, Minister for Public Health</td>
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| 10:05-10:35  | **Plenary 1** - “Human healing in the age of science: the art of the healing shift”  
Speaker: Dr David Reilly, Scottish Government's Lead Clinician for Integrative Care 2008–2011 and Director of The Wellness Enhancement Learning (WEL) and The Healing Shift programmes | Hall two          |
| 10:35-11:15  | **Plenary 2** - “Doing the common things uncommonly well – making person-centred care reliable”  
Speaker: Jason Leitch, Clinical Director, The Quality Unit, Scottish Government; Martha Hayward, Lead in Public and Patient Engagement, Institute for Healthcare Improvement; Joyce Resin, Faculty Member, Institute for Healthcare Improvement |                   |
| 11:15-11:45  | **Refreshments**                                                        | Hall one          |
| 11:45-13:00  | **Parallel breakout sessions**                                         |                   |
|              | **Session 1.1** - Improving conversations about “What matters to you?” through personal outcomes approaches | Hall two          |
|              | **Session 1.2** - Using social media to help you listen, learn and improve | Alsh              |
|              | **Session 1.3** - Collaborating with people to improve safety in primary care | Carron 2          |
|              | **Session 1.4** - Improving collaboration through use of tools to support shared decision-making | Carron 1          |
|              | **Session 1.5** - Leadership for person-centred care                    | Boisdale          |
|              | **Session 1.6** - Moving from “visiting” to “welcoming”                 | Dochart 1         |
|              | **Session 1.7** - Involving people with lived experience to lead and drive improvement | Seminar suite     |
|              | **Session 1.8** - Improvement Skills Workshop - introduction to improvement science | Dochart 2         |
| 13:00-14:00  | **Lunch and Marketplace** (NHS board team storyboards and information stalls) | Hall one and hall two |
| 14:00-15:15  | Parallel breakout sessions (same topics and rooms as the morning breakout sessions) |                   |
|              | **Session 1.9** - Improvement Skills Workshop                           | Dochart 2         |
| 15:15-15:20  | Transition to next session                                              |                   |
| 15:20-16:10  | Team planning                                                           | Allocated rooms   |
| 16:10-16:15  | Transition to next session                                              |                   |
| 16:15-16:45  | Closing plenary                                                         | Hall two          |
### Friday 22 November 2013

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<tr>
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<tr>
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<td>Welcome - Richard Norris, Director, Scottish Health Council</td>
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<td>09:25-10:00</td>
<td><strong>Plenary 1</strong> - “Grumbles, gripes and grievances: the role of complaints in transforming public services”&lt;br&gt;Speaker: Richard Simmons, Senior Lecturer and Co-director of the Mutuality Research Programme, University of Stirling</td>
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<td>10:00-10:50</td>
<td><strong>Plenary 2</strong> - “No one ever asked”&lt;br&gt;Speaker: Tommy Whitelaw, Dementia Carer Voices</td>
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<td>10:50-11:15</td>
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<td>11:15-12:30</td>
<td><strong>Session 2.1</strong> - Investing leadership time at the point where value is created . . . it's all about people and relationships</td>
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<td><strong>Session 2.2</strong> - Improving conversations at the point of care – “Knowing me, knowing you”</td>
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<td><strong>Session 2.3</strong> - Improving understanding by using structured communication and “Teachback”</td>
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<td><strong>Session 2.5</strong> - Harnessing the voice of staff to help you learn and improve: “IMatter” and “Pulse surveys”</td>
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<tr>
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<td><strong>Session 2.6</strong> - Improving staff well-being through values based reflective practice</td>
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<td>13:30-14:45</td>
<td><strong>Parallel breakout sessions</strong> (same topics and rooms as the morning breakout sessions)</td>
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<td><strong>Session 2.8</strong> - ‘E’ is for Engagement: engaging with patients, families and staff to improve the identification, early management and experience of delirium</td>
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<td>14:45-14:50</td>
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<td>15:55-16:20</td>
<td>Closing plenary</td>
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Person-Centred Health and Care Collaborative

Aims

01 Raise the profile of person-centred approaches to care and support

02 Simplify the concept of person-centredness and identify high impact interventions and approaches that can be implemented using improvement methods

