

EXCELLENCE  
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Nursing and Midwifery  
Care in Scotland



# NHS Scotland: Design Principles to Create Person Centred Records

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## NHS Scotland: Design Principles to Create Person Centred Records

### Principles on How to Design Records to Reflect Person Centred Care

All records must capture individual needs and goals that are identifiable to the person to whom they belong. Records must encompass a plan of care that is supported by shared decision-making and effectively informed through a multidisciplinary approach.

Following a rapid review in 2024, these principles, underpinned by the Excellence in Care Framework will support organisations to design person centred records.

### How to Apply the Design Principles:

#### *Organisational responsibilities*

- Set up a local governance structure that manages all records.
- Implement an agreed approval process that adheres to the principles below.
- Define key criteria that must be met to establish the need for new records.
- Support staff to follow the record design process shown below.
- Seek involvement from teams and agree responsibility for delivery – get the right people involved.

#### *The designer must ensure each piece of person centred record:*

- Enhances the experience of the person in receipt of care.
- Supports multidisciplinary process of assessment, planning, implementation, and evaluation.
- Supports a holistic approach for the person in receipt of care.
- Records care in compliance with legal and professional requirements.



## Introduction

Well-designed records and record-keeping systems support the delivery of person centred care and enable effective communication between health and social care professionals and people in receipt of care.

Ultimately record keeping systems and processes should facilitate information processing, analysis and intelligence that complements the work of health and social care professionals, improving the safety and quality of care. The following principles aim to provide a logical framework for multidisciplinary teams involved in the development of person centred records to achieve the desired outcome.

Designing a person centred record should facilitate the provision of care and allow individuals to participate actively in the planning, provision, and assessment of their care by providing them with information in a way that empowers them and their families/caregivers to make informed decisions. The experience of care - including being treated with dignity and respect, feeling safe, being listened to with understanding and compassion - should be evident within the record.

A number of different definitions for person centredness exist within the literature, therefore when creating a person centred record, it may be helpful to consider the following questions:

1. Does the record facilitate choice and control over the way care or support is planned and delivered for the person in receipt of care?
2. Does the record prompt a discussion between the individual and staff member on 'what matters' to the person and their individual strengths, needs and preferences?
3. Does the record reflect how services are working and collaborating?
4. Does the record reflect the voice of the person in receipt of care?



## Key Principles

### Establish need

- Ensure that the project team developing the documentation consists of the right people.
- Before you start ask the people who will be using the record (staff).
- Involve the recipients of the record (people in receipt of care and those caring for them).
- Identify how it will flow with existing records, ensure there is no duplication with existing records.

### Use QI from the start

- Don't design the paperwork in an office - use Plan-Do-Study-Act cycles.
- Identify a pilot or test site, work with staff, and test 'one patient one time'.
- Always measure: record design must demonstrate an improved quality of care.
- Establish feedback mechanisms for input on the record-keeping process, ensuring continuous improvement and alignment with the person centred care approach.

### Be innovative

- Design records that are easily transferable to digital/ electronic solutions.
- Work with colleagues and use a variety of tools and techniques.
- Think creatively, what will make it easy for staff to complete.

### Team working

- Involve all the multi-disciplinary team to promote ownership.
- Where possible design multidisciplinary records.
- Documents should always enhance team communication.

### Support clinical judgement

- Design to capture information that supports real time clinical decision-making.
- Notes should align to professional standards of record keeping.
- Incorporate simple and meaningful ways to capture quality assurance data.

### Be curious

- Records will only support, not solve a problem within clinical care.
- Explore what works well and seek to do more of that rather than adding a new record.
- Ask whether training, support or different communication methods may work first.



## NHS Scotland: Design Principles to Create Person centred Records

In order to provide high-quality record keeping that benefits those in receipt of care, the information outlined below will provide a logical framework to ensure all the elements to designing a person centred record are considered.

Please click on the title of each concept for further details and illustrations of best practice.



