

‘What matters to you?’: supporting more meaningful conversations in day-to-day practice

A multiple case study evaluation

The Evidence and Evaluation for Improvement team (EEvIT)

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1. Introduction

Purpose

‘What matters to you?’ is an initiative encouraging more meaningful communication between people who provide health and social care and the people they support or care for. A wide range of organisations have engaged with the ‘What matters to you?’ initiative day in Scotland, developing activities that support more meaningful conversations with people receiving care. However, sustaining the application of ‘What matters to you?’ in day-to-day practice can be challenging. This evaluation report explores the lessons learned from how three different organisations have successfully applied ‘What matters to you?’ in their day-to-day practice and the factors that have contributed to this success.

The initiative

Each year on 6 June, care providers are encouraged to hold ‘What matters to you?’ conversations with the recipients of care. The purpose of the conversation is to understand and act on what matters most to the person receiving care. The motto: **‘Ask what matters, listen to what matters, do what matters’**, is intended to help people think of the conversation as being tailored to the needs of the person.

The rationale for the initiative is to raise awareness of the importance **of relational aspects of care** by encouraging interactions that revolve around the individual needs of people in need of health and/or social care. This is directly tied to NHS Scotland’s ambition to create a health and social care system that is person-centred, safe and effective¹. Despite the importance of this ambition, the current climate of time constraints in health and social care settings often makes it difficult to prioritise interpersonal aspects of care over seemingly more pressing tasks. Therefore, encouraging people to engage in ‘What matters to you?’ conversations is expected to bring relational aspects of care back into focus.

How the initiative is co-ordinated

Healthcare Improvement Scotland was commissioned by the Scottish Government to establish a working group that plans and co-ordinates the ‘What matters to you?’ day every year. The working group includes representatives from health and social care organisations, third-sector organisations and members of the public. These representatives carry out various roles in the initiative which include but are not limited to:

- promoting the day with leaders and practitioners across Scotland
- developing resources that encourage ‘What matters to you?’ conversations and make them freely available in printed and downloadable formats

¹ <https://www2.gov.scot/Topics/Health/Policy/Quality-Strategy>

- encouraging people who take part in initiative activities to share their approach and showcase it through the ‘What matters to you?’ website, and
- capturing feedback about the day through various mechanisms including a survey, learning and impact templates, emails and social media sites².

Achievements to date

To date, the campaign has reached thousands of people across a wide range of health, education, social care and private sector environments as seen by the campaign social media presence (@WMTYScot and #WMTY18). Scotland is now considered an international leader in this movement which grew from 2016 to involve a total of 30 countries and more than 2,000 teams in 2018. The Scottish approach has been shared in workshops internationally including Brazil, Canada, the USA, Saudi Arabia, Malaysia and Australia. Healthcare Improvement Scotland has also played a role hosting and co-ordinating some of the international activity that takes place on or around ‘What matters to you?’ day each year.

Much has been already been learned from the initiative, which has opened up doors for future work on continuing to spread the reach and impact of these conversations. Many individuals have shared their conversation experiences and outcomes, which have been documented and shared through a series of case studies³. Themes identified throughout these case studies indicate that some of the positive outcomes resulting from ‘What matters to you?’ conversations include the following:

- people received care that was more representative of their individual needs
- health and social care services were delivered more efficiently, and
- staff members experienced more job satisfaction.

This learning also suggests that the greatest barrier to benefiting from these positive outcomes in the long-term is finding how to sustain and embed ‘What matters to you?’ in day-to-day practice.

About this study

The aim of this study is to expand on the learning from the ‘What matters to you?’ initiative by exploring how organisations have been successful in applying the principles of the initiative in day-to-day practice. Considering this aim, it is important to identify what **enabling factors** have helped healthcare organisations to support and sustain more meaningful conversations, and what **barriers** there are to doing so and how these have been overcome. By identifying enablers and barriers, the ‘What matters to you?’ working group, leaders and practitioners

² <https://www.whatmatterstoyou.scot/share-your-learning/>

³ Healthcare improvement Scotland. ‘What matters to you?’ day case studies. 2018. Available from: <https://www.whatmatterstoyou.scot/home/matters-day-2018-summary/>

can consider how to open up doors for future sustainability. This study addresses the following questions:

- How have particular healthcare organisations applied ‘What matters to you?’ in their day-to-day practice?
- What lessons can be learned about the enablers and barriers to using ‘What matters to you?’ in practice and the specific actions that have helped overcome barriers?

In order to answer these questions, this study adopted a **multiple case-study approach**. Three organisations in Scotland constitute the cases. The three settings were purposively selected on the premise that they had engaged with the ‘What matters to you?’ initiative over two to three years, increasing the potential learning from the cases. The cases varied with respect to geographical location, size, type of patient population and workforce composition.

The findings from this study are described in two sections:

- **The first** explains the actions that were taken **on each of the cases** to apply ‘What matters to you?’ in their daily practice and
- **The second** offers a **developed account** of the enabling factors, barriers and practical solutions to those barriers that were identified as recurrent themes **across the cases**.

Clarifying concepts

Is ‘What matters to you?’ just a question?

‘What matters to you?’ day encourages practitioners to **ask** a question focussed on what matters to the person, to **listen** to the service users’ answer and then take action to offer more personalised care. In this report, the sum of these three actions is referred to as the **‘What matters to you?’ approach**.

Is ‘What matters to you?’ meant to happen during the initiative day or beyond?

The ‘What matters to you?’ day is primarily concerned with encouraging practitioners to begin using the approach or for those already working in this way, to engage with good practice. This report is mainly concerned with **the application of the ‘What matters to you?’ approach as a sustained practice beyond the initiative day**.

2. Methodology

A multiple-case study approach was adopted to elicit qualitative (text-based) data in order to address the study questions.

