

Subject: **What Matters to You? 2018**

Purpose: To inform the Integration Joint Board (IJB) of the outcomes from What Matters to You? Day in North Ayrshire.

Recommendation: That members of the IJB note progress made to date.

Glossary of Terms	
NAHSCP	North Ayrshire Health and Social Care Partnership
WMTYD	What Matters to You Day
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	This report informs the members of the IJB of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP) in relation to What Matters to You? Day (WMTYD) 2018 and the change actions taken forward across the whole system. A celebration of this work will be taking place directly after the IJB to thank staff for their efforts and share the good practice displayed across the Partnership.
2.	BACKGROUND
2.1	What Matters to You? Day began in Norway in 2015 as a way of breaking down communication barriers between clinical staff and patients. Scotland adopted the day the following year in order to increase conversations across health and social care in Scotland. Evidence shows that meaningful conversations can lead to improved health outcomes for patients and more efficient services. In 2017, NAHSCP embraced WMTYD as part of our Strategic Plan consultation across the wider health and social care system. Through this, we asked over 2500 people 'What matters to you about health and social care services in North Ayrshire?' Due to last year's success it was felt that WMTY could be used annually to ensure on-going dialogue with services and local communities.
2.2	In March 2018 a small steering group was formed to begin planning our approach. By utilising learning from both wider engagement conversations and our participation in 2017 the group decided that our focus would be on encouraging conversations, rather than on consultation. This meant that we would keep the 'What matters to you?' question and encourage staff to have an open conversation with the people that they support.
2.3	Having these open conversations would provide an opportunity for staff to learn more about the people they support, including carers and family members and therefore build stronger relationships. It would also allow our services to provide a more person-

	centred service, as they would have an improved understanding of what really matters to the people accessing the service.
2.4	<p>Despite our aim to draw attention away from a consultation style approach it was decided that the day would provide an excellent opportunity to influence change at three levels across the Partnership:</p> <ol style="list-style-type: none"> 1. <u>The staff member</u> having the conversation could make an immediate change as a result of learning something new about the person they support. For example, if a staff member in a day service discovered that the person enjoyed western movies, they could ensure that that person had an opportunity to view them or chat about them regularly. 2. <u>The team</u> within that service would have a discussion about the collective responses and identify one change that they would implement as a team. 3. <u>The Directorate</u> would then have an opportunity to hear feedback from the services and decide on one change (or more) at this level.
2.5	A key aspect of any engagement activity, but often missing, is providing feedback. Therefore, the group decided that WMTYD 2018 would be followed by an event called What Mattered to You? in November 2018. This event would share the outcomes from WMTYD and allow those who took part to see the impact their conversations had.
3.	ACTIONS TAKEN
3.1	In April 2017 an email was sent to all service managers across NAHSCP informing them of WMTYD and asking each service to nominate a What Matters to You Service Champion. These WMTY Service Champions would lead and coordinate the conversations across their service, encourage staff involvement, facilitate the post-WMTYD team discussion and return feedback. Champions were invited to register and attend one of a series of briefing sessions, designed to inform and support them in their role.
3.2	A total of 50 WMTY Service Champions registered to attend a briefing session on behalf of their service, with 38 attending on the day. From the 38 services represented at the briefing sessions, 27 services actively took part in the WMTY process.
3.3	<p>The briefing sessions were made available on various dates and venues across North Ayrshire to allow maximum accessibility. Each session involved:</p> <ul style="list-style-type: none"> • Background information on What Matters to You? Day • Purpose of our participation – Focus on conversations • How to have difficult conversations • Role playing exercise • The role of the WMTY Service Champion • Distribution of materials <p>Champions were invited to ensure team participation, facilitate team discussion, complete and return a team feedback template and share learning from their experience.</p>
3.4	On the 6 th June 2018 – What Matters to You? Day – A total of 1612 conversations were recorded across the Partnership. A full breakdown of the teams and services involved can be found in Appendix 1. However, it should be noted that individual conversation figures must be taken in context as some teams will come into contact with more people on a daily basis. All teams displayed the individual conversation cards in an area visible to carers and family members.