**Don't assume**: Design for the context and outcome



**Governance**: Organisational responsibilities



**Be inclusive**: Put people at the heart of everything you do when designing records



**Use QI from the start**: Test your assumptions – design, learn, iterate



**Be innovative**: Find a creative solution



**Team Communication**: Design should support real-time multidisciplinary communication and shared decision-making



**Support Clinical Decisions**: Design documents around workflow



**Support Clinical Decisions**: Design should meet professional and legal requirements



**Support Clinical Decisions**: Design to enable articulation of reasoned clinical judgement



**Support Clinical Decisions**: Demonstrate the quality of care





## Don't Assume: Design for Context and Outcome

What will good look like? It is important to understand what you do well, what you can do better to address the 'issue' you are trying to solve. Take time to undertake the diagnostic/discovery phase of the project. A range of tools and techniques can support you in this process.

What are the measurable outcomes that your work will impact? Your work should add value for staff and people in receipt of care.

Don't just design for your part of service/clinical pathway.

- Inform the appropriate governance group that a document has been identified for review/design.
- If the organisation has a local record keeping group, contact them to understand their process.
- An additional piece of documentation or electronic form doesn't always address the 'root' cause – establish the need.
- Think about the data (both quantitative and qualitative) that you need to inform the diagnostic/discovery phase of your project. Is record keeping the root cause? Can the problem be solved in another way? e.g. people (capacity, capability), process (reduce complexity, duplication, standardise, training & education).
- Who else could be impacted by your project? Could there be any unintended consequences? (positive or negative impact on other processes, pathways, or people).
- What will good look like in your context? Will your ideas add value for those in receipt of care and staff? e.g. decision-making/relationships/communication.
- In highly complex health and social care systems we are influenced by multiple, interacting contributory factors from across the care system, rather than the actions or decisions from a single person. By exploring system wide issues we can identify more meaningful learning, actions and improvement to inform design.
- Human factors and ergonomics should be considered as the interaction between humans and the systems they interact with. Consider aspects like user interface design, cognitive abilities, and physical capabilities to optimize the efficiency, safety, and comfort of human-system interactions.

## Resources:

- Personal Outcomes Learning from the Meaningful and Measurable project - <https://ihub.scot/media/2126/po-learning.pdf>
- Experience based design toolkit - <https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>
- Human Factors and Ergonomics methodology - <https://www.nes.scot.nhs.uk/our-work/human-factors-and-ergonomics/>

## Governance: Organisational Responsibilities

Ensure local governance structures and processes are in place.

Before you commence any improvement work, your organisation's processes for record development, testing and ratification should be followed.



## Be Inclusive and Put People at the Heart of Everything You Do When Designing Records

Involve people in receipt of care and other relevant stakeholders from the outset.

Design documents that demonstrate that you understand, and respect people's needs.

Whilst it is human nature to want to move quickly to the action phase of any quality improvement initiative, evidence demonstrates that considered planning for improvement leads to better outcomes (NHS England, 2018, pg8). An important part of this planning stage involves engaging with key stakeholders within your service. This includes clinical and non-clinical staff, management, people in receipt of care and the wider public. In recognition of the expertise of your stakeholders - including those with lived experience of care delivery - all document design should put stakeholders' perspectives at the centre of the process.

- Prioritise your stakeholders.
  - Who should be in your project group?
  - How will you communicate with wider stakeholders?
- Understand your stakeholders.
  - How are your key stakeholders likely to feel about and react to your project?
  - What is the best way to engage and communicate with them?
  - Involve your stakeholders in developing your thinking – asking their opinions can be the first step in building a successful relationship with them.
- Build trust with your stakeholders to work effectively.
  - Work to understand everyone in the project's goals, expectations for the change work and values.
  - Agree 'ground rules' (behaviours and actions) from the outset and revisit frequently throughout your project.
- Use the resources within your organisation and engage with support teams who will be able to provide advice and support.
  - Quality improvement team.
  - Person centred team.
  - Public involvement team.
  - Organisational development.

### Resources:

There are a range of tools and resources available to support effective stakeholder engagement/management as a fundamental element of any successful quality improvement project.