Selecting the cases: purposive sampling

A case study design deliberately includes a limited number of cases to enable a detailed and in-depth exploration of the data. A purposive sampling strategy⁴ was used to identify cases for inclusion, as this type of sampling is more likely to maximise the learning from the cases. This approach enables the identification of cases that illustrate particular features of interest. For the purpose of this study, **inclusion criteria** were developed to select cases that depicted successful implementation and sustainability of the ‘What matters to you?’ approach. Members from the ‘What matters to you?’ working group offered their input to help design the inclusion criteria listed in Table 1:

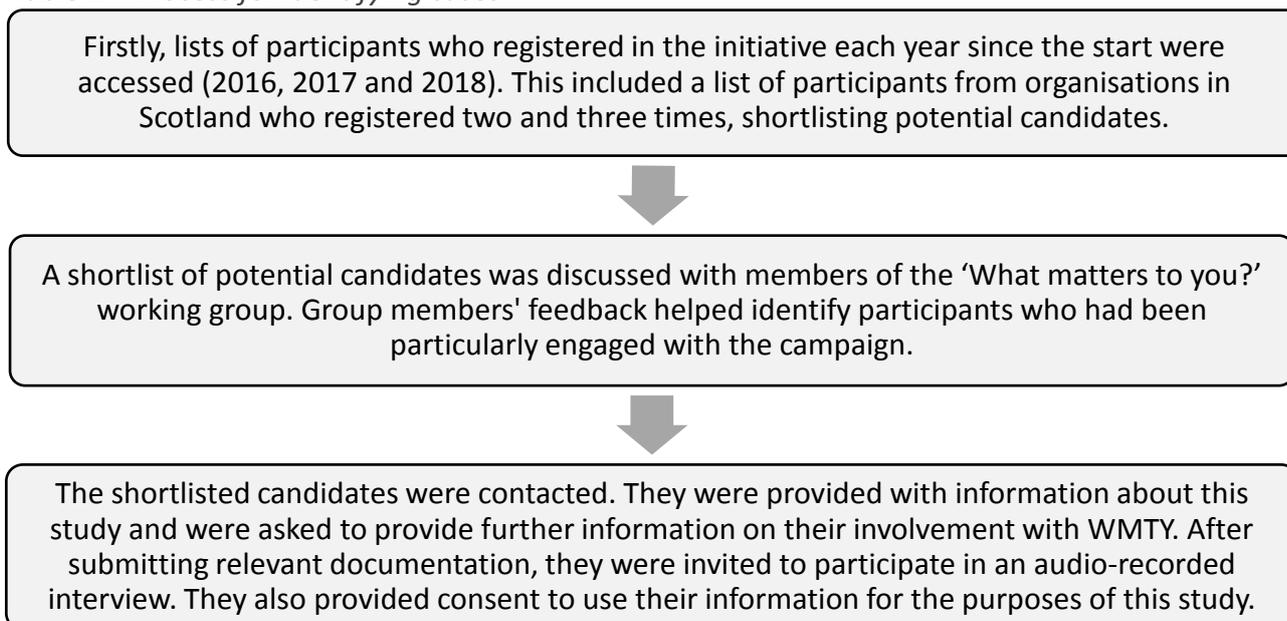
Table 1 – Inclusion criteria

<input checked="" type="checkbox"/>	The case must represent a Scottish health, social care or third sector organisation
<input checked="" type="checkbox"/>	The case must have registered for the ‘What matters to you?’ initiative for at least two years to demonstrate prolonged engagement with the initiative
<input checked="" type="checkbox"/>	Each of the cases must represent a different type of care setting to showcase ‘What matters to you?’ implementation under a range of contextual conditions
<input checked="" type="checkbox"/>	Each of the cases must provide documented evidence of ‘What matters to you?’ conversations taking place beyond the day on the 6 th June

The researcher carried out the activities presented in Table 2 to select cases:

⁴ David Silverman, ‘Generalising from Case Study Research’ in *Interpreting Qualitative Data* (SAGE, 2018)

Table 2 – Process for identifying cases



There are three main reasons why this approach was adopted to address the key questions:

1. Multiple case study design

Multiple case study design is when a small number of cases are used to conduct an indepth inquiry, in order to account for the contextual factors that surround the phenomenon of interest. By using case studies in this study, it is possible to deeply explore how three organisations implemented ‘What matters to you?’ conversations, which can provide a more detailed and fuller understanding of what factors help or hinder implementation in different contexts.

2. Qualitative data

Relying on textual data instead of purely numerical information makes it possible to account for the diversity of practices, contexts and occasionally conflicting participants’ attitudes that can be potentially found when exploring complex phenomena, such as ‘What matters to you?’ implementation. A rigorous and systematic thematic analysis of qualitative data from different cases has the potential to build a multi-factorial explanation that accounts for that diversity.

3. Data collection informed by prior documentation

A two-stage approach was taken to data collection. Firstly, prospective participants were contacted and asked for documents that could provide evidence of prolonged ‘What matters to you?’ implementation and the types of ‘What matters to you?’ actions regularly taking place on the case. Further interviews were conducted with participants from the cases that were able to provide this documentation. This way, the researcher was able to refer back to the descriptive information from the documents during the interview stage.

4. Data analysis

The audio-recorded data from the interviews were transcribed and anonymised. The documentation and interview data were grouped together by case and entered into the qualitative data analysis software package NVivo 12 designed to facilitate the analysis of extensive text-based data. The overall analysis strategy was to work the data ‘from the ground up’ to enable a thematic analysis following Braun and Clarke’s (2006)⁵ analytic framework. Topics repeatedly mentioned were grouped together into themes through interpretative efforts supported by frequency counts enabled through the NVivo systematic coding system. This process was first conducted on each of the cases individually. After the first stage, the most predominant themes across all cases were selected to conduct a cross-case thematic analysis.

Eliciting qualitative data through a multiple case study design

Data collection involved a series of **semi-structured interviews** with representatives from each of the three cases was conducted after a documentation review stage (see Table 3).