3.5	In the 4 weeks that followed WMTYD the teams involved had a discussion session, based on the feedback form provided (Appendix 2). The teams noted how many conversations they had, the benefits and challenges of taking part, decided on one change that they would make as a team and agreed on a suggested change for the overall service. The feedback forms were then returned to the Partnership Engagement Officer.
3.6	The collective team feedback was forwarded to the Heads of Service to decide on at least one change at Directorate level.
4.	CHALLENGES AND BENEFITS
4.1	<p>Various challenges and benefits of WMTYD were reported via the team discussions. A full list of challenges and benefits, as stated by participating teams can be found in Appendix 3.</p> <p>Challenges:</p> <ul style="list-style-type: none"> • 10 teams (32%) indicated that supporting people to understand the question was a challenge. Some said that the question was often misunderstood and service users interpreted it as an opportunity to raise complaints, rather than discuss what matters to them. Of course, what matters to that individual might be a complaint, although some teams found that it was more of a pattern than individual cases. The ‘What matters to you?’ question is indeed very broad and deliberately so as it encourages conversation which is the very essence of the project. However, if this type of approach is not often utilised it can seem like an odd question to ask. The purpose of the day is to begin normalising these conversations and therefore if it is a regular occurrence our staff, service users and family members should find this less of a challenge when the question is asked. • 4 teams (13%) said that a lack of time with patients/service users was a challenge to having the conversations. Many staff members also informally raised the point that they would like to have more protected time to spend conversing with the people whom they support. They see it as a valuable part of their role, but have less time for this due to competing demands. The evidence of improved patient outcomes as a result of meaningful conversations is overwhelming and therefore ensuring time to talk about what matters to people should be a priority across the Partnership. Providing some regular protected time for these conversations would be beneficial. • 4 teams (13%) said that they faced no challenges in having the conversations. • 3 teams (9.5%) found that people were reluctant to take part on account of being consulted on things previously and not seeing anything change as a result. Feedback is a significant part of any engagement process. It is hoped that by sharing the outcomes via the What Mattered to You? event and other mediums will increase the level of trust service users/patients, carers and family members have, that the Partnership will listen and act on what matters to them. • Other challenges included difficulties in getting people to open up, being unable to follow through on what matters as a result of structural barriers or only seeing someone in a one-off setting and difficulty accessing carers and family members. One team found that deciding on which change to make was a particular challenge. <p>Benefits:</p>

	<ul style="list-style-type: none"> • 14 teams (45%) said that the feedback they had received was valuable and highlighted things they otherwise would not have known. • 11 teams (36%) encouragingly stated that WMTYD provided a good opportunity for meaningful conversations with those that they support, with some indicating that the exercise had improved the level of conversation they usually have with service users, carers and family members. • 6 teams (19%) highlighted the enjoyment that staff, service users, carers and family received from taking part. • 5 teams (16%) talked about relationships improving as a direct result of having the conversation. • 3 teams (9.5%) felt that being able to implement immediate changes as a result of the conversations was a benefit. Although many teams did not highlight this as a specific benefit, most of the teams which took part were able to implement quick changes upon hearing what matters to those they are supporting. • Another benefit raised was that the day allowed staff to hear that they were doing a good job and therefore increased staff morale.
7.	CHANGES IMPLEMENTED
7.1	<p>Each team taking part had committed to making one change as a result of the conversations they had (Appendix 4). 18 teams committed to implementing practical changes such as:</p> <ul style="list-style-type: none"> • Providing training for staff and/or the people that they support • Meet with more local groups and services to increase service awareness • Change the language used in appointment letters • Introduce a de-brief session at the end of each day to keep staff aware of what service users and carers have been telling them • Coordinate more trips out for people accessing the service • Provide more opportunities for people to share their views on a daily basis • Make people aware of waiting lists to ensure realistic expectations • Implement an internal communication log • Create a woman's group • Develop a form filling service • Ensure patients have access to advocacy • Ensure patients receive a phone call prior to their visits <p>There were 8 teams who committed to more strategic changes such as:</p> <ul style="list-style-type: none"> • Provide person-centred care • Use a more holistic approach • Work better as a team to improve the service provided • Improve the activities delivered • Listen more as a team • Improve the accessibility of the service • Focus on issues that matter to the people they support
7.2	<p>Teams also had the opportunity to suggest changes at an overall Directorate level. These suggestions were passed directly to the appropriate Heads of Service to decide which suggestions would be implemented. The following changes will or have already been implemented by the Directorate:</p> <p>Mental Health</p> <ol style="list-style-type: none"> 1. Ensure forms exist for people to express their wishes at any point. 2. Transform small sitting room in Ward 2 Woodland View into a relative's room. 3. Increase access to clinicians delivering psychological interventions.