03 Focus on what we can do now

04 Provide reliable opportunities to personalise support for every person all of the time

05 Promote sharing of ideas and approaches between people who use services and people who provide them

06 Provide a framework to measure improvement

“It’s all about people and relationships”
National context to this work

The 2020 Vision for Health and Social Care\(^1\) is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. We will have integrated health and social care, with a focus on prevention, anticipation and supported self-management. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

The Person-Centred Health and Care Programme is central to the realisation of that vision. The overall strategic aim is that by 2015 health and care services are focused on people, their families and carers. This will be demonstrated in the way that services are designed and delivered so that:

- people have a positive experience of care and get the outcomes they expect
- staff are valued and supported to work collaboratively, and
- people are empowered to be active partners in their care.

The Person-Centred Health and Care Collaborative is at the heart of the programme, and its implementation is one of 25 key deliverables identified in the Route Map to the 2020 Vision for Health and Social Care\(^2\) (see pages 22 and 23).

The Collaborative’s scope has recently been refined to focus more specifically on the experience at the point of care. This learning session reflects that new, sharper focus and it will support programme managers and frontline staff to improve care experience across the health and care system.

Within the Scottish Government, policy responsibility for the Person-Centred Health and Care Programme now sits within the Quality Unit. This is part of a process of bringing together national quality initiatives, to support greater focus and impact of quality improvement activity.

The Scottish Government and NHSScotland will continue to work with third sector partners, social care providers, and in communities across Scotland, to take forward all elements of the Person-Centred Health and Care Programme, including co-production of services and support for self-management and health literacy. These remain vital elements of our approach to making sure that wherever health and care services are accessed, the individual will be at the centre of their care.

References:
\(^1\)2020 Vision for Health and Social Care (2011). Scottish Government
\(^2\)Route Map to the 2020 Vision for Health and Social Care (2013). Scottish Government
Our challenge

Through Scotland’s Healthcare Quality Strategy³, we have set three clearly articulated ambitions based on what the people of Scotland have told us they want and need from their NHS: care that is safe, effective and person-centred. We know from experience that services that are truly person-centred also achieve the highest levels of safety, effectiveness and efficiency, and deliver the best outcomes.

The Person-Centred Health and Care Collaborative has raised the profile of person-centred approaches to care and support through sharing ideas and learning on approaches and interventions to improve the care experience. We need to build on the progress made and focus on establishing reliability and then spreading successful interventions to ensure that every person’s experience of care is person-centred, every time.

References:
Your contribution

To achieve the ambition of truly person-centred health and care, we need you to develop and test person-centred approaches to care and support in a wide variety of health and care settings.

The Person-Centred Health and Care Collaborative will provide the framework for selecting, testing and implementing reliable approaches to care and support across your organisation that are appropriate for the varying needs and aspirations of the people using your services.

Person-centred care and support is everyone’s business and the purpose of this learning session is to bring together all those committed to improving the care experience and help them to:

- embed person-centred principles through leadership that enables and supports person-centred care at every level of the organisation
- develop a comprehensive systematic approach to real-time listening and engagement with people with lived experience to lead and drive improvement throughout the organisation
- adapt and test existing tools, methods and approaches to improve the experience at the point of care
- develop and test innovative approaches to improve experience at the point of care, and
- implement a measurement framework to help us identify whether changes lead to improvements.

Our aim is to use the Person-Centred Health and Care Collaborative to build a community of people working and learning together in a systematic way to develop and embed person-centredness into every aspect of health and care.

Next steps

In the action period between now and the next learning session on 27 and 28 May 2014, we will:

- support you to develop reliable person-centred processes
- support you to measure processes and outcomes for person-centred care
- work with programme managers to further develop the “Your Care Experience” survey tool
- fortnightly WebEx calls alternating between subject matter support in improvement methods and person-centred approaches and “all teach all learn” sessions for sharing practice-based learning among test teams
- work with programme managers to identify priority areas for WebEx support from the Institute for Healthcare Improvement.
- hold programme manager meetings every two months to share learning and promote successes, and
- arrange visits to share learning and provide help and guidance.
Measurement framework

Measurement of process and outcome is a critical part of testing and implementing improvement; measures tell us whether things are happening reliably and whether a change has led to an improvement. Our measurement framework seeks to strike a balance between a compact set of nationally measured core experiences applicable to all, whilst allowing local customisation around these core elements to make sure that the needs and priorities of the local communities we serve can be met.