Table 3 – Data collected for each case

Case	Data collected
1 Intensive Care Unit (ICU) Glasgow Royal Infirmary	<ul style="list-style-type: none">• ‘Learning journey’ report, and• 16 face-to-face interviews with 9 nurses, 3 consultants, 1 physiotherapist, 1 clerk and 1 member of cleaning staff.
2 North Ayrshire Health and Social Care Partnership	<ul style="list-style-type: none">• ‘What matters to you?’ 2019 impact report• Strategic Planning and Operational Group report on ‘What matters to you?’, and• phone interview with HSCP manager.
3 Specialist Learning Disability Inpatient Services, NHS Greater Glasgow and Clyde	<ul style="list-style-type: none">• information provided via e-mail, and• phone interview with practice development nurse.

Limitations of this study

Working with a small number of cases made it possible to conduct an in-depth exploration of the data in order to identify the common lessons learned across different settings that are transferable to other health and social care settings. However, this can also mean that the findings of this study may be idiosyncratic and only applicable to organisations that have some features in common with the selected cases.

⁵ Virginia Braun & Victoria Clarke, Using thematic analysis in psychology, *Qualitative Research in Psychology*, 2006, 3:2, 77-101

3. Case studies: ‘What matters to you?’ in day-to-day practice

Case study 1: Glasgow Royal Infirmary Intensive Care Unit, NHS Greater Glasgow and Clyde

The Intensive Care Unit (ICU) team at the Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde has been involved with the ‘What matters to you?’ initiative since the outset in 2016.

Who is involved in ‘What matters to you’ conversations?

- All the members from the ICU multidisciplinary team initiate ‘What matters to you?’ conversations, including nurses, doctors, physiotherapists, cleaning staff, etc.
- Patients with high dependency but no need for intensive care are more physically able to engage in and sustain conversations than patients requiring intensive care.

How and when do these conversations take place?

When the approach was first tried in the unit, patients were encouraged to write down what matters to them on ‘What matters to you?’ boards. However, this approach did not always work due to the clinical needs of the patients so the method was adapted and now it is entirely based on having a conversation to establish a relationship.

‘What matters to you?’ conversations take place every day. There is not a specific time in the day when the conversations happen, as the health care team approach individuals depending on each member of staff’s individual preferences and type of duties.

How staff act on ‘What matters to you?’

Beyond formal administrative procedures, daily informal actions taken by staff also demonstrate how ‘What matters to you?’ is being applied in the daily practice of the unit. Some examples are noted below.

- A nurse is informally appointed every day as a **‘champion’** for ‘What matters to you?’. The appointed champion usually wears a ‘What matters to you?’ badge.
- The champions occasionally act as **mentors** and **share positive previous ‘What matters to you?’ experiences** to give ideas to other team members.
- Members of the team **liaise with teams** in other units to take joint action on ‘what matters’ to the patients e.g. liaising with library staff to provide patients with reading material.
- The nurses occasionally discuss ‘What matters to you?’ answers from patients during their shift **handovers** so that the incoming nurse is aware of the patient’s wants and needs.
- As part of the **induction** for **new or rotational staff**, instructors from the ICU team explain that ‘What matters to you?’ is embedded into the culture of the unit to ensure person-centred care.

- ‘What matters to you?’ is incorporated into the **staff’s morning huddles** to prompt staff to ask ‘what matters’ to each other and/or to discuss what patients have mentioned upon being asked, if relevant.

Sustaining ‘What matters to you?’ in practice

Administrative mechanisms

The ‘What matters to you?’ approach was incorporated into administrative procedures of the unit to ensure that asking the question becomes **standard daily practice**. Examples of paperwork that now incorporate a ‘What matters to you?’ section include the **‘getting to know me’ form, the ‘daily goals sheet’ and individual care plans**.

‘What matters to you?’ conversations inform quality improvement projects

Data gathered and noted through administrative tools are entered and grouped together on an Excel spreadsheet. The assembled information is reviewed by staff to identify themes which subsequently inform the design of internal quality improvement (QI) initiatives. Examples of themes that have informed QI projects on the unit to date are **sleep and nutrition**.

Highlights from this case study: driving factors of success

- ✓ There is a **formal tracking system** in place supported through ‘What matters to you?’ sections in paperwork that ensures that ‘What matters to you?’ is a regular occurrence.
- ✓ Members of the team have developed an **informal multidisciplinary support network** to take a collective approach to ‘What matters to you?’. All members of staff, regardless of professional background, regularly communicate to ensure that ‘What matters to you?’ is a regular occurrence.
- ✓ As the culture formally and informally supports the ‘What matters to you?’ approach, ‘What matters to you?’ conversations become **normalised**, which allows patients to feel more comfortable and confident when communicating with ICU staff about what matters to them in relation to their own care.

Case study 2: North Ayrshire Health and Social Care Partnership

The North Ayrshire Health and Social Care Partnership (HSCP) has been involved with the ‘What matters to you?’ initiative since 2017. Building on the success of how North Ayrshire applied the ‘What matters to you?’ approach, it is currently being extended across the East and South Ayrshire health and social care partnerships, with the goal to adopt a unified Ayrshire-wide approach to ‘What matters to you?’. **This case study specifically refers to the actions taken by the North Ayrshire HSCP.**

Developing a strategic approach

In 2017 the North Ayrshire HSCP embraced ‘What matters to you?’ **as part of their strategic plan consultation process**. At that point, it was established that ‘What matters to you?’ should be a regular occurrence and that the necessary mechanisms be put in place to ensure its success in the North Ayrshire region.

In 2018, a **steering group** was established to coordinate their **champions-based approach** (explained below) in North Ayrshire.