	<ol style="list-style-type: none"> 4. Ensure all who wish to access addiction services can do so in an area convenient to them and at a time convenient to them. 5. Provide a brief information leaflet along with appointment letters which states 'what we do'. <p>Health and Community Care</p> <ol style="list-style-type: none"> 1. Be creative and flexible around ensuring all clients get access to enjoyable activities. 2. Ensure appropriate staffing levels to reduce waiting times for workers to be allocated – Assessment and Care Management. 3. Educate new and junior staff members on continuity of care, awareness and understanding of empathy and good communication skills. 4. An improved recording system to enable collected information to be accessible. 5. Include carers in the preparation and delivery of carer awareness raising across North Ayrshire and within any future carer training. <p>Children, Families and Justice</p> <ol style="list-style-type: none"> 1. Ensure Wi-Fi is available for all young people within residential childcare settings. 2. Create a service directory which will identify the supports available through Justice Services. 3. Improve engagement with those accessing Justice Services.
8.	LEARNING
8.1	<p>As with all new initiatives or projects it is imperative to reflect on the process and learn from the challenges in order to improve. There were some key learning points for WMTYD 2018 organising team.</p> <ul style="list-style-type: none"> • Some staff members were unsure whether the conversations were for staff or service users/carers. This was potentially a result of the staff survey iMatter running concurrent to WMTYD. Unfortunately we are unable to alter the dates of either initiative as these are decided at a national level. However, we will perhaps need to be clearer in 2019 about the difference between the two. • In relative terms, the involvement of 30 teams is low and we had hoped for more teams to be involved in having the conversations. Prior to organising What Matters to You? Day 2019 we will speak to teams who did not get involved this year to ascertain the reasons behind this and improve the uptake. • We will look at hosting a What Matters to You? Week, rather than a day. Some services only operate on certain days or are busier during other days of the week. • A more direct approach to involve children and young people would be beneficial. • We will have a locality focused approach in 2019/20 led by our Locality Planning Forums and working in partnership with the Locality Partnerships.
9.	<u>Anticipated Outcomes</u>
9.1	<p>By continuing the conversations between staff, people who access services and carers we should see:</p> <ol style="list-style-type: none"> 1. Improved relationships between staff and people we support, including carers. 2. Increased understanding of what matters to people, leading to more efficient services which are better suited to each individual. 3. Increased trust from those who access services, carers and family members as they feel more confident in our ability to ask, listen and do what matters.

10.	<u>Measuring Impact</u>
10.1	<p>WMTYD is about providing opportunities to have more meaningful conversations and therefore this must happen as organically as possible. There is a risk that if too many measurements are put in place it is seen as another box to be ticked. Nevertheless, it is important to measure what is happening to ensure we can improve every year. We will do this by:</p> <ul style="list-style-type: none"> • Interviewing some of our Service Champions for more in-depth feedback. • Interviewing some of the service managers who did not get involved to ascertain their reasons for this. • Obtain an update from each team involved regarding their change commitment. • Obtain an update from each Directorate on their progress in relation to their change commitment/s. <p>All of the above will be completed by March 2019, in time for planning to begin on What Matters to You? Day 2019.</p>
11.	IMPLICATIONS

Financial:	There are no financial implications for the Partnership.
Human Resources:	There are no implications for Partnership staff.
Legal:	There are no current or potential legal implications
Equality:	There are positive equality impacts as a result of WMTYD as staff involved asked all service users, carers and family members that they saw on that day.
Children and Young People	There were 4 children and young people's residential units involved. They will receive feedback on the changes which have been implemented as a result of their conversations.
Environmental & Sustainability:	There are no environmental implications.
Key Priorities:	Engaging Communities
Risk Implications:	There are no risk implications.
Community Benefits:	N/A.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

12.	CONSULTATION
12.1	<p>Informal consultation with WMTYD 2017 participants alongside other pieces of engagement such the strategic plan engagement had a significant influence on this year's approach.</p> <p>The planning stage involved a small steering group consisting of Strategic Planning and Transformation Team members.</p>

13.	CONCLUSION
13.1	What Matters to You? Day 2018 was, overall, a successful exercise which influenced small and large changes across the Partnership. It provided an opportunity for meaningful conversations between staff, service users, carers and family members, many of which will continue. More importantly, sharing the positive results from these conversations will ensure our service users, carers and family members have been listened to, thus creating better conditions for these conversations to take place in future.

