



**Personal and Public Involvement Annual Report
2016/2017**

DRAFT

**Personal and Public
Involvement (PPI)**



**Involving you,
improving care**

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1.0 Introduction

This report highlights how the Trust has met its obligations under Personal and Public Involvement (PPI) in the decision-making, planning, delivery and implementation of services.

2.0 What is Public and Personal Involvement?

PPI stands for Personal and Public Involvement. It is a term used to describe the process of including those who use health and social care services, their carers, relatives, friends, neighbours, voluntary workers, members of community groups and employees of voluntary organisations to become actively involved in making decisions about things that affect their lives.

Personal refers to service users, patients, carers, clients, consumers, customers or any other term to describe people who use Health and Social Care Services as individuals or as part of a family.

Public refers to the general population and includes locality, community and voluntary groups and other collective organisations. Individuals who use health and social care services are also members of the general public.

Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

A **Service User** or interest group - An individual or collection of people (or those who represent them) who use a service, the professionals who provide it, and others who have particular knowledge and understanding of a service, including carers.

3.0 PPI in the South Eastern Trust

The Trust's Personal and Public Involvement Strategy, *Involving You*, was published in October 2016. This strategy acknowledges the strength of the previous strategy and continues to build on effective personal and public involvement.

In *Involving You*, we pledged the following five aims:

- 1 Involve people in making decisions.**
- 2 Ensure that people have accessible information, confidence and skills they need to contribute to decisions.**
- 3 Increase feedback from people adopting a range of relevant formats, use this feedback to shape and improve services, and make sure people know how they have shaped outcomes.**
- 4 Ensure our staff and others have the skills and qualities they need to carry out personal and public involvement**
- 5 Evaluate, with service users and other stakeholders, how effective personal and public involvement activity is on the planning and delivering of services.**

4.0 PPI Governance

PPI Sub-committee

Accountability for Personal and Public Involvement is a function of the Personal and Public Involvement Sub-committee, which reports directly to the Safe and Effective Care Committee, which in turn reports to the Governance Committee of the Trust. The Governance Committee reports to the Trust Board. The PPI Sub-committee is chaired by the Director of Planning, Performance and Informatics.

Every Directorate is represented on both the PPI Sub-Committee and the PPI Leads Group.

PPI Leads

The PPI Leads Group promotes PPI activity and shares good practice and learning. This year the PPI Leads supported the development of a number of projects to improve involvement in the South Eastern Trust, including improving training materials to enhance involvement and worked with the Patient Client Council to assess information available at ward entrances.

PPI Regional Forum

In 2016/17, the South Eastern Trust contributed actively to the PPI Regional Forum, Rae Patience service user, and Elaine Campbell, Corporate Planning and Consultation Manager, represented the Trust on the Regional Forum.

On 22nd June, the Public Health Agency and Queen's University Belfast hosted a conference, '**Involving you, improving care: our involvement story**'.

The conference provided a platform to showcase good practice and progress thinking on Personal and Public Involvement (PPI). The conference was co-designed with other health and social care organisations alongside service users and carers.

At the conference, poster presentations were assessed by a panel of health and social care staff and service user/carers and judged to have made a contribution to progressing involvement in health and social care. The Trust won two awards:

Service improvement

Winner - South Eastern Health and Social Care Trust - Introduction of a co-produced course "being me again - life after brain injury".

Innovation in involvement

Runner up - South Eastern Health and Social Care Trust - Introduction of a co-produced course "being me again - life after brain injury".

5.0 PPI Standards

To help embed PPI into HSC culture and practice, the standards below were developed and launched in March 2015. The Trust has continuing to implement the five standards endorsed by the Department of Health, Social Services and Public Safety in March 2015.

These will help standardise practice and support the drive towards a truly person-centred system.

Standard One – Leadership

Health and Social Care organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.

Standard Two – Governance

Health and Social Care organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.

Standard Three – Opportunities and support for Involvement

Health and Social Care organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

Standard Four – Knowledge and skills

Health and Social Care organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.

Standard Five – Measuring outcomes

Health and Social Care organisations will measure the impact and evaluate outcome of PPI activity.

6.0 PPI Action Plan 2016/2017

In the year 2016/2017, the Trust committed to achieving the following actions in order to advance Personal and Public Involvement.

ACTION	PROGRESS
Revise the PPI Strategy for the Trust for the next three years	Complete – October 2016
Produce updated Consultation Scheme	Updated Consultation Scheme in draft pending advice from Department of Health
Produce a register of opportunities for involvement for the Trust	Complete –
Work in collaboration regionally and across the Trust to measure PPI outcomes more effectively	Outcomes based approach being implemented across the Trust in line with Programme for Government; new monitoring framework in development
Promote e-learning opportunities for staff	E-learning now available for all staff with internet access.

