



‘What Matters To You?’ Day 2022 Report

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1. Executive Summary

What Matters To You? (WMTY) conversations are encouraged every day between staff who provide care, and the people and families who receive it. The underlying principle to ask, listen, and do what matters is intended to shift power to the person who knows best the support they need. WMTY Day aims to raise the profile of these meaningful conversations, building a global culture of person centredness.

This report outlines NHSGGC's activity for WMTY Day on Thursday 9 June 2022 (WMTY22).

The newly established WMTY Day Planning Group supported the leadership and coordination of NHSGGC's activity for the day. The aim of activity this year was to encourage people to share the impact of WMTY conversations, to support local learning and reflection.

As part of activity on the day, 60 people shared with the Person Centred Health and Care (PCHC) Team examples of the difference a WMTY conversation has made. Key themes from responses were:

- Asking 'WMTY?' isn't always about using these specific words; rather, it's a discovery approach focused on building a relationship.
- Finding out what matters to people is a fundamental prerequisite to building a mutually understanding relationship, where staff are able to meet peoples' needs.
- Being able to do what matters gives staff a sense of fulfilment and satisfaction.

In addition, 8,791 people interacted with WMTY content on NHSGGC social media channels. Glasgow was ranked top globally for activity on Twitter again, with posts receiving much higher engagement than is typical for social media activity.

WMTY22 achieved its aim of celebrating and promoting the importance of meaningful conversations. To build on this for WMTY23, it is recommended that:

- The initial success of the Planning Group is built on to further establish a planned and coordinated approach to the day for 2023.
- Further participation by the public is encouraged - through involvement in the WMTY Day Planning Group, and by identifying additional meaningful stories from diverse perspectives about the difference a WMTY approach can make.
- Resource distribution is managed proactively to support advance planning.

2. Ask what matters

This year, a WMTY Day Planning Group was established to continue to build on the successes of previous years, with a more structured, planned and coordinated approach to the organisation of the day.

The group aimed to:

- Achieve wider reach of key aims and messages
- Help build and embed meaningful conversations into clinical practice
- Align local activity with organisational objectives
- Facilitate links between local services and corporate support functions, so stronger story examples can be surfaced which services can relate to and build more consistent approaches in their services
- Further develop our understanding of what additional improvement actions can be developed, tested and spread to encourage meaningful conversations; what factors support these to happen, what stands in the way, and what changes should be made to lead to improvement
- Establish a group of WMTY champions from all professional disciplines across acute, Health and Social Care Partnerships (HSCPs) and Care Homes to support raising awareness and role modelling of the approach.

In addition to asking people what mattered to them in their local areas, the WMTY Day Planning Group (Figure 2) shared examples of the difference a WMTY conversation can make, which formed the basis of the communications campaign.

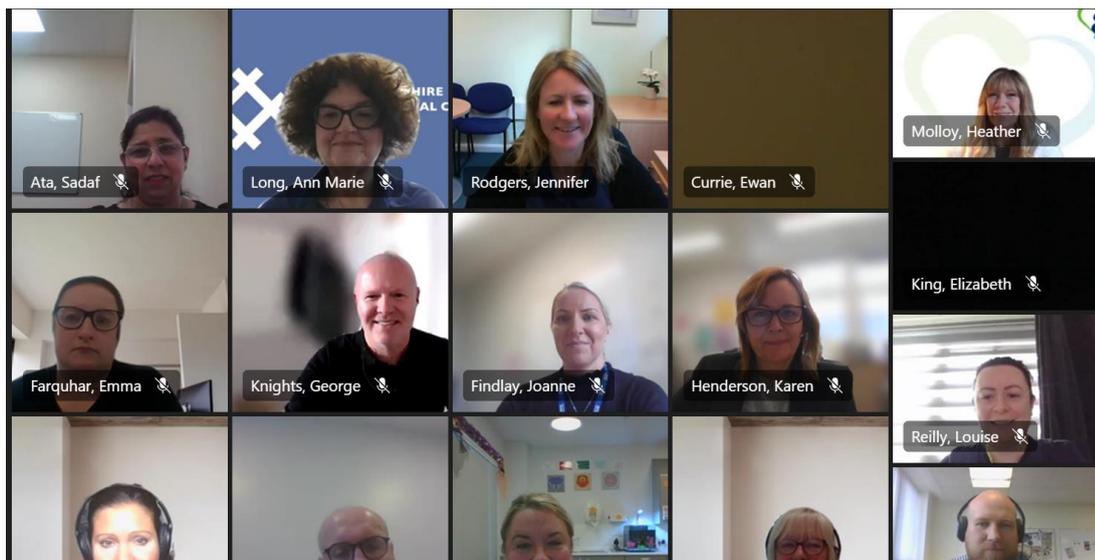


Figure 2. A WMTY22 Planning Group Meeting

2.1 Corporate Communications channels

2.1.1 Communications activity

WMTY22 activity was promoted using 5 examples from clinical teams of the difference a WMTY conversation can make. The campaign focused on sharing best practice approaches taken by local teams, and reminding people of arrangements for the day.