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Appendix 1

Children, Families and Justice Services	Health and Community Care Services	Mental Health and Learning Disability Services	Third and Independent Sector	Other
Unpaid Work 17	Beachview Health and Therapy Team 25	Woodland View Ward 2 20	The Ayrshire Community Trust 20	Business Support 59
Partnership Delivery Team 24		Elderly CMHT 50	Cunninghame Housing Association 17	ICT 07
Residential Childcare 22	Kilwinning District Nursing 13	Psychology 06	North Ayrshire Carers Centre 37	
	Dirrans 47	Ailsa 48	Arran CVS 29	
	Douglas Grant Rehab 17	LDS Assist and Treat 04		
	Castle View 13	Woodland View Ward 11 11		
	Garnock Valley Assist and Care 18	NADARS 1000		
	Gowanlea 16			
	Community Link Workers 28			
	Money Matters 28			
	Burns 80			
Total Teams in Directorate: 51	Total Teams in Directorate: 68	Total Teams in Directorate: 66		
Total Teams involved in WMTY 3	Total Teams involved in WMTY 11	Total Teams involved in WMTY 7	Total Teams involved in WMTY 4	Total Teams involved in WMTY 2
Total Conversations 63	Total Conversations 307	Total Conversations 1139	Total Conversations 66	Total Conversations 66

WMTY 2018 Team Involvement

Appendix 2



What Matters to You? Team/Service Feedback



Name of team or service _____

Name of Service Champion or lead person _____

Email address _____

How many conversations did you have?

What were the challenges and benefits?

What is the one thing you will you change as a team?

What is the one thing you would change as a service?

Appendix 3

WMTY 2018 Challenges and Benefits

Challenges	Benefits
	I found this to be an extremely positive experience that allowed me to chat more freely and honestly and never faced any challenges when chatting to the service users, their relatives or the staff members within the team. I found everyone I spoke to was positive and open minded about sharing what mattered most to them. The benefits for the patient was being able to express their needs/goals in a more normal fashion rather than someone just focusing on the issues they present at our service with such as maintaining their independence and keeping fit and active to allow them to go out with their loved ones or look after their beloved pets
The challenges were reassuring carers that their voices would be heard and that we would feedback decisions made around their comments.	Being able to engage with carers through meaningful conversation.
<ul style="list-style-type: none"> • People misunderstood the question and were very service focused. Most people putting down problems such as not being able to get a GP appointment. Many people used it as a platform to complain. In discussion we thought this might be because of the circumstances someone is coming to see the CLW, as they might be in a state of crisis, social problems. • Difficult to apply change as normally only see a person once. 	<ul style="list-style-type: none"> • Allowed us to receive feedback on matters that effect many people in the community i.e transport, therefore allowing us identify this as a gap and feedback to managers. • Good way to generate conversation. We were able to speak to people in the reception when we didn't have appointments. • Conversations about what is important to them helps to build rapport and people feel listened too. People therefore more likely to engage with the service when they need help.
Encouraging our patients to identify what's truly important to them, despite focusing on negatives and health care.	We were able to identify what works well and what doesn't.
Ensuring individuals have a good understanding of what they are being asked in order to make sure they consider the question in the best way for	Better understanding of the individual and gathering feedback from service users.