In 2019, **the Ayrshire and Arran Strategic Planning and Operational Group** formally approved a proposal for a coordinated Ayrshire-wide approach to promote ‘What matters to you?’ across health and social care organisations across all Ayrshire and Arran regions. Four steering groups have been established to plan initiative days and strategies to spread ‘What matters to you?’ conversations across teams and services. These are the two formally established objectives for the steering groups:

- develop the approach for ‘What matters to you?’ celebrations each year during the initiative day, and
- develop a strategic approach to encouraging more ‘What matters to you?’ conversations to happen on an ongoing basis, across teams and services.

Spreading ‘What matters to you?’ using a champions-based approach

In 2018, North Ayrshire HSCP developed a champions-based model to spread the ‘What matters to you?’ approach across health and social care organisations in the region. The process behind the model is noted below.

- In the run-up to the ‘What matters to you?’ initiative day, HSCP managers nominated ‘What matters to you?’ champions for each of the health and social care services across the partnership. Champions were invited to register and attend an informative session about what the ‘What matters to you?’ approach is about.
- After being informed about the initiative aims, ‘What matters to you?’ champions led and coordinated conversations across their service, encouraged colleagues to get involved, facilitated post-‘What matters to you?’ discussions, captured feedback about the day and tracked progress of ‘What matters to you?’ actions following the initiative day.
- In the four weeks following the ‘What matters to you?’ initiative day, the champions held a discussion session to share the number of conversations they had, the change resulting from those conversations as well as the benefits and challenges of taking part. Each of the teams decided on one change that they would make for their service and agreed on a change for the wider service area. This feedback was then returned to the heads of service across all health and social care directorates.

Public involvement

Several months after the ‘What matters to you?’ initiative day, a public event was held to celebrate the implementation of ‘What matters to you?’ conversations. During this day, ‘What matters to you?’ champions publicly shared what had been learned and the changes that had been made since joining the initiative.

Staff from the services, people who accessed their services and benefited from ‘What matters to you?’ conversations, as well as their carers attended the event. After a series of presentations from participating services, time was devoted to round table discussions where attendees were asked: “How can we make sure these conversations happen every day?”. The insights from these discussions were documented and included in a report documenting the impact of ‘What matters to you?’ on North Ayrshire HSCP in 2018.

Highlights from this case study: Driving factors of success

- ✓ Relying on a champions-based model **facilitated communication and coordination** between HSCP managers and service practitioners.
- ✓ Practitioners from the health and social care organisations across the partnership attended a standard training session, but they were given freedom to **adapt the ‘What matters to you?’ approach to fit their service.**
- ✓ Follow-up events kept staff motivated and engaged with the approach as that gave them an **opportunity to share their learning and changes** resulting from ‘What matters to you?’ conversations. As this event was open to the public, service users who benefited from ‘What matters to you?’ conversations were able to see that actions had been taken as a result of the conversations.
- ✓ East and South Ayrshire are **building on the learning** consolidated from North Ayrshire efforts to implement their approach.

Case study 3: Specialist Learning Disability Services, NHS Greater Glasgow and Clyde

This case study reports on the actions taken in three specialist learning disability services in NHS Greater Glasgow and Clyde. While each of the units offers specific services, all of them provide **specialist in-patient care for people with a learning disability**. Each of these services embedded ‘What matters to you?’ conversations through a coordinated approach across the three units starting in 2016.

When do ‘What matters to you?’ conversations take place and who takes part?

Learning Disability Week runs in May every year and the ‘What matters to you?’ initiative day occurs in early June. These disability services already actively participated in Learning Disability Week when they integrated ‘What matters to you?’ conversations into the activities of the week. During Disability Week, nurses as well as community teams and other support staff engage with service users during various activities and training sessions.

Given that communication is difficult for many of the service users, staff are encouraged to actively explore conversational strategies, tools and resources to support individual 'What matters to you?' conversations. While 'What matters to you?' becomes an explicit focus in Learning Disability Week, staff also carry out the following 'What matters to you?'-related activities throughout the year using 'What matters to you?' boards and life-story work.

'What matters to you?' boards

Service users have traditionally had weekly one-to-one sessions with members of staff in these units. The one-to-one sessions ensure that staff provide individual support, tailored to the specific needs of each individual. Additionally, a **'What matters to you?' whiteboard is allocated to each user** since 'What matters to you?' was implemented. Nurses and support workers fill out these boards with the information about what matters to the individual that they have gathered during the one-to-one sessions. The boards are populated by pictures and/or words depending on the individuals understanding and communication needs.

The information displayed on the board is routinely reviewed by members of the team. By revisiting, service providers are able to better identify and understand patient care preferences that might be helpful to better support them in their health and social care journey. Additionally, this information serves as a prompt for staff to engage in a personal conversation with a patient, and to check whether the board needs to be updated or not.

Life-story work

Life-story work was first introduced in the units during Learning Disability and 'What matters to you?' weeks in an attempt to identify what really matters to the individuals accessing this service and to find more personalised ways of support. It serves as an intervention, where the service user creates a **'life-story book'**. While the book may be a physical book, this is not a requirement; for example, the book can also be in the form of a box. This 'book' includes stories or objects that represent events in the life of an individual. Completing a 'book' for service users makes it possible **to engage with them at a personal level, particularly when their mental or physical health deteriorates.**

Other actions

Examples of how 'What matters to you?' is present during the daily work of these services are noted below.

- **'Graffiti wall'**: members of staff and service users are encouraged to write what matters to them about the service. This information is reviewed and acted upon if necessary.
- **'What matters to you?' appendix in 'considerations of care' paperwork**: 'considerations of care' is a document used to support care and treatment plans among service users with learning disabilities as well as palliative care needs.

Highlights from this case study: Driving factors of success

- ✓ 'What matters to you?' was **combined with other work** that was already happening across the unit (during routine one-to-ones and with a particular focus during Learning Disability Week). Considering that the 'What matters to you?' conversations are aligned with the work-stream of the organisations, less additional time was required to conduct 'What matters to you?'-related activities.
- ✓ Identifying the potential communication difficulties of users accessing these care services was an important step in ensuring the success of 'What matters to you?' conversations. By anticipating challenges, staff could better **overcome communication-related difficulties**, by utilising tools and resources to engage users in 'What matters to you?' conversations irrespective of their particular communication difficulties.