- Change Model Guide (NHS England) - <https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf>
- Care Experience Improvement Model (CEIM) for Health and Social Care - <https://ihub.scot/improvement-programmes/people-led-care/person-centred-design-and-improvement/ceim/>
- Stakeholder analysis (NHS England) - <https://www.england.nhs.uk/wp-content/uploads/2022/02/qsir-stakeholder-analysis.pdf>
- The Scottish Health Council - <https://www.hisengage.scot/equipping-professionals/>





## Use Quality Improvement (QI) from the Start: Test Your Assumptions – Design, Learn, Iterate

Design and test your work with real people using improvement tools and methodology. Observe behaviour and gather evidence and work with subject experts and existing research. Do not rely on hunches. Explore human factors and ergonomics including layout, usability, forcing functions etc.

- Within your organisation there will be several people who have been trained in quality improvement methodology.
- Engage with the team responsible for supporting improvement for advice and support e.g. quality improvement team, service transformation team.
- Use improvement tools and methodology to ensure your project has the best chance of success. Plan for each state of your improvement project – creating the conditions, understand your system/problem, developing an aim, testing changes, implementation and spread.
- Planning for change and managing your change project is essential, this will provide assurance to stakeholders that the quality improvement solutions are effective and lead to improvement within the system/problem.

### Resources:

- NES quality improvement zone - <https://learn.nes.nhs.scot/741/quality-improvement-zone>
- Institute for Healthcare Improvement: How to improve – Model for Improvement - <https://www.ihl.org/resources/how-to-improve>
- The Health Foundation: Quality Improvement made simple - <https://www.health.org.uk/publications/quality-improvement-made-simple>

## Be Innovative: Find a Creative Solution (Digital Where Possible)

Involve the right people with the right skills. Use an agile, iterative process to drive innovation without disrupting existing operations or development efforts. Use subject matter experts to identify the right technology.

- Work with the right people to ensure all opportunities are explored to source the solution to your record.
- Involve subject matter experts from your own organisation who can help you with tools, techniques to be creative e.g. e-health clinical lead & e-health team, OD Team.
- Use your knowledge services who are a great resource to secure the latest evidence.
- Engage with stakeholders away from their busy clinical environment, providing the 'head space' to be creative.
- Use design methodology and techniques to be creative around generating ideas and solutions.
- Explore partnerships with local colleges, universities, private sector (many are willing to partner in the development of solutions).
- Involve and engage with the [Digital Health & Care Institute](#) for larger projects whose focus is to positively impact society by creating person centred digital health and care solution. They can do this by inspiring, enabling and combining world leading industry and academic expertise with technology, service, and business innovation. Their demonstration and simulation environment is a key asset and provides a unique physical space to experience,



explore and test innovative digital capabilities and infrastructures. It allows innovators to engage and demonstrate technical capabilities that support service redesign to relevant stakeholders.

- Consider the link with the digital health and care strategy for NHS Scotland.

### Resources:

- Creativity and innovation techniques - [Convergent vs Divergent Thinking \(Definitions + Examples\) - Practical Psychology](#)
- Digital health and care institute - <http://dhi-scotland.com/>
- Further information on innovation - <https://www.gov.scot/publications/scotland-innovation-action-plan-scotland/>
- Innovation and entrepreneurship - [Entrepreneurship - Supporting business - gov.scot \(www.gov.scot\)](#)
- NHS Scotland Enabling, Connecting, Empowering Care Digital Age - <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/10/scotlands-digital-health-care-strategy/documents/enabling-connecting-empowering-care-digital-age/enabling-connecting-empowering-care-digital-age/govscot%3Adocument/enabling-connecting-empowering-care-digital-age.pdf>

### Team Communication: Design Should Support Real-time Multidisciplinary Communication and Shared Decision-making

Record keeping solutions must enable communication between professionals and people in receipt of care.

- It is a professional requirement for nurses, midwives, Allied Health Care Professionals, and medics (Nursing & Midwifery Council (NMC), Health & Care Professions Council (HCPC), General Medical Council (GMC)) to work co-operatively and maintain person centred records to promote effective communication between members of the multi-disciplinary healthcare team.
- There is evidence that integrated record keeping supports improved communication and reduces adverse events (Kings Fund, 2018).
- How will other professionals access the information if your record is uni-disciplinary?
- Will the record support the delivery of care? Do you rely disproportionately on verbal communication?
- Does the person centred record promote chronological account of the patients care?