Our measurement framework reflects the growing recognition that, to support local improvement, the measurement of experiences must be meaningful to local communities and teams\(^4\), and should be measured using a range of tools and approaches\(^5\).

The framework will be aligned with the newly revised national Quality Indicators for Health and Social Care, and includes measures that support teams to drive improvement in real time and develop a deeper understanding of what is working well, and what needs to be improved.

Measurement approach

Fundamentally, person-centredness must be measured through the eyes of people we serve and focused on person-centred outcomes not just system-focused outcomes. We wanted measures that would be simple, meaningful and manageable for staff, and transferable across settings. For these reasons, our measurement framework is focused around the five “Must Do With Me” elements of care. You will hear more about the processes that can support you to drive improvements in the “Must Do With Me” elements over the next two days.

Important questions to consider when collecting data:

- What are we collecting and why?
- Is our focus on collecting and using real-time data for improvement?
- Is data collected and owned by teams?
- Are we making best use of the data already collected? (Do we use the data as effectively and efficiently as possible?)

Measurement and feedback are fundamental to improvement work. If we don’t measure, we can’t tell whether a change is an improvement. As much as possible, it should be embedded in routine daily work so that everyone does a little. We need to be curious about how it feels to be on the receiving end of the services we provide, we need to collect as much as we must and as little as we dare, and if we haven’t already, we need to start!

The measures are set out as follows:

- Measure name
- Identifier (a unique identifier for each measure)
- Description
- Frequency

A few general guidelines:

- Look at the data collection processes that already happen reliably and consider how you could use these processes to help you collect some person-centred data.
- Remember to look at process and outcome data to see whether your “Must Do With Me” processes are happening reliably for every person all of the time. Small sequential weekly samples will help you to understand this.
- Don’t leave data collection up to one person, share it amongst the team.
- Contact improvement experts in your organisation for advice and support.
- This framework will be updated as required and we will do our best to keep people informed about this.

References:


### “Must Do With Me” elements and supporting interventions

<table>
<thead>
<tr>
<th></th>
<th><strong>What matters to you?</strong></th>
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</table>
| 1 | **What matters to you?** | - Personal outcomes frameworks (such as Talking Points)  
- Daily or weekly personal goals using structured communication  
- “Getting to know me” tool  
- “This is me” tool |
| 2 | **Who matters to you?**  | - “Getting to know me” tool  
- “This is me” tool  
- Family and carer involvement |
| 3 | **What information do you need?** | - Structured communication tools  
- Teachback  
- Shared decision-making tools |
| 4 | **Nothing about me without me** | - Shared decision-making tools  
- Involvement in:  
  - communications (for example case conferences, letters, emails)  
  - discussions about my care  
  - handover discussions (within or between services, for example shift handovers to transitions between health and social care) |
| 5 | **Personalised contact** | Processes to facilitate personalisation of method or timing of contact or support.  
- Method:  
  - for example email, text messaging (SMS), telephone, group sessions, social media, peer support  
- Timing:  
  - flexible appointing systems, such as drop-in services, open surgery, “on day” appointments, flexible appointment systems  
  - reliable opportunity to personalise inpatient care, such as care rounding |
### Table of outcome measures