4. Lessons learned: enabling factors, barriers and solutions

This section presents the findings from a cross-case thematic analysis that identifies four enablers, and four barriers (and the solutions adopted to these), that explain the lessons learned about the common factors contributing to success in the experience of each organisation.

Enabler: adopting a flexible, non-prescriptive approach

Substantial variation exists between health and social care organisations across Scotland with regards to services offered, service user needs, organisational size, resources, workforce composition and openness to adopt external initiatives. In light of this variation, findings from the North Ayrshire HSCP case study illustrate how their approach to adopting ‘What matters to you?’ across different organisations in the partnership required a flexible, champion-based model:

“We relied on a champions-based model to expand the approach. HSCP managers nominated a ‘What matters to you?’ champion from each of the services across the partnership. The champions were invited to a learning session on ‘What matters to you?’ to support them in their role. The champions led, promoted and coordinated ‘What matters to you?’ across their service. The champions had the freedom to adapt the approach to the needs of their service. I don’t think this approach would have worked without them having that freedom”.

Beyond variation across different organisations, differences also exist regarding the individual preferences of team members within one organisation. Team members seem to prefer avoiding prescription in how they must ask service users what matters to them. For example, a nurse from case study 1 (Intensive Care Unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) highlighted the importance of giving staff a degree of freedom to develop their own ‘What matters to you?’ style:

“Because some people were apprehensive about asking the question, we agreed that we should tailor the question to what works better for each of us. We always say there is no right or wrong way to do it as long as it works for you”.

Enabler: combining ‘What matters to you?’ with other work

Participants stressed that asking ‘What matters to you?’ does not occur in a vacuum and that the context surrounding the conversation is likely to influence how the question should be asked. For this reason, a nurse from case study 1 (Intensive Care Unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) emphasised that:

“If you want to sustain the approach, you need to make it meaningful to your service. You can’t just force staff to have de-contextualised ‘What matters to you?’ question-answer style consultation and expect that to last. You need to sneak it into your regular conversations”.

A number of nurses from this case study also reported that in order to make ‘What matters to you?’ meaningful, they incorporate it into their morning greeting to the patient or ask the question while performing clinical tasks. In order to fit the question into their daily tasks, these participants stressed the importance of altering the wording to make the question more meaningful to the context of the patient’s journey.

‘What would be important for you to achieve today?’ is just one example of an alternative wording for ‘What matters to you?’ that keeps the ‘What matters to you?’ principle at the forefront. Furthermore, by incorporating ‘What matters to you?’ into daily tasks, they were able to get more relevant answers which in turn give them that “real-time feedback, a sense of immediacy and a prompt to take action”.

Specialist learning disability services (Case study 3, Greater Glasgow and Clyde) also provide evidence of how ‘What matters to you’ can be successfully combined with other work in order to provide significant benefits within an organisation. This account from a nurse in this service particularly discusses combining ‘What matters to you?’ and a social work intervention called ‘life-story work’, within a learning disabilities residential setting:

“Once, we identified through life-story work that one of our users had been on the Boy’s Brigade (BB) as a child. This user was with us for many, many years but we only found this out when we actively explored what mattered to this patient because these types of conversations do not flow naturally. By identifying that the BB was such an important memory for this user, we were able to incorporate it in further conversations and we kept a BB badge in his box. Also, we found the BB hymn on the internet, we played it and this user would not stop singing the song. He was just showing how much the BB mattered to him”.

Enabler: keeping track of impact

Two types of follow-up mechanisms, outlined below, were identified as helping to keep track of the actions resulting from ‘What matters to you?’ and the benefits this brought in terms of adherence and motivation:

Learning events following ‘What matters to you?’ conversations: from the perspective of North Ayrshire HSCP (Case study 2), the benefits of holding a post-‘What matters to you?’ event were twofold:

“It motivated staff as it gave them a chance to showcase their actions and get recognition for their good work. But it also provided an opportunity for service users to see that actions had been taken in response to the issues raised”.

Incorporating a ‘What matters to you?’ section into paperwork: from the perspective of case study 1 (Intensive Care Unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) the ‘What matters to you?’ section within people’s formal diaries was a useful way to make sure that they ask the question, note the patient’s answer and re-visit the answer at the end of the day to check whether the response has been actioned. This finding suggests that a formal tracking mechanism in place can enhance a sense compliance with the approach.

Enabler: culture that is supportive towards the ‘What matters to you?’ approach

The findings suggest that individual participants are more likely to adhere to ‘What matters to you?’ actions if they feel supported in their involvement both at the following levels:

At the national level

The fact that the initiative represents a national-wide movement seemed to be positively perceived, as a participant from case study 2 (North Ayrshire HSCP) reported:

“One of the reasons why many people seemed to buy into the approach as I was promoting the initiative was the very fact that ‘What matters to you?’ is a national initiative. You know, the feeling that you are not alone in your approach and we are all working towards the same goal.”

Beyond the positive perception associated with the idea of **collective action**, many participants also reported that the support actions undertaken by the ‘What matters to you?’ national working group made them feel well supported in their role.

At the team level

Feeling supported by other team members within the same organisation also seemed to be enhance motivation as reported by one of the nurses from case study 1 (ICU unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde):

“I have worked at other places so I am very well aware of the strong teamwork ethics in this unit. I know that all of us are asking ‘what matters?’ every day and that helps me feel more confident doing it myself. You are just better on the floor when you feel supported”.

Similarly, an ICU consultant from within the same unit reported:

“You can’t just tell a junior doctor: ‘go on and connect with the patient’. If they feel isolated in their approach, it is not going to be sustained. The culture has to support it”.