To share these as widely as possible and encourage local activity, the Communications and Public Engagement directorate shared 34 posts on social media between Monday 6 June and Friday 10 June in celebration of WMTY, including:

- excerpts from patient feedback on Care Opinion
- staff celebrating WMTY22
- videos of patients, families and staff sharing the impact of the WMTY approach (see example in Figure 2.1.1);
 - [Brooke](#), a patient in the Royal Hospital for Children, showed us the impact of being able to see Jura, her dog, when in hospital)
 - [Hunterhill Care Home](#) discussed the benefits of being able to involve the people who matter most to Lillian, one of their residents
 - [Jen Rodgers](#), Deputy Nurse Director - Corporate and Community, gives her top tips for having WMTY conversations to support staff.
 - [Jen](#) at Leverndale Hospital describes how a routine WMTY conversation has led to the co-design of new patient information
 - [Marisa](#), a staff nurse at the Royal Hospital for Children, reflected on the benefits of the approach as applied to members of staff.



Figure 2.1.1 Twitter post sharing Brooke's WMTY story

The case study in section 2.1.1.1 is an example of one of the communications messages shared, namely the approach taken to incorporating WMTY conversations with the staff team in the Advanced Nurse Practitioner (ANP) service in Inverclyde.

2.1.1.1 Case Study: What Matters To ANPs

Moira Bradley, Lead ANP for the Community ANP Team in Inverclyde HSCP, shares why asking, listening and doing what matters for the staff team has strengthened team relationships:

“An ANP... is an experienced, Masters level educated, Registered Nurse, who can complete the whole patient care episode including assessment, diagnosis, prescribing and onward referral.

I took on this role in 2021, and it was necessary to have continual meaningful conversations with the expanding team to truly determine what mattered, as we were working autonomously in different areas, and at different stages of training.

When asking the team directly what mattered to them, the discussions focused on:

- Time to reflect
- Team discussions on cases
- Teaching and learning opportunities in-house.

From the conversations I had with individuals and the whole team, it became clear that set non-clinical time was essential. I was keen to ensure my team were listened to, and that the important matters they discussed with me were actioned.

The conversations and subsequent actions have strengthened team relationships, and ensured new and current staff know I am always available and can be relied on to make changes that matter.

Our team now has weekly non-clinical time, as pictured in Figure 2.1.1.1, and the agenda varies each week. We have case based discussions, teaching on certain topics or clinical presentations or community services who will attend to update us on the service operation and access in our area.”



Figure 2.1.1.1 The Inverclyde HSCP ANP team at a non-clinical session

Ruth McCready, ANP, shares the benefit of Moira’s WMTY approach:

“... the non-clinical time is extremely beneficial as it is a safe space for discussion, you have peer support and your opinion is valued, and you feel an important part of the team and service.”

2.1.2 Impact of communications activity

Despite the campaign starting at a later date than on WMTY21, the WMTY communications campaign raised the profile of WMTY conversations, to encourage more people to adopt the approach. Key indicators of this success are as follows:

- Glasgow was again the **world's best performing location** for #WMTY22 on Twitter, receiving the most tweets in the UK and the world.
- In total, **8,791** people interacted with WMTY content on NHSGGC social media channels. This proactive engagement with WMTY communications by the public and staff demonstrates that people value and have an interest in the messages being shared.
- Video content in particular achieved high engagement rates – some Facebook posts had **7% engagement** rates (where 1% engagement rate is considered a successful post). For example, a comment received on the video of Brooke read **“what a beautiful story and so special to your little patient!”**
- At the time of reporting, the videos produced to promote the importance of WMTY conversations have been viewed almost **24,000** times. In addition, the story from [Jen](#) at Leverndale Hospital describing how a routine WMTY conversation led to the co-design of new patient information was presented as the Patient Story at the NHSGGC Board Meeting in August.
- There was a **30% increase** in the average engagement rate (per impression) for all social channels for WMTY22, compared to WMTY21.
- In addition to the 35 posts shared by the Corporate team, **95 WMTY22 tweets** were posted by people in the Greater Glasgow and Clyde area. These posts shared peoples' WMTY22 activity with people receiving care, their families and colleagues, and reinforced the importance people place on WMTY conversations, as exemplified in Figure 2.1.2.
- NHSGGC were able to share WMTY posts from a variety of service areas, namely Clyde, Women and Children's, the South Sector, Regional services, Mental Health and HSCPs.
- The Corporate Communications and Engagement Directorate reflected that **“Patients of all ages... shared content online and celebrated the event, illustrating that WMTY is for everyone”**.