### Resources

- NHS E-health case studies -
  - <https://www.hcpc-uk.org/standards/meeting-our-standards/record-keeping/>
  - <https://www.england.nhs.uk/long-read/high-quality-patient-records/>
  - <https://www.pageandpage.uk.com/media-labs/digitisation-in-healthcare/#:~:text=Enhanced%20collaboration%20between%20healthcare%20professionals,workflows%20to%20provide%20better%20care#>
  - <https://www.who.int/about/communications/principles>
  - [https://www.rcm.org.uk/media/4818/rcm\\_guidance-report\\_elec\\_record\\_keeping.pdf](https://www.rcm.org.uk/media/4818/rcm_guidance-report_elec_record_keeping.pdf)
  - <https://nam.edu/perspectives-2011-patient-clinician-communication-basic-principles-and-expectations/>



- <https://www.gov.scot/publications/information-governance-records-management-guidance-note-number-002-nhs-scotland-personal-health-records-management-policy-nhs-boards/>
- SPSP Essentials of Safe Care - <https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/>

## Support Clinical Decisions: Design Records Around Workflow

Design standardised record keeping solutions that make it easy for staff to do the right thing first time.

- Clinical records should be designed to enable the right staff to record the right information at the right time, every time.
- Tackling unwarranted variation is essential to improving the health gain and outcomes derived from healthcare across Scotland. (Realistic Medicine, doing the right thing, CMO Annual Report 2023-2023). Clinical records should reflect this standardised approach.
- Structured record keeping, including the use of a model, e.g. nursing process – assessment, planning, implementation and evaluation, record keeping system, or headings can enable staff to think more and in a different way about care delivery and is important for the successful transfer from paper to electronic patient record systems.
- Electronic patient record systems have been shown to reduce the time spent documenting care and improve the quality of record keeping whilst enabling easier auditing of practice. Digital technology should be one of the key enablers to delivering excellent care. The issue is not whether it has a role to play in the delivery of healthcare services but that *'it must be central, integral and underpin the necessary transformational change in services in order to improve outcomes'* (Scotland's Digital Health and Care Strategy, October 2021).
- Access to local education/ national programmes on how to write clear records, regular auditing and adhering to record keeping guidelines and principles are essential for improving the accuracy of records and increasing the likelihood of improved patient care.
- Consider what needs to be included in a clinical record – FACTS:
  - F = Factual (truthful, based on fact)
  - A = Accurate (clear, unambiguous, dated, times and signed)
  - C = Consistent (reliable and dependable)
  - T = Timely (contemporaneously written)
  - S = Shared (shared with the patient and others involved in their care) (Griffith 2016)

## Resources

- Provide the right information for the right patient at the right time, every time - <https://www.health.org.uk/improvement-projects/provide-the-right-information-at-the-right-time-for-the-right-patient-every>
- Practicing Realistic Medicine Summary - <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/06/realistic-medicine-doing-right-thing-cmo-annual-report-2022-2023/documents/chief-medical-officer-scotland-annual-report-20222023/chief-medical-officer-scotland-annual-report-20222023/govscot%3Adocument/chief-medical-officer-scotland-annual-report-20222023.pdf>



- NHS Education for Scotland, The Knowledge Network: Point of Care - <http://www.knowledge.scot.nhs.uk/home/point-of-care.aspx>
- Standards for the Clinical Structure and Content of Patient Records - <https://www.rcplondon.ac.uk/projects/outputs/standards-clinical-structure-and-content-patient-records>
- Scotland's Digital Health and Care Strategy, The Scottish Government, October 2021 [Enabling, Connecting and Empowering: Care in the Digital Age](#) August 2023 [care-digital-age-delivery-plan-2023-24.pdf](#) ([www.gov.scot](http://www.gov.scot))

### Support Clinical Decisions: Design Should Meet Professional and Legal Requirements

The design should support the capture of succinct, legally sound, relevant, and contemporaneous information.