them. We met this challenge by filtering the conversations into both group and individual interactions and ensuring time for processing the information or for people to discuss their views more should they want to.	
	All staff we open to having discussions with patients, open discussion with team around continuity, empathy and good communication. We found from our reflection on the conversation cards, this is what our patients wish.
Getting everyone to come to a unanimous decision. Speaking to all staff members due to sick leave and annual leave	Chance to air opinions.
To seriously put in the time to chat to service users, staff colleagues, family and other services due to the commitments of my own post and job.	Totally surprising as I got to understand and really know people's ideas of their lives and what is required within the council – more communication!
Trying to get the clients to understand the broadness of the question. Negative comments being able to make them.	Being able to share and talk
Time was the challenge, but another staff member attended from another Day Service on June 6 th .	Actually hearing what matters most to our service users when they attend the service.
<ul style="list-style-type: none"> Ward constraints. Some wards not able to participate. Assessing carers 	<ul style="list-style-type: none"> Building relationships. Patients and carers felt valued
<ul style="list-style-type: none"> Turns into a moaning session to complain about things. Have to get people to focus on what is being asked. 	<ul style="list-style-type: none"> Reinforce to staff the difference and positive impact we do have on people's lives. Recognition of the good work of team.
Getting people to talk	Finding out what matters to people
Getting the message across' What Matters' regarding their experience of services rather than 'What Matters' in their personal lives.	after team discussion it was clear that service users were unaware of what services were on offer and the team agreed they would take action to create an 'service type directory'. They also agreed as a team to discuss and look at further group supports for Women.
client mix/differing needs of client group	
	We has some very positive feedback from our service users - in particular a carer who advised that having someone who is experienced dealing with his benefit issues mattered to him so that he could focus on caring for his wife. We has similar

	<p>conversations advising that as Money Matters team were assisting with benefit issues and maximising their income it relieved additional strains and pressures during difficult periods of ill health. Our service users felt kept up-to-date and felt that they had good relationships with Advisers whom could be contacted easily. It also mattered to our service users that they felt supported through the stressful process of appealing benefit decisions and being assisted by knowledgeable staff - and also having someone to represent in person at Tribunal. Due to Money Matters team requiring confidential financial information from service users to complete benefit checks, 2 conversations took place with service users advising that confidentiality was important to them. Although they felt reassured due to Advisers explaining that all information is kept safe and secure and we hold data under the Data Protection Act 2018. One of the main similarities in our feedback cards that service users felt was important to them was a form filling service. Due to resources we are unable to give a "form filling only" service to our service users. We will support by giving advice over the phone, sometimes it is just reassurance that is required although if further assistance required we will refer on to one of our partner agencies. We give service user support and reassurance by advising them to come back to us if their benefit is refused as we can assist with challenging the decision or in turn if decision favourable to assist with further income maximisation.</p>
Initially selling the WMTY idea (training examples were very useful) individuals were not happy with frequency and range of feedback requested by the organisation is all very confusing.	Innovative approach which encouraged a wide range of personal conversations. Participants enjoyed being involved and had an opportunity to both comment on statutory services and have experienced staff offer clarity and feedback on issues raised.
The team found that some patients struggled as the question was too vague.	
This Psychological Specialty AMH sits within East Ayrshire CMHT where the line management for majority of clinician colleagues is within the East Social & Health Care Partnership. Challenge (1) other parts of AMH service in East Ayrshire not taking part in the activity so no public place to display cards. (2) the considerations made about area for change (need to increase access to psychological interventions) is the conclusion of	Created another opportunity & a different impetus to hear from patients who have lived experience, currently and in the past, of being involved with the East AMH Service & for their experiences to inform service developments.

<p>clinicians line managed by North partnership - while highly specialist psychological interventions are typically delivered by clinicians line managed by the North partnership ; whereas the majority of high volume and low intensity psychological interventions are delivered mainly by clinicians that are under line managers within East Ayrshire who did not directly take part in this activity.</p>	
<p>Possible procedural barriers, for example a number of young people spoke about the fact that Wi-Fi is important to them and that they are waiting for this to be completed. This is nearly rectified by the organisation that is providing HSCP with the computer software/security</p>	
	<p>No real challenges people seems happy to complete</p>
<p>Time and capacity. Ward 2 is a busy ward and getting time was difficult.</p>	<p>Managed to implement quick changes for patients as a result of discussions with them. Enthusiasm of staff to be involved in making changes Gathering everyone's views</p>
<p>Protected time with patients; Constraints of paper work</p>	<p>Provides patients with a forum through which they could freely express an opinion about our service, highlighting the good and bad aspects of care provision within the ward.</p>
<p>Some residents were reluctant to complete the survey</p>	<p>The ones that did gave constructive feedback</p>
<p>Ward constraints: Some wards were unable to participate. Accessing carers was a challenge.</p>	<p>Building relationships. Patients and carers felt valued</p>
<p>We need to improve our communication</p>	<p>Everyone was happy with the team</p>
<p>Getting people to talk</p>	<p>Finding out what matters to people</p>