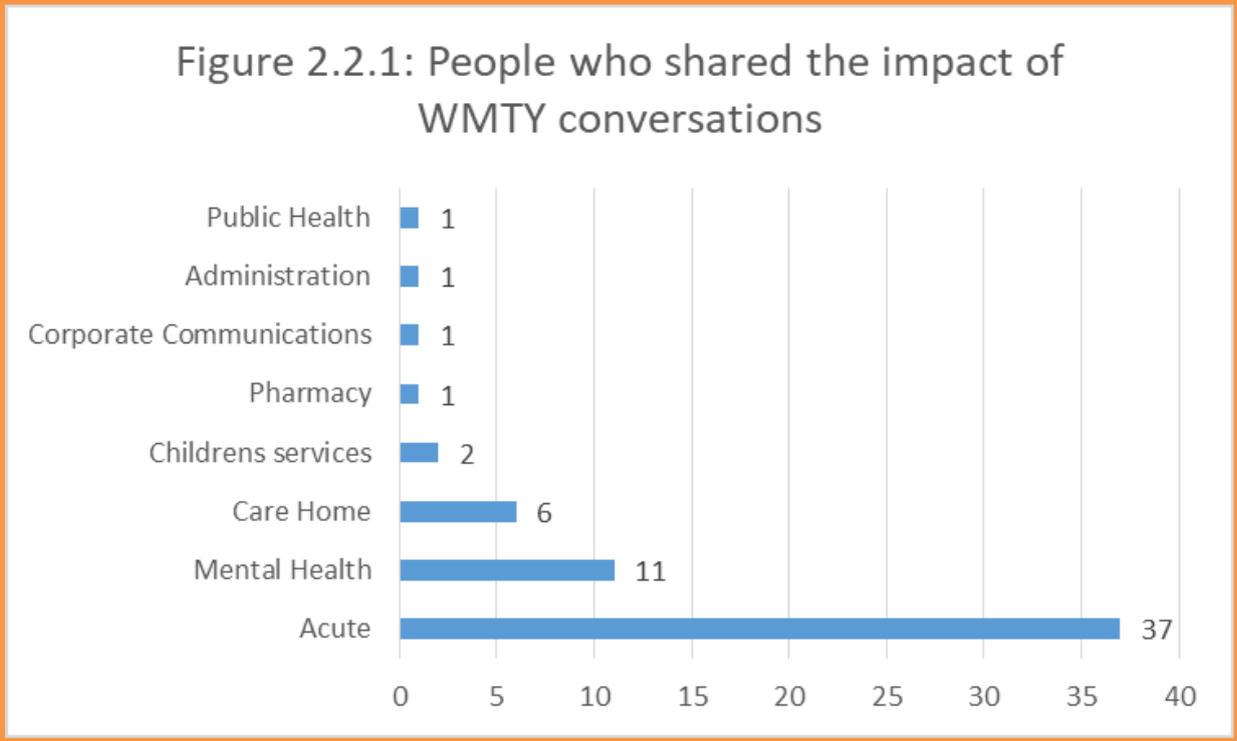
Figure 2.1.2 Example of a WMTY22 Tweet from a local service

2.2 Engaging with local teams

2.2.1 PCHC team conversations

WMTY is centred on having meaningful conversations at point of care. We asked people to share examples with us of how this conversation has been carried out in practice, to support learning and reflection about the embedding of the approach, via a link to a short survey in a Core Brief, and visits from the PCHC team to different areas of practice in NHSGGC.

We heard from 37 staff and 23 people receiving care or their families, across a variety of services and teams, as illustrated in Figure 2.2.1:



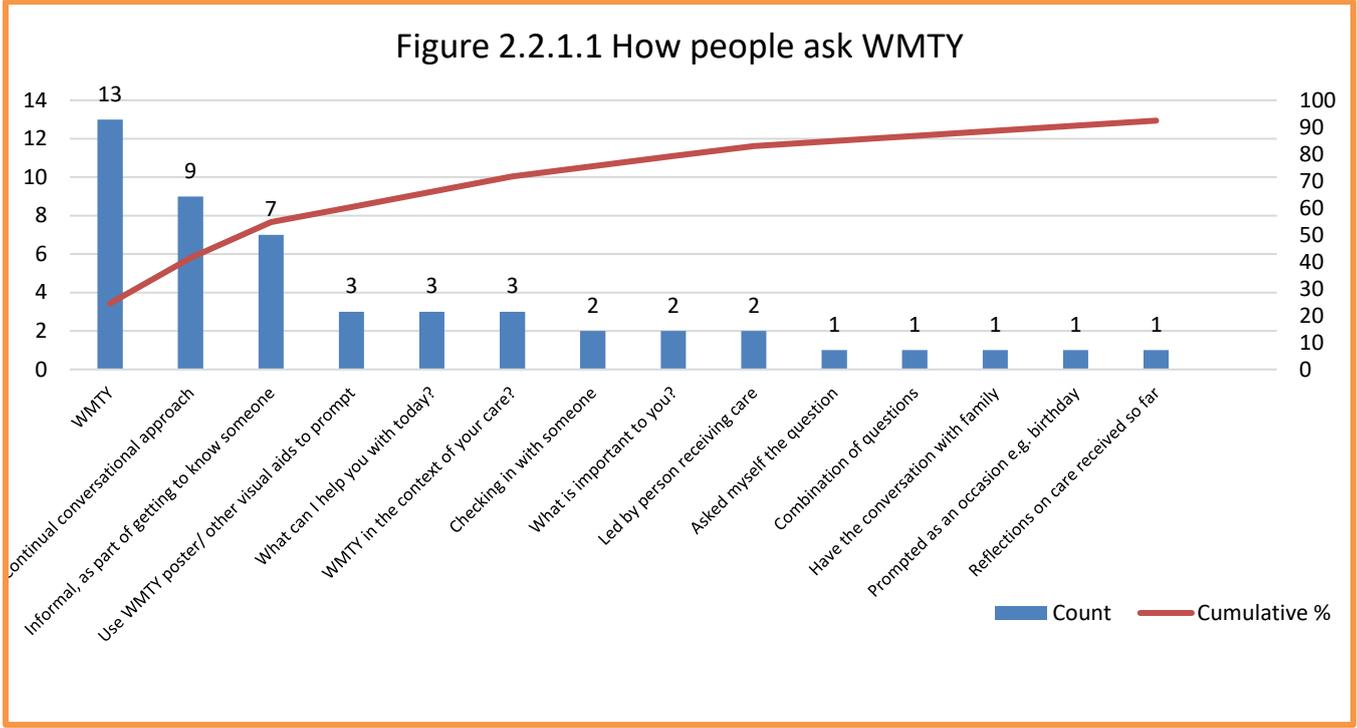
2.2.1.1 How people ask WMTY

Feedback from WMTY21 was that sometimes people assume that in order to ask, listen, and do what matters, you have to ask the exact words, ‘what matters to you?’

However, we know that sometimes this phrasing isn’t as meaningful to someone as another formulation could be, for example ‘what is important to you today?’ or ‘is there anything you would like to talk to me about?’

We therefore asked people for examples of how this conversation had been had. Figure 2.2.1.1 illustrates that while many people do find out what matters to people using those specific words, there are a variety of other approaches to find out what matters to people:

Figure 2.2.1.1 How people ask WMTY



From the 23 conversations had, four people receiving care told us they had not been asked what mattered to them. However, in addition to asking ‘what matters to you?’ other people told us the WMTY enquiry had been framed by:

- A routine conversational approach where staff regularly find out what is important to people when delivering care, on admission, or introducing themselves.
- Finding out informally what likes, interests and preferences someone has, to help get to know them as individuals.
- Using visual or documentation aids to prompt conversation, such as the ‘what matters to me’ boards behind bed spaces, or the ‘getting to know me’ document.
- Asking what staff could help someone with that day.
- Putting the question in the context of the care the person is receiving; for example whether someone would prefer a bath or a shower.

In summary, asking what matters to someone is done in a variety of ways. Core to a successful approach is using the enquiry to build a positive relationship with someone, as summarised by this family member of a patient in an acute ward:

“It works in different ways for different people. If staff come into the room while I’m doing something, they’ll have a conversation with me – ‘how are things going? Remember you need to look after yourself’... if I’m passing by, the doctor will say ‘are you having a wee break?’ [The Senior Charge Nurse] will actually wait on me, and take me to the family room and see how things are getting on, and suggest [things] for me to consider ...”

2.2.2 Leadership support

Jen Rodgers, Deputy Nurse Director, and Shaun Maher, Strategic Advisor for Person Centred Care and Improvement for the Scottish Government, visited services in the Beatson West of Scotland Cancer Centre and Leverndale Hospital to hear from local teams about their routine efforts to ask, listen and do what matters, and to participate in their WMTY celebrations, as can be seen in Figure 2.2.2.

Shaun has shared the importance of this approach from a Scottish Government perspective;

“We are so grateful for the work being done by people like Jane, Jenn, Justine and so many others throughout GGC focusing on the deeper meaning and purpose of our work, bringing the kindness and compassion that is so integral to high quality safe, effective care.”

Local teams reflected on the positive impact of these visits, for example the team at the Beatson West of Scotland Cancer Centre shared;

“This year we were delighted to learn that Jennifer Rodgers and Shaun Maher would be visiting the cancer centre and our ward was selected for sharing our WMTY story.

We showed them our main WMTY board and individual patient boards at the patient bedside to B7 to share some of what matters to us and our patients, and how we incorporate these conversations into our daily work.

I shared a recent patient story about how sea glass had helped a woman deal with the loss of her husband. At first the edges are jaggy and sharp and overwhelming but over time they become smoother and softer and easier to manage. This is how she felt about her blood cancer diagnosis. Simply by asking what mattered to her, she was able to share this information with our staff and say she needed time to absorb information – a little bit at a time.

I think Jen and Shaun were captured by the simplicity and impact of this story and our hopes to develop this into a ward project to help support future patients who might benefit.”



Figure 2.2.2 Leadership visit to Leverndale Hospital

2.3 Local team activity

In addition to encouraging virtual activity, resource packs containing posters, pledge templates, cups, tote bags, pens, coasters and stickers were distributed to 32 locations across NHSGGC in the days leading up to WMTY22.