<table>
<thead>
<tr>
<th>Measure name</th>
<th>Identifier</th>
<th>Description</th>
<th>Frequency required</th>
<th>Measure type</th>
<th>Currently collected?</th>
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<tbody>
<tr>
<td><strong>Outcomes</strong></td>
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</table>
| Overall care experience           | CEO1       | **Measure:** % of people who say they had a positive experience of the service (or care)  
*Aim:* 90% | Monthly            | Improvement measure | Annual inpatient survey and some local activity. |
| Personal goals and personal outcomes | CEO2     | **Measure:** % of people who say they got the outcome (or care/support) they expected and needed  
*Aim:* 90% | Monthly            | Improvement measure | Related question on annual inpatient survey and some local activity. |
| **Intermediate outcomes linked to “Must Do With Me”** | |                                                                             |                    |                       |                      |
| What matters to you?              | MDO1       | **Measure:** % of people who say that we took account of the things that were important to them  
*Aim:* 90% | Weekly in teams Aggregated monthly at system level | Improvement measure | Some related questions on annual national survey. Some local activity. |
| Who matters to you?               | MDO2       | **Measure:** % of people who say we took account of the people who were important to them and how much they wanted them involved in care or treatment  
*Aim:* 90% | Weekly in teams Aggregated monthly at system level | Improvement measure | Not at frequency or scale required. Some local activity. |
| What information do you need?     | MDO3       | **Measure:** % of people who say that they had all the information they needed to help them make decisions about their care or treatment  
*Aim:* 90% | Weekly in teams Aggregated monthly at system level | Improvement measure | Some related questions on annual national survey. Some local activity. |
| Nothing about me without me       | MDO4       | **Measure:** % of people who say they were involved as much as they wanted to be in communication/transitions/handovers/decisions about them  
*Aim:* 90% | Weekly in teams Aggregated monthly at system level | Improvement measure | Some related questions on annual national survey. Some local activity. |
| Personalised contact              | MDO5       | **Measure:** % of people who say that staff took account of their personal needs and preferences  
*Aim:* 90%  (more specific questions about methods and timing of contact could also be asked) | Weekly in teams Aggregated monthly at system level | Improvement measure | Some related questions on annual national survey. Some local activity. |
<table>
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<tr>
<th>Measure name</th>
<th>Identifier</th>
<th>Description</th>
<th>Frequency required</th>
<th>Measure type</th>
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<tr>
<td><strong>Leadership for person-centred care: structural measures</strong></td>
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</table>
| **Comprehensive real-time feedback systems (service users)**               | LSM1       | **Measure**: applicable elements of service/departments with real-time feedback systems in place for service users  
Aim: 100% by December 2015                                                                                                          | Monthly             | Short term structural measure until aim achieved | Not currently measured. |
| **Service user advisory groups**                                           | LSM2       | **Measure**: applicable elements of service/departments with service user advisory groups  
Aim: 100% by December 2015                                                                                                             | Monthly             | As above                                         | Not currently measured. |
| **Comprehensive real-time feedback systems (staff)**                       | LSM3       | **Measure**: applicable elements of service/departments with real-time feedback systems in place for staff  
Aim: 100% by December 2015                                                                                                             | Monthly             | As above                                         | Not currently measured. |

To obtain outcome measures, teams should use the “Your Care Experience” survey tool (or equivalent) and combine with qualitative feedback, for example stories from Patient Opinion.

Additional process, outcome and balancing measures are available for programme managers.
“When I look at the world I’m pessimistic, but when I look at people I am optimistic.”