Barrier: understanding how to ask ‘What matters to you?’

Several health and social care providers explained how some service users might perceive the ‘What matters to you?’ question as an odd or overly vague question so it might be difficult from them to figure out what exactly is being asked. Participants’ experiences suggest that chances of the service users’ misunderstanding increased if they were asked ‘What matters to you?’ questions without context or if they had never been asked this question.

North Ayrshire HSCP (Case study 2) mentioned that staff found it challenging to take action following ‘What matters to you?’ conversations if they only received overly generic answers. Upon reflection, this problem was thought to be the result of asking ‘What matters to you?’ without appropriate context.

A nurse from case study 1 (Intensive Care Unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde), further confirms this impression:

“I always say to the team that it cannot be all about the general things that matter to the patient. Knowing that is good to have a general chat but not good enough to find ways for us to better support that individual. You need to frame the question within the context of the patients’ health journey. That way we get answers that prompt us to make changes in our practice. One needs to be intentional when asking because we cannot change everything”.

In addition, participants commented that providing an answer when asked ‘What matters to you?’ requires **reflection**. For this reason, many service users might not be able to provide a relevant answer straightaway and may require additional time to think about it.

The vague nature of the question is not the only source of confusion. As reported by some participants, some service users have additional challenge resulting from their introspective character, which may cause them to not feel comfortable discussing what matters to their care.

Practical solution: ways to ensure successful communication

When discussing the communication barriers, service providers explained that they are able to mitigate such barriers making reasonable adjustments when necessary to ensure successful communication could occur, these are described below.

Trying different interaction formats

Participants stressed that they must use their judgment and expertise in order to tailor the approach to the needs of the person who is being asked. For example:

- Participants in case study 1 (ICU unit, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) first trialled having interactions prompted by **‘What matters to you?’ boards**. This did not work, as many patients did not have the capacity to write while in the ICU. After realising that the implementation of the whiteboard did not work, they adopted a **purely conversational approach** in this unit which does work.
- By contrast, staff from case study 3 (Specialist learning disability services, NHS Greater Glasgow and Clyde) find ‘What matters to you?’ boards to be a successful tool to communicate with service users with disabilities. Service users’ responses are noted on the whiteboard and this information is made accessible to staff members which helps them to engage with the service users.

This theme illustrates the fact **that there is not a ‘right’ or ‘wrong’ approach to ‘What matters to you?’ interactions as long as they work within the context in which it is being implemented**. Other approaches to ‘What matters to you?’ conversations that have been shared through previous case studies include: tree walls to stick on messages on what matters, feedback cards and forms, group discussions, one-to-one consultations, etc. Trying

out different interaction formats offers the potential to help practitioners what approach is the best fit for the needs of the users in need of their services.

Tailoring the question

Participants reported that it is particularly helpful to **provide additional information** to tailor the question to the context of the service. Additionally, participants explained that they sometimes alter the wording of the question, keeping the ‘What matters to you?’ principle at the forefront. Examples of how service users tweak the ‘What matters to you?’ question include: *What would make your day a bit better? What is important for you within the context of this service? What would you like to achieve today?*

Barrier: time constraints

Many participants said that they would like to have more protected time to spend conversing with the people they support. While they see it as a valuable part of their role, they admit that it is difficult to prioritise it in the light of constant seemingly more urgent demands. The time issue was not only raised when referring to the time spent asking the question, but also to the time required to attend learning sessions as well as to organise and attend follow-up events. Upon reflection of time as a problematic issue, a participant from case study 3 (Learning disabilities, NHS Greater Glasgow and Clyde):

“We all work in very busy environments, there is always something that is more pressing than sitting down and talking. You see that all the time both in primary care and in specialist services. However, taking a moment to engage in meaningful conversation is good for an individual to reflect on what truly matters to them and could be relevant to their own care and also for us to make sure that we are delivering what they really need”.

Fitting ‘What matters to you?’ within the time available

While having more time to work with service users directly may not be feasible, there are some practical solutions that can support ‘What matters to you?’ in the time available for these interactions:

- building ‘What matters to you?’ onto the work already happening within the organisation, and
- participants suggested that it is important to *“not overdo it”* and *“keep it simple”* so that it is not forgotten that it is all just about engaging in meaningful conversation.

An ICU consultant (Case study 1, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) acknowledged that engaging in a ‘What matters to you?’ conversation might actually result in time saved in the long run as he discusses through the following account:

“I like this initiative because I have always thought that if you do not explore what truly matters to a patient on time, what is left unaddressed may chase you up down the road.”

For example, patients might be too scared of the side effects of a medication that I am prescribing so they are not compliant with treatment and quickly deteriorate. However, if I find out about their fear, then I provide the patients with the information needed and reassure them on time, which may save everyone time, effort and energy”.

Barrier: not being able to respond to the patient’s answer

While a number of participants automatically acknowledged the value of ‘What matters to you?’, the approach was not immediately welcomed by everyone. Upon reflection on this issue, an ICU consultant (Case study 1, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde) mentioned:

“Asking ‘What matters to you?’ to patients means stepping out of your routine to do something odd and different. Not different in a huge way, but different enough to feel uncertain about it”.

One of the main reasons for service providers’ discomfort was their common perception that service users might ask for things that are unrealistic or that cannot be provided by individual carers or even the service at large. Therefore, if service providers are required to engage with this initiative, they may feel apprehensive about doing so, because when service users answer the question, there becomes an expectation that they actively respond and deliver services that align with the desired care, which is not always possible.

Practical solution: reframing what ‘taking action’ means

Many participants mentioned that certain actions sparked after ‘What matters to you?’ conversations might be very valuable even if these actions do not involve a practical outcome or material change. Accounts from the data describe how actions following ‘What matters to you?’ conversations may not involve a *tangible or practical* change but can still result in positive outcomes. An example of this type of positive outcomes is the identification of sources for patients’ concern followed by the possibility to address them, as an ICU consultant illustrated (Case Study 1, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde):

“Sometimes, part of being a good doctor is just being able to reassure patients and ease their anxieties. Actually, one of my favourite medical quotes is that our duties are ‘to cure sometimes, to relieve often, and to comfort always’.”