The aim of these resources was to support local teams to raise awareness of and interest in a WMTY approach. Figure 2.3 illustrates how some of these resources were utilised by local teams (supplemented by locally sourced additions), to encourage people to come and engage with staff promoting WMTY conversations, and to record what mattered to them on the statement sheets.

Members of the WMTY22 Day Planning Group were asked to share the activity they undertook on WMTY day to ask what mattered to people receiving care, their families and colleagues. Activities included:

- Stalls or tables in high footfall areas, with resources to attract people to come and take a closer look, and engage in conversation
- Raffles for staff members sharing the outcome of their WMTY conversations with the service
- Gift vouchers for patients, residents or service users as a thank you, in recognition of their time and contribution
- Visiting wards on site to speak to people individually
- An outdoor gazebo to increase visibility
- Utilising opportunities before and after WMTY day (for example, a school vaccination wellbeing day in the autumn term) to continue to promote the approach.

In many circumstances, these efforts were supported by local management structures by cascading key messages and allocating local funding to add to resources available to encourage participation.

The case study in section 2.3.1 provides one example of local activity undertaken on the day.



2.3.1 Case Study: Specialist Learning Disability Services

Specialist Learning Disability Services built on their established approaches to ask people what matters to them for WMTY Day by:

- supporting patients using pictures, posters and capturing information on posters and whiteboards in patient rooms
- arranging meetings between staff and the Interim Acting Lead Nurse to explore what matters to them in the context of delivery of care and working within Specialist Learning Disability Services.
- facilitating discussions during afternoon tea
- liaising with advocacy services to capture themes from their discussions
- undertaking individual discussions between patients and nursing staff.

The service have gained the following insights from this activity:

“The themes of ... having a voice in planning their future and having a home to go to were captured through discussions with patients by both staff and advocacy. It is important for services to ensure that patients are appropriately involved in and informed of decision making for their future.

Inpatient services will continue to utilise a wide range of opportunities to facilitate the WMTY conversation [through] 1:1 weekly meetings with their named nurse, during patient engagement, through activity sessions and at-a-glance white boards updated to reflect these discussions. This will allow staff to have an awareness and be able to respond to the needs of the individual patients. A review with WMTY link workers within the units will be undertaken to establish further areas for development.

...Person centred nursing care plan training has been rolled out across the three inpatient units which focuses on the review of care, and patient goals and outcomes...An audit... will be undertaken which includes evidence of patient and carer/family involvement in their plan of care.

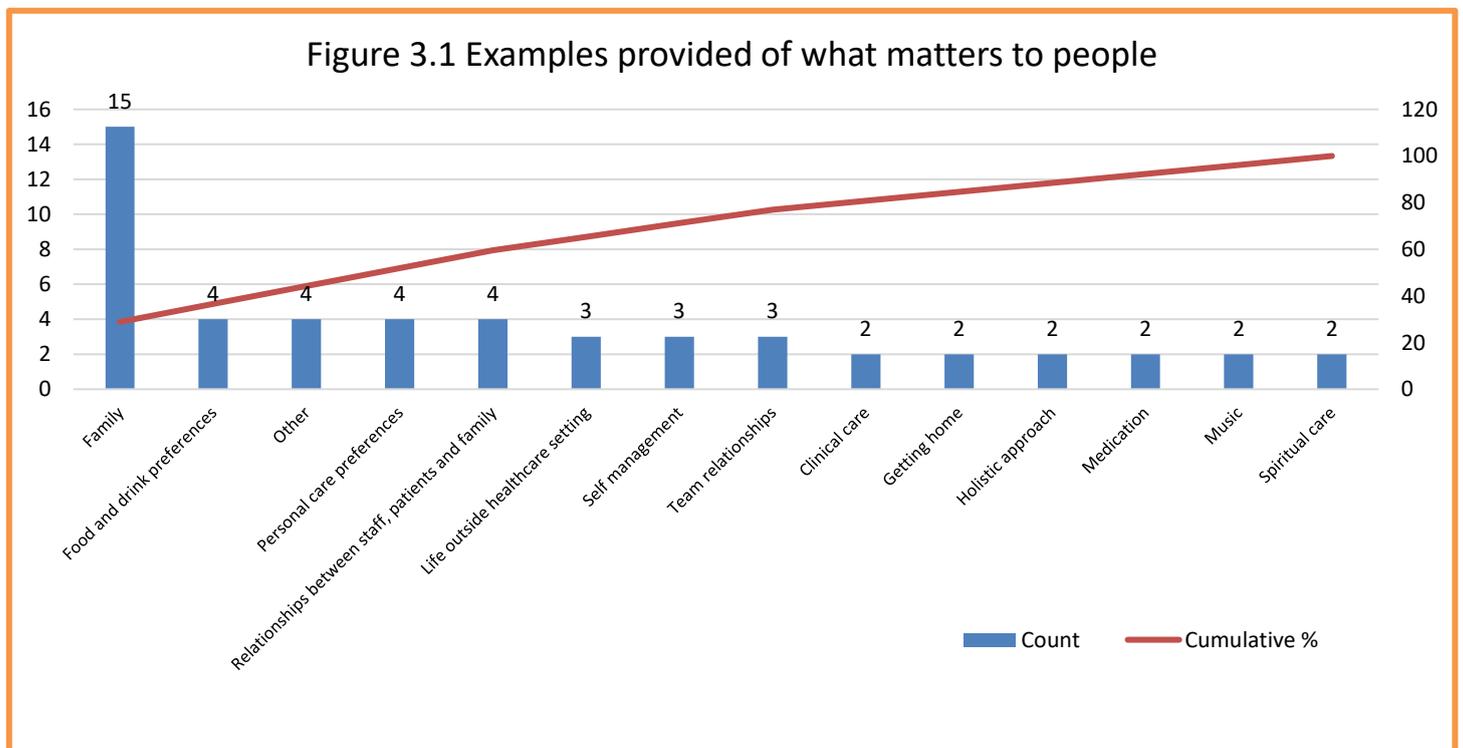
Staff feedback identified themes relating to working within a positive environment, being listened to and being informed, as what matters to them. This highlights the importance of effective communication. The challenges faced during the pandemic in relation to the provision of adequate staffing to deliver care was fed back during discussions. This is and will continue to be raised through LD Inpatient Senior Management, LD Inpatient Quality and Care Governance meetings and the LD COVID planning meetings. The response of staff working during the pandemic has shown the commitment to the delivery of person centred care in the most challenging of times.”