Appendix 4

WMTY 2018 Team Change Commitments

Make sure that the work load is shared equally throughout the team as at the moment both our physio service and Occupational Therapy department are under pressure due to staff holidays and staff leaving. We will also develop the role of the Rehab Assistant to help lessen the work load of the other members of the team.

North Ayrshire Carers Centre will provide Dementia Training over the next few months. Other training will be considered at the request of carers, and the Carers Centre will endeavour to provide, with the assistance of the HSCP where needed.

We will continue to provide an active listening service but we have become aware that people are not aware of the service. Therefore we will work to increase the community awareness of the service. With additional staff we will enhance the visibility of the service within the community by meeting with more groups and services. People being more aware will mean they have a point of contact if they need signposting to support.

We will aim to focus more on identifying ourselves as Community Mental Health Nurses and will try to change this in appointment letters, as there is still a stigma attached to the word "psychiatric". This will help our patients to feel more comfortable and less intimidated.

We'd like to manage our team as part of the partnership, building relationships and health knowledge in order to better meet wider needs of individuals using our centre in a holistic approach.

As a team we will continue to improve our skills within this area. Continue to provide the service that our patients so deserve.

To work as team to ensure service users receive the most benefit from their day.

As a team – we are and have put in place, after long discussion at our staff meeting, a de-brief after the day has folded – information, issues and positive feedback for all staff to recognise and be aware of everything that has gone on throughout the day.

Major issue is trying to get trips out and getting out into the larger community. Liaise with driver and in team meetings and risk assess for same.

We will make time to listen more as a team, offer Service Users time to have discussions if they have concerns about the service or delivery of the service we provide.

Person centred activities – improving on activities currently delivered. Improving the environment for activities

Ensure service users aware of waiting lists upon initial contact with team to ensure realistic expectations.

Internal communication log to be implemented within team.

Create Women's group which will focus on and hopefully fill any potential gaps regarding service provision for Women.

Having things to do eg activities/holidays came through as the main themes from the responses – ensuring clients are supported to engage in more activities where possible.

Due to form filling being the most popular challenge on our feedback cards we think this may be something that we can change as a team. We will be recruiting addition staff to our team and it is understood that some staff may be sitting in with Service Access teams to provide advice and support and an element of form filling also. We feel this will be very beneficial to our service users.

All individuals who wish access to a range of health and social care addiction services will be able to do so in an area local to them at a time convenient for them.

We are going to routinely collect patient feedback from our service users.

From the conversations 4 out of 6 patients (67%) highlighted the value they attached to receiving a quality therapeutic intervention (and in particular that they are matched to an appropriate psychological intervention). As a team we would like to ensure that we can produce and cascade data related to positive changes to symptoms and functioning for patients that have received the evidence-based psychological interventions that we deliver.

As there are four separate teams and we have now to operate a uniformed approach across the service, it would be useful for a whole service change to be implemented that will be taken from the what matters feedback (see attached)

All staff will undertake Dementia Friendly training, Adult Support and Protect level 1/2 and Mental Health First Aid. All of these sessions will increase awareness, knowledge and understanding of various issues that may affect the people we work to support including staff.

Recognising that all staff have a need to manage their work life balance. Staff who require extra support or assistance with their personal responsibilities will address their requirements to SCN who will find ways to support staff trough the organisations policies and procedures

Good nurse/ patient relationships and ensuring that the patient is involved in their care and support was a theme that ran through much of the feedback from patients. The ward to ensure that patients are fully aware of who their named nurse is and their role in supporting the patient in their recovery.
Ensuring patients have access to the advocacy service.

To focus on issues during the housing support planning process with each individual resident.

We as a team will improve our communications skills as this was highlighted in our conversation. As part of a team effort we will ensure that all patients are phones prior to their visits.