Carl Rogers
## Person-centred health and care driver diagram

### Care experience

<table>
<thead>
<tr>
<th>Aim</th>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
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<tbody>
<tr>
<td><strong>Person-centred care is everyone’s business</strong></td>
<td>• Distributed, values-based leadership culture from the point of service delivery through to support staff, middle management and senior executives&lt;br&gt;• Values and behaviours form basis of recruitment, development and management of staff&lt;br&gt;• Reliable use of recognised tools to promote optimal team functioning&lt;br&gt;• Person-centred values and behaviours are evident in words and actions at all levels of leadership&lt;br&gt;• See also “Leadership” change package for key interventions and structures</td>
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<td><strong>Services are delivered in active, collaborative partnership with people</strong></td>
<td><strong>Dignity, respect and compassion</strong> frame all communication and interaction with people who use our services.&lt;br&gt;• Reliable application of the five “Must Do With Me” elements:&lt;br&gt;1. <em>What matters to you?</em> – Personal outcomes and goals agreed&lt;br&gt;2. <em>Who matters to you?</em> – Access to and involvement of loved ones&lt;br&gt;3. <em>What information do you need?</em> – Information is timely, full and understandable to facilitate shared decisions&lt;br&gt;4. <em>Nothing about me without me</em> - Involved with communication, handovers and transitions at the level they choose&lt;br&gt;5. <em>Personalised contact</em> – Method and timing of contact can flex&lt;br&gt;• Teams test and adapt tools to measure and improve communication</td>
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<tr>
<td><strong>Technical care is delivered reliably and based on person-centred principles</strong></td>
<td>• Technical care is delivered in alignment with person-centred principles including but not limited to:&lt;br&gt;1. active, equal partnership&lt;br&gt;2. information sharing is timely, open and complete&lt;br&gt;3. participation in decisions&lt;br&gt;4. collaboration in design and delivery of services&lt;br&gt;• Reliable application of the five “Must Do With Me” elements</td>
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<tr>
<td><strong>Physical and cultural environments support the delivery of person-centred care</strong></td>
<td>• <em>Weekly environmental walk rounds</em> by: a) facilities teams; b) clinical teams; and c) service user/volunteer groups using person-centredness checklist&lt;br&gt;• Walk rounds focus on:&lt;br&gt;1. people and interactions (for example conversations with people using and delivering service, observations of care)&lt;br&gt;2. environment of care (for example signage, way-finding)</td>
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*By December 2015, 90% of people using services will have a positive experience of care and get the outcomes they expect*
Improving care for older people in acute care
National work stream

The Improving Care for Older People in Acute Care work stream, lead by Healthcare Improvement Scotland, is working with hospital teams across Scotland to identify, spread and connect good practice and demonstrate improvements in two initial key areas:

1. Co-ordination of care – screening for frailty
2. Cognitive Impairment – identification and early management of delirium

A collaborative approach has been adopted to develop change packages to support improvements in both these areas and to bring together healthcare teams from across Scotland to test changes, share and spread good practice and provide improvement support.

Frailty is a multidimensional syndrome of increased vulnerability that occurs when the natural ageing process, multiple long term conditions and acute illness combine to impair an individual’s physical or psychological function or cognition, leading to loss of independence. Frailty is commonly associated with falls, incontinence, intellectual impairment or immobility. Increasing numbers of frail older people are admitted to hospital, often as an emergency, where they are particularly susceptible to healthcare associated infection, episodes of delirium and compromised nutrition and skincare. They have longer length of stays, higher mortality, higher rates of readmission and are at increased risk of needing long term institutional care.

Appropriate and timely specialist multidisciplinary assessment for frail older people has been shown to improve functional outcomes, reduce dependency and length of stay in hospital and improve patient and carer experience.

The aim of the change package and interventions is to improve the early identification of frailty and ensure that older people who are identified as frail reliably access timely Comprehensive Geriatric Assessment (CGA) delivered by a specialist multidisciplinary team. Comprehensive Geriatric Assessment is a holistic multidisciplinary process that aims to identify problems and personalised goals across physical, medical, cognitive, psychological and social domains.

Core measures for frailty

- Number of patients who have ‘Think Frailty’ Triage Screening Tool/or similar adapted tool completed
- Time from identification of frailty (using screening tool) to assessment by the specialist team (aim: patients identified as being frail who are admitted to a hospital bed are seen by a specialist team within a day of admission)
Delirium is an acute medical emergency associated with poor outcomes that commonly affects older people admitted to hospital. Older people and people with dementia, severe illness or a hip fracture are more at risk of delirium. It causes great distress to patients, families and carers and has potentially serious consequences such as increased likelihood of admission to long term care and even increased mortality. People who have delirium may need to stay longer in hospital or in critical care, have an increased incidence of dementia, and have more hospital-acquired complications, such as falls and pressure sores. Delirium is currently not identified or managed appropriately in many cases and is a key area of focus for the improving older people’s acute care work.

The Improving Care for Older People in Acute Care work stream aims to improve the identification and immediate management of delirium for people aged 75 and over, admitted to acute care, by March 2014. The change package includes a care bundle that offers guidance on critical actions to be taken within the first 2 hours of a delirium being identified. The acronym TIME, used in the bundle, emphasises thinking about triggers for delirium, investigating underlying causes, implementing a management plan and, crucially, engaging and involving the patient and family members. Testing and refining the delirium bundle can support consistent and reliable identification and early management of delirium and is key to improving the care and experience of patients with delirium.