3. Listen to what matters

The aim of NHSGGC's WMTY22 activity was to encourage people to share the approach they have taken to WMTY conversations and the impact of these, to support learning and reflection about embedding this activity year round.

We consequently asked people to share examples of what people had said mattered to them during WMTY conversations, to support us to understand more about the conversation that had taken place.

Figure 3.1 shows the themes of the responses shared with us, when we asked people what mattered to them.



The depth and context provided for each of these examples enables us to understand at a more meaningful level what matters to people. Key themes about what matters most to people were:

- Spending time with family, either while in the healthcare setting, or to be discharged as soon as possible in order to be able to do this.
- Food and drink preferences, for example having a cup of tea first thing in the morning.

- There were many unique examples shared of what matters to people, demonstrating why it is important to ask the question and not assume that we already know the answer. For example, one patient said:

“Staff asked me [WMTY?] And I said PlayStation games matter to me. They said they will look to see if they have any resource to buy additional games for me.”

- Personal care; to have for example their hair done as they would at home.
- Mutually respectful relationships between people receiving care, family members and staff.
- Life outside of NHSGGC matters, whether a patient, service user, resident; family or staff member.
- Support to manage one’s own condition, symptoms or recovery where possible.
- Staff members fed back about WMTY conversations with colleagues, where it transpired that positive working relationships were what mattered to them.

In addition to specific focused activity on WMTY22, teams across NHSGGC routinely listen to what people say matters most to them, as illustrated in section 3.2.

3.2 Case study: Hunterhill Care Home

Hunterhill Care Home have embraced the WMTY approach, as can be seen in a short video linked in Figure 3.2.

The [video](#) focuses on the difference made by listening to Lillian, one of their residents, about what mattered to her following a hospital admission.

Senior social worker Maria explains how truly listening to Lillian about what mattered to her was essential in designing her rehabilitation plan with her and her children.

Liza King, Practice Development Nurse, reflects

“It’s really unbelievable, the difference in Lillian. You can see in the video how she is now; before her family had got involved in her care, she was so frail and not getting much enjoyment out of life at all.

Her improvement is all down to that conversation – by really listening to what Lillian was saying mattered most to her, and thinking about how we could use this as a positive influence on her care, the team have been able to support her to turn things around.”



Figure 3.2 WMTY22 Video – Hunterhill Care Home

4. Do what matters

On WMTY22, people were encouraged to share what mattered to them with their local teams, to support local person centred learning and reflection, and the ability to directly do what matters to people in that specific context.

4.1 Case Study: Leverndale Hospital

As part of the WMTY22 celebrations at Leverndale Hospital, a patient observed

“sometimes the longer you stay in hospital, the fewer ‘normal social interactions’ you have with people.”

Upon further exploration, the patient explained that she missed the conversations she had with a cashier in the shop, or small talk at the bus stop, or having a blether with the bus driver.

At this point, the team had a wider discussion about how this could be facilitated on the Leverndale Site. Shaun Maher, who was visiting to take part in the WMTY22 celebrations, observed that he had seen prompts in other areas (for example, signs on tables to encourage people to strike up a conversation with one another, as shown in Figure 4.1) that could help facilitate these type of conversations with strangers.

The Leverndale team reflected that

“this wonderful conversation and brainstorming of ideas is something that we will be taking forward.”

With a few modifications to ensure it fits their context (for example, with frequently updated conversation starters on the posters), the team plan to submit this as a proposal to Leverndale’s ‘Design in the Dale’ group, so people on the Leverndale campus are supported to strike up an everyday conversation with others on site, if they wish to do so.

