

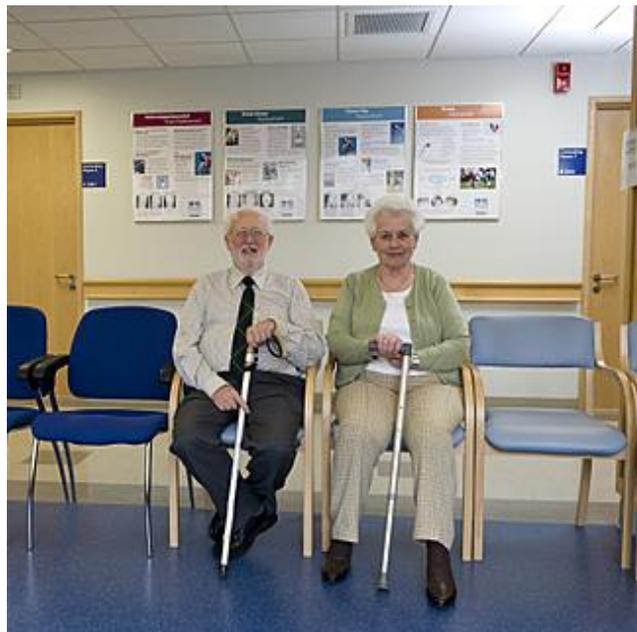
Friendly Faces initiative: Involving carers throughout an orthopaedic pathway

NHS Greater Glasgow & Clyde

June 2022

The orthopaedic surgical wards at the Royal Alexandra Hospital, Paisley developed the Friendly Faces initiative to enable carers to accompany the person they care for throughout their care journey.

In this impact story, we consider the Friendly Faces initiative, its impact, and learning.



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“Overall, the initiative improved communication and collaborative working between everyone involved in a person’s care including staff and their family, friends and carers”

Health Improvement Senior – Carers



Background

The Friendly Faces initiative was developed in the orthopaedic surgical wards at the Royal Alexandra Hospital, Paisley in 2019. The initiative enables carers to accompany the person they care for throughout their care journey. This may include visits to imaging departments, plaster rooms, and theatre reception and recovery.

The initiative was developed using learning from similar projects created in NHS Lanarkshire and NHS Greater Glasgow and Clyde for people living with dementia. The Friendly Faces project team decided the initiative should apply to all patients in the orthopaedic surgical wards regardless of age, condition or treatment pathway.

Approach

Friendly Faces aims to support the emotional wellbeing of patients and carers and to reduce any stress or distress they may have. It also aims to ensure that services are compassionate and person-centred.

Friendly Faces recognises and values the role of carers, promoting the principles of [Equal Partners in Care](#) to be embedded in practice. Friendly Faces also encourages staff to identify carers and creates opportunities for carers to share information and express any concerns throughout the hospital stay. Through this mechanism Friendly Faces aims to increase the involvement of carers in discharge planning as is the duty for health boards in the [Carers \(Scotland\) Act 2016](#).

- **Scoping conversations with staff:** involving senior management teams and corporate stakeholders to understand current pathways and get buy-in.
- **Engaging with patients and carers:** questionnaires completed to establish public perception of the scheme.
- **Exploring staff concerns:** creating a safe space to discuss and alleviate concerns.
- **Engaging with carer centres:** to promote the service and ensure carer voice influenced design.
- **Finalising processes and paperwork:** ensuring safe and effective pathways.
- **Staff training:** short staff briefings sessions delivered to a variety of staff groups.

Impact

The service collected feedback to consider their impact on carers and staff.

Impact for carers

Feedback from carers was received via email, phone calls and through Care Opinion.

- Carers felt reassured as they **knew exactly what was happening** to the person they support.
- It was **easier for carers to communicate** with staff about the cared for person.
- Carers had **better understanding and awareness** of the surgical process.
- **Carers felt valued** by staff and involved in decision making.

Impact for staff

Feedback was collected via informal conversations with staff on the wards.

- **Staff felt empowered** to offer families and carers the opportunity to be involved.
- **Staff felt satisfaction** and were encouraged by reviewing the positive feedback on Care Opinion.
- Staff were able to **focus on the medical care needs** as carers/family/friends were there to provide comfort to the patient.
- 'Demystifying the boundaries between carers and staff' with **recognition that carers are providing the next steps of care.**



Key enablers

- **The role of a staff champion**
Having a staff member on site who was passionate about the project and had the ability to influence was a key driver for success. This person continuously promoted the initiative to gain staff buy-in and encourage participation of patients and carers.
- **Early identification and involvement of staff**
Through the period of consultation and engagement all staff involved in the surgical pathway were identified and it was agreed what their role would be in the project. Staff involved included reception staff, porters, medics. Staff also had the opportunity to identify practical issues and come up with solutions prior to implementation. For example, they considered:
 - what paperwork needs to be developed
 - what happens if the carer is late, and
 - who will pay for what?
- **Accessible training for staff**
Staff were offered bite-size training within their own setting to encourage participation. This resulted in 130 staff being trained in two weeks.
- **Demonstration of impact**
Being able to demonstrate the impact of the project supported continued staff buy-in with carer and patient stories having a greater impact on staff than statistics.

Opportunities for improvement

The opportunity to develop this approach in other settings was significantly impacted by COVID-19 as carers and families were not allowed on the wards. It is hoped that this can be progressed in 2022. Additional opportunities include:

- **Sharing learning with similar local approaches**
It would be beneficial to hear from staff in other hospitals who have implemented a similar approach to share our learning around what is working, how we measure evidence and impact and to identify opportunities for further improvement.
- **Evaluation of impact**
It was difficult to draw themes from the project evaluation as only a small number of people had gone through the Friendly Faces process. A follow up evaluation, involving more people, will be an important step to support wider promotion.

Further information

Find out more about how NHS GGC supports carers on their [webpages](#).

The Unpaid Carers Improvement Programme is part of Healthcare Improvement Scotland's Improvement Hub (ihub). [Visit our webpages](#) to read more about our improvement work, including further impact stories, tools and resources.