PPI in Action

Personal and Public Involvement case studies illustrate how particular activities have been undertaken, what the impact has been and what the learning has been from personal and public involvement. This section illustrates how involvement has made a difference across Trust services.

Mental Health Acute Day Treatment

Directorate: Adult
Department: Mental Health

A brief outline of the activity

Introduction of peer volunteers into Mental Health Acute Day Treatment based within Finneston House in Downpatrick which demonstrates the recovery ethos within the service. The development of Acute Day Treatment within the Mental Health Day Hospital has provided a community based alternative to inpatient treatment. This change process has been characterised by co-design and co-delivery.

What you did; the nature of the activity

The development of Acute Day Treatment within the Mental Health Day Hospital was undertaken through regular meetings and engagement with service users. Three longer term users of the service voiced their desire to take the next step in their

personal recovery and undertake a different supportive provider role within the newly developed service. The volunteer manager within the trust was contacted and the peer volunteer posts were developed.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

Acute Day Treatment (ADT) in Finneston House now has three peer volunteers who are valued members of the service. ADT provides a range of therapeutic interventions to support people during periods of acute mental illness.

The peer volunteers instil hope in patients, demonstrating that recovery is possible and through supporting patients to explore and participate in a range of activities including gardening, ceramics and art. The peer volunteer roles were developed at a key period of change within the service which recognised the need for a strong recovery ethos welcoming and recognising the importance of lived experience in service provision and development. Through discussion the importance of creating peer volunteer opportunities was recognised as a key area for development.

What was the impact of the PPI activity; what changed and why?

The recovery culture within the Acute Day Treatment (ADT) is strong with co-design and co-delivery now part of daily provision and ongoing service development.

The Peer Volunteers have made significant changes in the service that our patients experience:

Changing the nature of day to day interactions:

- Doing the tasks, but doing them in a different way.
- Having a different sort of conversation.
- Realising that sometimes it's the little things that matter the most.

Providing hope:

- Lived experience and evidence that recovering from acute periods of mental illness experience is possible.
- Use of personal journey.
- Carrying 'hope' & modelling this for team members.
- 'Hopeful' interactions.

Encouraging the taking back of control & self-management

- Helping patients to reflect on what they might do differently in order to take more control over a situation
- Using a strengths based approach to enable patients to find themselves and build their ability to do the things they want and need to do as part of their daily lives

What is the impact of the change on staff, users and members of the public?

Collaborative working has become part of the way things are done within ADT. The staff have increased their awareness of the importance of work opportunities and the need to develop and explore employability skills for people living with mental illness. The process that staff undertook with previous service users to become peer volunteers has seen both groups reflect on the roles they took in the past and the paternalism and dependency that was sometimes created. The peer volunteers enable hope to be held to focus on what can be done and re-building lives through participation in what is important to the person.

How did you measure the change?

The Peer Volunteers completed their training and formally took up post in February 2017. A patient rated experience measure is currently being designed to allow the measurement of the impact of the peer volunteer. Patient feedback to date has been positive and the attendance to ADT has increased supporting people either to reduce length of stay from the hospital ward or as an alternative to admission through utilising Acute Community Services (ADT and Home Treatment).

What did you learn?

Co-design and co-production is crucial for meaningful service development. Service users' views are essential for improving provision to meet the needs of our patients. The transition from patient to peer volunteer is personally transformative for the individuals; increasing their self-efficacy and providing a role that is highly valued and gives a sense of belonging and inclusion.

What, if anything, would you do differently next time?

We now have a clear process in place for discussing and exploring work, the worker role and work aspirations with our patients. We plan to develop a range of peer opportunities including in the future peer support worker roles being part of the service.

Transport Forum

Directorate: Human Resources & Corporate Affairs
Department: Patient Experience

A brief outline of the activity

The Trust was approached by a local elected representative to discuss the problems of inappropriate parking in Dundonald Village. The Trust and Elected Representative jointly agreed to form a multi-agency forum. It was agreed the Forum would meet each quarter.

The Trust would wish to be viewed by the community as a good neighbour; we acknowledged from the outset we contributed to a problem in the Dundonald Village however, stated we are only part of an overall solution.

Members of the Forum initially did not appreciate the extent of the work we had undertaken to manage parking on site and the limitation of our ability to control the exterior environment. The Forum fosters open and transparent discussion between stakeholders and encourages and develops ideas to jointly improve the local environment.