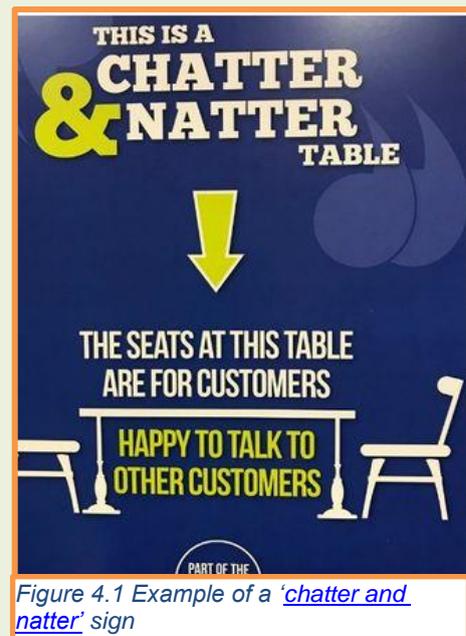


Figure 4.1 Example of a [‘chatter and natter’](#) sign

4.2 Benefits of WMTY conversations

People across NHSGGC were asked if they felt the WMTY conversations they described had an impact on their care. Key themes from responses were:

- Many staff members felt that asking, listening and doing what matters for/with people receiving care was already an established part of their routine practice.
- People receiving care reinforced that WMTY conversations help staff get to know them as a person, and set goals in collaboration with them.
- People emphasised how important it was to ask every individual what mattered to them, instead of assuming that they would already know the answer.
- Some staff reflected on the fulfilment they gained from doing what matters for/with people. For example, a staff member shared;

“I've been doing this job since 1984. If I can make someone feel a bit better in my shift by doing that wee thing for them that matters to them, it makes me feel better to know that I've done that. I always think, ‘that could be my mum lying in that bed’. I want them to be treated the same way as I would treat my mum. Anyone coming into this profession should turn around and say 'that could be my mum or dad'.”

- In some cases, there is a positive impact of simply having the conversation in the first instance. For example this patient in a mental health ward reflected;

“What matters to me is that the staff are approachable and if I have something to say I can go and ask. I can speak to anyone and they will listen, and this is half the battle having decent people listening and understand how I'm feeling. Having a chat makes me feel as if hearing voices isn't a stigma but staff treat and listen to me with compassion.”

The case study in section 4.2.1 is another example of the improvements that can be achieved after asking, listening, and doing what matters to someone.

4.2.1 Case Study: North East Glasgow Health Visiting

Anna Marshall is a Dental Health Support Worker. She shared:

“Due to COVID a family I worked with have not been able to... get all the family's teeth checked as they have not been checked over 2 years...

I spoke with the family and asked if they were happy to travel a bit longer than usual ... I passed all the family's details to the dental practice and arranged for all the family to go for their check up together.

In a roundabout way I have always asked these questions to the families that I visit, as I am there to listen to what they need and help them as best as I can to make sure they are happy with the service I deliver.”

Different areas of practice are also progressing their own local improvements and plans to embed the approach to do what matters to people on WMTY day and throughout the year, as can be seen in the case study below.

4.3 Case study: Enhancing the WMTY approach in the Care Home Collaborative

The Care Home Collaborative (CHC) was established to work with and further support care homes during and in recovery from the COVID-19 pandemic. The CHC is based on the principle of bringing people together across the many different groups, organisations and professions already working within and alongside the care home sector and for those groups to work collaboratively towards a shared goal.

That goal is in the spirit of learning, sharing and improving together to ensure the best possible lives for care home residents aligned to What Matters to You conversations.

For WMTY22, the CHC worked collaboratively with partners from West Dunbartonshire and Renfrewshire HSCPs and Scottish Care to support local Care Homes to start WMTY conversations and build momentum for next year. Seven care homes in total took part, including residential, nursing, statutory and independent Care Homes.

Activity co-ordinators and other care home staff joined in and encouraged residents, family members and staff to take part in activities, games and competitions designed to start WMTY conversations and have fun whilst highlighting what mattered to them. The CHC supported on the day with Healthcare Support Workers (HCSW) allocated to the Care Homes who requested this. The HCSW also provided pledge cards to capture the conversations and promotion of a balloon arch activity designed to increase visibility and interaction with residents, families and staff.

The CHC plan to build on this year's engagement by encouraging early conversations laying the foundation for WMTY23 and year round by:

- Highlighting this year's activity and expanding the approach across all HSCP's
- Specific engagement work with HSCP stakeholders to gain local buy in through Engagement Leads, Wellbeing Co-ordinators and Communication Teams.

- Scoping training needs for CHC Team members to utilise WMTY conversations on an ongoing basis for feedback with Care Home staff and residents (for example, by building on WMTY22 sessions delivered to the CHC by Tommy Whitelaw from the Health and Social Care Alliance, as pictured in Figure 4.3).
- Creating an Activity Co-ordinator Network – learning from this year highlighted that Activity Co-ordinators were central to the co-ordination of resources and activities. Supported by Managers and other care staff, the role of co-ordinator is key to laying the foundations that support the regular use of WMTY conversations. The network would support co-ordinators to learn from each other by sharing ideas and best practice throughout their care homes.