Core measures for delirium

• Screening for delirium, for example using 4AT or CAM, to identify delirium
• Compliance with all the elements of the delirium care bundle
• Compliance with individual elements of the delirium care bundle (Think, Investigate, Manage, Engage)

A series of events and webex calls will:

• introduce new tools for testing locally with the aim of improving screening for frailty and improving the early management of delirium
• share experience, expertise and examples of good practice in improving care for older people
• build capacity and capability for improvement, and
• support local improvement work.

Key contacts

Penny Bond - Implementation and Improvement Team Leader, penny.bond@nhs.net
Karen Goudie - Clinical Advisor, karen.goudie@nhs.net
Michelle Miller - Improvement Advisor, michelle.miller3@nhs.net

For more information, please visit: www.knowledge.scot.nhs.uk/improvingcareforolderpeople.aspx

Follow us on: @opachis
Patient Opinion
Who we are

Patient Opinion was established in 2005 by Dr Paul Hodgkin, a Sheffield GP and social entrepreneur. It is a not-for-profit social enterprise, which uses the power of the web to carry the voices of patients and carers into the heart of health services. Patient Opinion aims to make it quick, easy and safe for patients and carers to give feedback about their health care, and for health service providers to respond to and make use of feedback for service improvement.

What we do

Patient Opinion provides a website where anyone can share their recent experience of local health services, and see what others are saying. Stories can be submitted to the site online, or by post or telephone.

When a story is published on the site, Patient Opinion can automatically notify relevant health service subscribers, who may then respond online. If this response shows that a change has been made to the service, the Patient Opinion website highlights this, for everyone to see.

When the response is published, Patient Opinion automatically notifies the author of the story, as well as relevant subscribers.

The result is short, public online exchanges which show how patients are experiencing services, and how services are listening and responding to that experience.

For more information about Patient Opinion contact:

Gina Alexander – Director, Patient Opinion Scotland
Patient Opinion Limited | Scion House | Stirling University Innovation Park | Stirling | FK9 4NF

Tel: +44 (0) 131 208 1206 | +44 (0) 141 416 8208 | Mob: 07533 711 949
web: www.patientopinion.org.uk | skype: galexander12 | twitter: @ginaaalexander
“What matters to you?”
Who’s who
Main stage speakers

Martha Hayward
Lead in Public and Patient Engagement, Institute for Healthcare Improvement

Jason Leitch
Clinical Director, The Quality Unit, Scottish Government

Michael Matheson MSP
Minister for Public Health

Richard Norris
Director, Scottish Health Council

David Reilly
Scottish Government’s Lead Clinician for Integrative Care 2008-2011 and Director of The Wellness Enhancement Learning and The Healing Shift Programmes

Joyce Resin
Faculty Member, Institute for Healthcare Improvement

Tommy Whitelaw
Dementia Carer Voices

Pam Whittle CBE
Chair, Scottish Health Council
Learning session co-ordination team

Gareth Adkins  
Programme Lead, Person-Centred Health and Care Collaborative, Healthcare Improvement Scotland

Jennifer Green  
Implementation and Improvement Facilitator, Healthcare Improvement Scotland

Dan Harley  
Programme Manager, Person-Centred Health and Care Collaborative, Healthcare Improvement Scotland

Scott Horton  
Project Officer, Healthcare Improvement Scotland

Elaine Hunter  
Administrative Officer, Healthcare Improvement Scotland

Andrea Ma  
Administrative Officer, Healthcare Improvement Scotland

Mairi MacPherson  
Head of Person-Centred Team, The Quality Unit, Health and Social Care Directorates, Scottish Government

Shaun Maher  
Improvement Advisor, Person-Centred Health and Care Collaborative, Healthcare Improvement Scotland

Jacki Smart  
Person-Centred Care Advisor, Person-Centred Health and Care Collaborative, Healthcare Improvement Scotland

Joanna Swanson  
Person-Centred Health and Care Policy Manager, The Quality Unit, Health and Social Care Directorates, Scottish Government

June Wylie  
Head of Implementation and Improvement, Healthcare Improvement Scotland
The Route Map describes 12 priority areas for action for pursuing our 2020 Vision for high quality sustainable health and social care services in Scotland in three domains:

1. Quality of care
2. Health of the population
3. Value and financial sustainability.

These domains are often referred to as the ‘Triple Aim’. For each of these domains there will be a small number of priority areas for action, often building on existing work and all requiring focused attention and acceleration.