Beyond reassuring patients, other participants reflected upon the **need for patients to perceive that they are involved in the decisions that are made about their own care.**

“Sometimes it is not so much about delivering practical outcomes as the patient’s answer to ‘What matters to you?’ can be very mundane. I think that it is rather about the idea of maintaining their autonomy. If they are perceived to have some sort of control over their own care, then that in itself is positive, particularly in an area like ICU where everything is taken away from them”.

Additionally, participants reported that asking ‘What matters’? helped them **identify unrealistic expectations** that patients held about their health journey. According to their accounts, identifying these expectations opens up a space to **provide the information needed to manage unrealistic beliefs and engage in shared decision-making**:

“What invariably matters to most patients in ICU is getting home soon. For many of them, this might not be achievable for a while so for those, it is about explaining why what they want is not possible, how we can break down their long-term goal and how we can work together to achieve it. For example we can say: ‘you are not able to go home today but you may be able to work a couple of extra steps if we work together’” (Nurse, Case Study 1, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde).

Barrier: “I already do this as part of my day-to-day work.”

Some service providers communicated that ‘What matters to you?’ promotes an approach that is already part of their day-to-day work. This perception seemed to be particularly prominent among members of professions where being able to provide person-centred care that is tailored to each patient’s personal priorities is a starting point.

Practical solution: realising the additional value of ‘What matters to you?’

Some of the participants from case study 1 admitted feeling initial hesitations towards ‘What matters to you?’ on the grounds of lack of novelty to their regular practice. However, many of them also acknowledged that after trying out ‘What matters to you?’ themselves, they realised that ‘What matters to you?’ can drive **positive results that are not possible to achieve through default communication protocols**. For example, an ICU consultant (Case Study 1, NHS Greater Glasgow and Clyde) provided the following reflection on the difference between asking ‘**What can I do for you?**’ and ‘**What matters to you?**’:

“‘What can I do for you?’ and ‘what matters to you’ are different questions by nature. The former is orientated around the individual asking the question as it narrows down the range of possible answers to the limited amount of things a provider can offer. ‘What matters to you?’ is entirely tallied around the needs of the person receiving the question and as such, the range of potential answers is limitless”.

Many participants reported that this unrestricted nature of potential answers to ‘What matters to you?’ helped them realise that they regularly make **assumptions** about what patients want instead of double checking those pre-conceptions with them, as a nurse explained (Case Study 1, Royal Infirmary of Glasgow, NHS Greater Glasgow and Clyde):

“I remember when ‘What matters to you?’ was first introduced I genuinely thought: well, we do it all the time, that’s easy, just document it! And then I got this patient once... I did everything I believed I could do for her and after that I asked her: is there anything that could make your day better? And what she was hoping was something completely different, a really small thing that I could actually provide... I realised then

*that we all make assumptions about what patients want, we can't help it. Very frequently what patients want and need is completely unexpected to you **so this information needs to come from them, through an open question**".*

Several participants also reported that finding out about the patients' personal concerns through asking 'What matters to you?' sparked a more **empathic response** when providing care as they were able to relate to the patient's needs on a more personal level. According to some of their accounts, increased empathy helped them avoid becoming purely "task-oriented" when providing care. This perception is illustrated by the following quote:

"Sometimes I get so caught up on the medical problems, the diagnosis, the treatment, and the blood results that I forget that in front of me there is a person with simple needs and significant worries and my focus is elsewhere. So when I see the section in our paperwork that prompt us to ask 'What matters to you?' I feel that it forces me to do the right thing" (ICU consultant, Case Study 1, NHS Greater Glasgow and Clyde).

This quote seems to suggest that asking 'What matters to you?' creates the conditions to make relational aspects of care a focus even in light of competing demands.

5. Discussion and conclusion

This study aimed to expand on the learning from ‘What matters to you?’ so far by exploring the factors that have helped particular organisations apply the approach in day-to-day practice. With that aim in mind, we adopted a multiple-case study approach whereby three different organisations in Scotland constituted the cases: an Intensive Care Unit, a Health and Social Care Partnership and an in-patient learning disabilities service. A cross-case analysis allowed common patterns across these very different types of organisations to be identified and made it possible to produce an explanatory account of what can facilitate or hinder success when implementing ‘What matters to you?’ under a range of different circumstances.

Table 4 – Enablers

Adopting a flexible, non-prescriptive approach
Different organisations and practitioners within them need to find a ‘What matters to you?’ approach that is tailored both to the needs of the people accessing their service as well as to their individual preferences
Combining ‘What matters to you?’ with other work
‘What matters to you?’ can become a sustainable practice if it is combined with ongoing work within an organisation instead of becoming an add-on activity
Keeping track of impact
Having follow-up mechanisms in place to track progress and positive changes made as a result of ‘What matters to you?’ increases participants’ adherence with this practice. Examples include follow-up events to share learning and formal ‘What matters to you?’ tracking systems incorporated into administrative tools to enhance compliance.
Comprehensive support
Individual participants are more likely to adhere to ‘What matters to you?’ actions if they feel supported in their approach

The findings across the cases illustrate how a number of different enablers can contribute to successful adoption of ‘What matters to you?’ in day-to-day practice (summarised in Table 3). Focus is more likely to be sustained when the ‘What matters to you?’ approach is incorporated into work already happening within the organisation. Aligning the approach with existing work streams means that interactions become more meaningful in the context in which they develop, increasing the potential of the question to elicit more relevant answers from the service users. ‘Relevant answers’ refers to information that helps service providers identify actions that can be performed to tailor the care that they provide to the actual needs

and wants of the person in need of the service. Section 4 of this report provides specific examples of this.