Figure 4.3 Tommy sharing the benefits of the WMTY approach with the CHC

5. Evaluation and recommendations

WMTY22 provided the opportunity to share the positive impact of having WMTY conversations in different care settings, and further encourage the use of this approach.

The PCHC team and WMTY Day Planning Group have taken the time to reflect on WMTY22, to support future planning for WMTY23 and to encourage asking, listening and doing what matters to people every day.

5.1 Communications

5.1.1 What worked well

“The WMTY22 videos made in the Paediatric Intensive Care Unit actually created even more WMTY conversations following on from them – they created a buzz, people felt empowered by their story being shared.”

WMTY Planning Group member

As previously outlined, communications activity this year saw an increase in the breadth of services represented (in particular non acute services), and the number of video resources available. These illustrated in a more engaging and applicable way, how WMTY approaches can be of benefit in different contexts. A particular improvement has been patients and family members sharing their experience of the impact of a WMTY approach, in their own words.

As in previous years, social media activity successfully raised the profile of WMTY approaches, as demonstrated by the international visibility of Glasgow on Twitter.

5.1.2 What could be better

Starting communications activity earlier would give more opportunity to raise awareness and provide advance notice of the day.

A group member also observed that there could be more WMTY stories shared by people receiving care or their families. Linked to this, the only public facing communications tool used was social media; communicating via the press, and the Involving People Network (a mailing list with approximately 60,000 members of the public and community groups), could encourage further participation by people receiving care and their families, and elicit more examples of the positive impact of this approach.

5.2 Planning Group

5.2.1 What worked well

WMTY22 saw the establishment of NHSGGC's WMTY Day Planning Group. This group helped to achieve the aim of WMTY day by:

- Communicating with local teams to support and encourage local activity, and championing the approach;
- Providing case studies to be developed into WMTY22 communications resources;
- Generating new ideas and enthusiasm for the approach in areas of practice who had not previously taken part in the day.

Members of the group valued the opportunity to:

- hear from other areas of practice what their plans were, for example a group member reflected;
“I enjoyed meeting people from all different services across NHSGGC to hear about their plans but also to offer support.”
- link with Corporate leaders and plans for the day;
- build on their own personal development;
- tailor WMTY conversations to fit each context, rather than asking ‘what matters to you’ more generically.

5.2.2 What could be better

Ensure the membership of the group represents all areas and outputs from the group are also cascaded through traditional management and professional structures.

Broaden the perspective and involvement of people in the group by inviting membership from those with lived experience of receiving NHSGGC services.

5.3 Resources

5.3.1 What worked well

NHSGGC provided an unprecedented level of funding to support the printing of WMTY22 resources; these were very much appreciated by local teams to raise the profile and visibility of the campaign and act as a visual reminder throughout the year about asking what matters, listening to what matters and doing what matters every day.

5.3.2 What could be better

Some services were not able to access resources to support activity on the day, whilst other services received more resources than they needed.

The WMTY resources and communications campaign could also be contextualised and targeted to people from communities who were less visible in participation this year (for example, people with English as a second language) by engaging with the Third Sector and others with established relationships with these communities, to encourage greater participation.

5.4 PCHC Team conversations

5.4.1 What worked well

This year, the PCHC Team spoke to patients, families and staff in clinical areas, and asked them to share their experiences of WMTY conversations; the approach taken and impact of these. These conversations served well to surface examples of best practice and impact, in addition to providing an opportunity to reinforce key messages with teams spoken to on the day.

5.4.2 What could be better

However, clinical teams' ability to participate varied; some teams did not have capacity to undertake WMTY conversations on the day, others were unaware of the planned PCHC visits, while other teams were able to share their experiences and memories of effective WMTY conversations to support learning.

This meant that time could have been more effectively targeted to hear from greater numbers of people about their best practice examples.

This will be discussed with the WMTY Day Planning Group, to consider other potential mechanisms for surfacing peoples' positive experiences and learning from WMTY conversations.

5.5 Recommendations

These reflections and learning will be incorporated into plans for WMTY23 through the following recommendations:

- Launch the communications campaign in May 2023, to build momentum and give staff as much time as possible to prepare
- Strengthen reporting lines so that group members and other colleagues are clear on their respective roles and responsibilities in planning activity for the day
- Invite people with lived experience of receiving care to join the group, to offer their perspectives and ideas to support the achievement of WMTY23 aims
- Source funding in December 2022 to enable resource ordering to commence
- Seek key contacts via Chief Nurses/ Midwife for resource delivery to ensure that each of their teams receive adequate/proportionate resources
- Link with the third sector in the GGC area to promote WMTY activity with different community groups
- Share WMTY stories throughout the year, to heighten awareness of the importance of asking, listening and doing WMTY and further embed the approach every day, maintain visibility of the approach and illustrate how it can be tailored for different contexts
- Discuss with the WMTY Day Planning Group other potential mechanisms for surfacing peoples' positive experiences and learning from WMTY conversations.

‘What Matters To You?’ Day

2022 Report
October 2022