- The design should meet the requirements of all the multiprofessional codes.
- All NHS health records are public records under the Public Records (Scotland) Act. All records should comply with legal and professional obligations such as:
  - The Data Protection Act 1998,
  - The Common Law Duty of Confidentiality,
  - The NHS Scotland Confidentiality Code of Practice,
  - Access to Health Records Act 1990, and any new legislation affecting health records management as it arises.
- Please refer to your local health records management policy. Your local information governance team are available for guidance and support.

#### Resources:

- NMC Code - <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
- GMC Keeping records - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/protecting-children-and-young-people/keeping-records>
- NMC Read the Code Online - <https://www.nmc.org.uk/standards/code/read-the-code-online/>
- HCPC Record keeping - [Record keeping | \(hcpc-uk.org\)](#)

### Support Clinical Decisions: Design to Enable Articulation of Reasoned Judgement

The design should support clinical decision-making:

- The design should capture the relevant information to support a clinical decision and subsequently demonstrate clinical judgement.
- The design should enable the multidisciplinary team to follow correct processes.

#### Resources:

- Thompson C, Cullum N, McCaughan D, Sheldon T, Raynor P. Nurses, information use, and clinical decision making—the real-world potential for evidence-based decisions in nursing. 2004 <https://ebn.bmj.com/content/ebnurs/7/3/68.full.pdf>



- Muntean, William, J. Nursing Clinical Decision-Making: A Literature Review 2012  
[https://pdfs.semanticscholar.org/ba14/b0d8ef4006ebdd03b73bd62355001f436ee2.pdf?\\_ga=2.85821593.1688313758.1566474438-1488053543.1566474438](https://pdfs.semanticscholar.org/ba14/b0d8ef4006ebdd03b73bd62355001f436ee2.pdf?_ga=2.85821593.1688313758.1566474438-1488053543.1566474438)
- Levy S, Heyes B. Information systems that support effective clinical decision making. Nursing Management - UK 2012;19(7):20-22 - <https://pubmed.ncbi.nlm.nih.gov/23189531/>
- Walker-Czyz A. The Impact of an Integrated Electronic Health Record Adoption on Nursing Care Quality. Journal of Nursing Administration 2016;46(7-8):366-72 - <https://pubmed.ncbi.nlm.nih.gov/27379908/>
- Thoroddsen A, Sigurjónsdóttir G, Ehnfors M, Ehrenberg A. Accuracy, completeness and comprehensiveness of information on pressure ulcers recorded in the patient record. Scandinavian Journal of Caring Sciences 2013;27(1):84-91 – <https://pubmed.ncbi.nlm.nih.gov/22630335/>
- Fossum M, Ehnfors M, Svensson E, Hansen LM, Ehrenberg A. Effects of a computerized decision support system on care planning for pressure ulcers and malnutrition in nursing homes: an intervention study. International Journal of Medical Informatics 2013;82(10):911-21 - <https://pubmed.ncbi.nlm.nih.gov/21783409/>

### Support Clinical Decisions: Demonstrate the Quality of Care

The design should capture quality assurance data (process and outcome) that demonstrates the quality of care.

- Build the 'quality control' into your record keeping design.
- Consider the process/ outcome measures that will capture the quality data required for quality control purposes.
- The data captured should reflect the contribution to the delivery and outcomes of care for the patient.

### Resources:

- NES quality improvement zone (measurement) - <https://learn.nes.nhs.scot/14067/quality-improvement-zone/improvement-journey/measurement/developing-your-measures>

### Additional resources to consider:

- Person centred care - <https://learn.nes.nhs.scot/59953#Compassionate>
- Safe Communications Tool Kit
- CEIM <https://ihub.scot/improvement-programmes/people-led-care/person-centred-design-and-improvement/ceim/>
- The Scottish Government Realistic Medicine Policy Unit is piloting a new app - '[Being a partner in my care](#).' The Realistic Medicine team has developed this app in partnership with patient and public representatives through collaboration with the Right Decision Service in Healthcare Improvement Scotland.



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