In addition to these 12 priority areas for improvement action, it is vitally important to emphasise the need for a continued focus on ensuring that the underpinning foundation of high quality health and care services are maintained as business as usual. These include: performance (eg HEAT), governance, planning (services, workforce, finances and estate), IT and measurement.

2020 Vision/Quality Ambitions
Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting

Quality of Care
Independent living
Services are safe
Engaged workforce
Positive experiences

Health of the Population
Healthier living

Value and Financial Sustainability
Effective resource use

12 Priority Areas for Action (as detailed on the next page)
<table>
<thead>
<tr>
<th>Triple Aim</th>
<th>Quality Ambitions</th>
<th>12 Priority Areas for Improvement</th>
<th>25 Key Deliverables for 2013-2014</th>
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</thead>
<tbody>
<tr>
<td>Person-Centred Health</td>
<td>Person-centred</td>
<td>1 Person-centred Health and Care Collaborative implemented</td>
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<td>&amp; Care</td>
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<td>2 Information and support to enable people at home and during times of transition</td>
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<tr>
<td>Safe</td>
<td>Safe Care</td>
<td>3 Further increase in safety in Scottish hospitals</td>
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<tr>
<td>&amp; Care</td>
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<td>4 New broader measure of safety developed (SPSI)</td>
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<td>Quality of Care</td>
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<td>5 Maternity, mental health and primary care components of the Scottish Patient Safety Programme implemented with measureable improvements</td>
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<tr>
<td>Unscheduled and Emergency Care</td>
<td>Primary Care</td>
<td>6 Implementation of new GP contract</td>
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<tr>
<td>&amp; Care</td>
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<td>7 2020 Vision for expanded primary care</td>
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<td>8 New models of ‘place-based’ primary care</td>
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<td>Integrated Care</td>
<td>Integrated Care</td>
<td>9 Out of hospital care action plan</td>
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<td>&amp; Care for</td>
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<td>10 Sustainable performance on 4-hour A&amp;E waits</td>
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<td>Multiple</td>
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<td>11 Increase flow through the system</td>
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<td>Chronic Illnesses</td>
<td>&amp; Effective</td>
<td>12 New Bill</td>
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<tr>
<td>Multiple &amp; Chronic Illnesses</td>
<td>&amp; Health of the Population</td>
<td>13 Preparatory work with NHS Boards, local authorities, third and independent sector and the building of effective Integrated Health and Social Care Partnerships</td>
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<td></td>
<td>&amp; Early Years</td>
<td>14 Key pressure points in the entire patient pathway for most common multiple illnesses will be identified and actions agreed</td>
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<td>15 Through more detailed analysis of existing data, people will be identified as ‘at risk’ and anticipatory plans will be agreed</td>
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<tr>
<td>Health Inequalities</td>
<td>&amp; Value and Sustainability</td>
<td>16 The world’s first national multi-agency quality improvement programme will be implemented across partner organisations</td>
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<td>Prevention</td>
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<td>17 New focus on most deprived areas</td>
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<td>18 ‘Deep-end’ GP practices approach rolled out more widely across relevant areas</td>
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<tr>
<td>Workforce</td>
<td>&amp; Efficiency and Productivity</td>
<td>19 Early detection of cancer</td>
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<td>20 New restrictions on tobacco advertising</td>
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<td>21 2020 Vision for NHSScotland workforce</td>
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<td>22 Detailed action plan agreed to deliver 2020 Workforce Vision</td>
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<td>23 A new fund to provide pump-priming for innovative approaches in healthcare</td>
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<td>24 A new procurement portal will be established to encourage working with SMEs and third sector</td>
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<td>25 Recommendations to increase shared services</td>
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Jot down your thoughts, make a note, draft a plan or write down the names of people you have met