Adapting the approach to the context in which it happens may require making reasonable adjustments to ensure that successful communication occurs. Adjustments may involve trying out different interaction formats or altering the wording of the question to make it more accessible. The need for adjustments means that there is no one-size-fits-all 'What matters to you?' model and therefore, a flexible and non-prescriptive approach must be adopted when encouraging organisations and practitioners to adopt this practice.

We identified factors that may increase practitioners' adherence to this approach. For example, incorporating a 'What matters to you?' section in formal diaries or paperwork can serve as a reminder for practitioners to engage with the approach. Also, organising follow-up events to encourage staff to share their approach and changes that resulted from their conversations can help motivate staff as it provides them with a chance to get recognition for their good work and share their learning.

Beyond these formal mechanisms to increase engagement with 'What matters to you?', we also found that individual practitioners are more likely to adhere to the actions if they feel supported in their involvement. A culture within a team that is supportive towards 'What matters to you?' helps to boost positive perceptions towards the initiative among the members of that team, resulting from a sense of collective action. We also found evidence to suggest that this idea is reinforced if staff are well aware that 'What matters to you?' is a national movement and other organisations are engaged with the approach.

We also found that success is dependent on the measures taken to overcome barriers that may come up when trying to adopt the 'What matters to you?' approach which are summarised in Table 5. We identified that one of the main barriers to the implementation of the approach is staff's resistance to participate in the initiative. Some practitioners believe that the question creates an expectation for them to actively respond and deliver services that align with the desired care and this not always possible. This may make them feel apprehensive about asking the question. We found that making staff aware of the different shapes that 'taking action' may have could help redress this apprehension. Some actions that follow 'What matters to you?' interactions may not involve a practical outcome or a material change. However, they can still be beneficial. We found that these actions may include: identifying and addressing patients' concerns, offering relevant information to manage unrealistic expectations, engaging in shared decision-making and acknowledging patients' autonomy to dictate decisions that affect their own care.

A further barrier that may hinder implementation is some practitioners' perception that 'What matters to you?' is something that they already do as part of their day-to-day work. Alternative beliefs identified through some participants' accounts can help offset this negative view. For example, some participants pointed out that the open nature of the question may help elicit important information from the service user that could not be obtained through more traditional communication protocols. Additionally, some practitioners

explained that opening up the range of answers from the user helped them to avoid making assumptions about what the patient’s desires are and to offer a more empathetic response when providing care.

Table 5 – Barriers and practical solutions

Barriers	Practical solutions
Understanding how to use the question	Trying out different interaction formats. Altering the wording of the question in order to make it more meaningful.
Time constraints	Fitting ‘What matters to you?’ within the time available for regular practitioner-patient interactions by combining ‘What matters to you?’ with other work and keeping the approach simple.
Not being able to respond to the patient’s answer	Reframing what ‘taking action’ means ‘What matters to you?’ interactions can spark actions that might not involve a practical change but can still be very beneficial. For example of those actions are: identifying sources for patient’s concerns which allows to address their anxieties, manage unrealistic expectations by providing the required information, engaging in shared decision-making with patients and make the patient feel more involved in the decisions that affect their own care.
“I already do this as part of my day-to-day work.”	Realising the additional value of ‘What matters to you?’ ‘What matters to you?’ is considerably more open than other questions traditionally used in health and social care settings. As a result, it opens up the range of answers that can result from it which makes it easier for patients to express their individual needs. Eliciting unique information from patients can challenge assumptions made about their needs and may increase practitioners’ empathetic response when providing care.

Conclusion

This case study evaluation illustrates how three healthcare organisations are successfully applying the principles of ‘What matters to you?’ in their day-to-day practice and using a variety of approaches to achieve this. Overall, the common lessons learned suggests that it is important for organisations and individual practitioners to have the flexibility to develop their use of ‘What matters to you?’ and how conversations are structured in ways that is meaningful for people receiving care in a particular context and that aligns with existing person-centred care. It is also important to ensure that people who may be more likely to experience barriers to communication are provided with equal opportunity to engage in ‘What matters to you?’ conversations and articulate what matters to them. This requires

Careful thought about where and how people are engaged in conversations to ensure that everyone’s needs and experiences are being considered, as one size will not fit all. We hope that the findings resonate with the experiences of other health and social care organisations across Scotland and that stakeholders interested in integrating ‘What matters to you?’ in their own context find them informative.

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Appendix: Interview schedule

Evaluation aims		Questions
1	Identify examples of good practice	<ul style="list-style-type: none"> • How was the ‘What matters to you?’ approach implemented by your team? • Were briefing/de-briefing activities conducted? • How did the local context affect the implementation of ‘What matters to you?’ (E.g. patients’ special needs)
2	Identify learning potentially applicable by other teams	<ul style="list-style-type: none"> • Challenges that the team(s) faced • Enablers • Benefits of ‘What matters to you?’ as identified by the team(s) • Development/evolution/changes over time

3	Identify sources of motivation for prolonged engagement	<ul style="list-style-type: none"> • Reasons for signing up repeatedly • Did follow-up activities make a difference?
4	Actions taken on the conversations: improvements on users' experience?	<ul style="list-style-type: none"> • Nature of change that resulted from participating in the programme: <ol style="list-style-type: none"> 1) For staff members (if applicable) 2) For service-users
5	Incorporation of 'What matters to you?' into daily practice	<ul style="list-style-type: none"> • Identify starting point: Did this team already follow a person-centred care approach? If so, explain. • How do you sustain 'What matters to you?' conversations beyond the initiative day? • Were any of the changes resulting from 'What matters to you?' conversations sustained over time? (if applicable)
6	Future support	<ul style="list-style-type: none"> • How did the support from the initiative organisers help you implement the 'What matters to you?' approach in your setting? • What support from the programme in the future would best help your team to continue improving?

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