What you did; the nature of the activity

The Trust is a participative member at the Multi Agency Forum. Other members include local elected representatives, the Police Service for Northern Ireland, Department for Regional Development, Sustrans, Translink, local business owners and local residents.

When the forum was established the Trust set out its current position and vision. The Trust presented statistics, constraints and opportunities which led to a greater appreciation of our challenges. There was recognition of limitations on the Trust and an appreciation of our willingness to engage with the wider community to attempt to jointly solve parking issues. The open debate allowed space for each party to acknowledge how they contributed to the problem and identify a joined up approach to seeking resolution.

The Forum identified particular issues around parking in the Dundonald area and continues to discuss and implement options to reduce inappropriate parking.

Issues discussed included identifying specific areas of pressures in local areas, alternatives to car use through greater use of the Comber Greenway for cycling and increasing walking to work and the use of the Dunlady Park & Ride in Dundonald.

The Group are also considering possible new or emerging solutions such as residential permit parking, greater municipal car parking capacity and the Belfast Rapid Transport system.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

The Forum consisted of various stakeholders –

The Police Service for Northern Ireland, Department for Regional Development, Sustrans, Translink, elected representatives, local business owners and local residents.

What was the impact of the PPI activity; what changed and why?

The Forum agreed that a joint approach to parking pressures was the best way forward. Common ground was established and the Forum worked together to look at alternatives to parking.

The formation of this Forum also allowed the Trust to present our own Ulster Hospital travel plan. This helped to reassure the stakeholders in the Forum that the Trust was taking seriously the problems around parking and the need to provide alternatives to staff.

Parking in the Village is a major cause of frustration. From a Trust perspective a major achievement has been to set out the extent and limitation of our ability to solve the problem and by doing this we are active and inclusive in community dialogue. This has now changed mind sets and the members of the Forum now acknowledges our limitations and promotes our achievements to the wider community.

The most significant impact that the Forum achieved was the agreement by Translink and Transport NI that the Dunlady Park & Ride service in Dundonald could be used by Trust staff to park. This would reduce pressures in local residential areas and ultimately ease pressures in the village for both residents and businesses. This would also benefit the Trust and staff by reducing pressures on the Ulster Hospital site.

In October 2016, a free (to staff) shuttle bus service was launched and to date in excess of 1600 journeys (as at week 16) have been undertaken by staff.

This amounts to 100 less vehicles per week parking in local areas causing congestion.

What is the impact of the change on staff, users and members of the public?

- Reduce parking pressures on the Ulster Hospital Site.
- This has given our staff an alternative.
- Reduce parking pressures in local residential / business areas and improving relationships with our neighbours.
- Reduce the amount of complaints received by the Trust in relation to parking.
- Built strong relationships with the Forum stakeholders and local community.

How did you measure the change?

By monitoring complaints originating from the community and the numbers using the service.

What did you learn?

A partnership approach with the community, elected reps, Public Sector Organisations and businesses has improved relationships and understanding with our neighbours. The benefits are that it has started to help reduce congestion in Dundonald village and there is a decline in the number of complaints decline.

Through working together we are starting to join up the dots to explore a variety of interdependent solutions.

A similar forum should now be considered and replicated in other areas where vehicle congestion is potentially affecting our neighbours, such as Lagan Valley Hospital.

What, if anything, would you do differently next time?

Hindsight is a wonderful thing; however, we should have commenced this partnership approach earlier and therefore articulated our willingness to find solutions and expressed our limitations of control sooner.

Health and Wellbeing for Trust Staff

Directorate: Children's Services and Social work
Department: Health Development

A brief outline of the activity

Research indicates that a healthy workforce can lead to reduced sickness levels, better morale, high employee retention rates and improved outcomes for both patients and clients. The Ulster Hospital is the principal site within the South Eastern Trust, with the largest number of staff in one area. Prior to October 2016 there was no provision of physical activity opportunities or other health and wellbeing initiatives for staff on the site. To ascertain what type of activities or interventions they would like us to provide for them, if that were possible, staff on the Ulster Hospital site were surveyed in February 2016.

What you did; the nature of the activity (focus group, public meeting)

A Survey Monkey was released via e-mail to all staff on the Ulster Hospital site – included was a list of suggested activities staff may wish to consider appropriate for their health and wellbeing. The results of the responses were collated for discussion and action by Health Development.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

308 staff in total responded to the survey.

What was the impact of the PPI activity; what changed and why?

As a result of the activity, the Trust appointed a Health and Wellbeing Coordinator for the Ulster Hospital site (initially), to be responsible for the coordination and delivery of a number of health and wellbeing initiatives for staff. The Coordinator commenced in post in September 2016. Initially the focus was on physical activity based initiatives (e.g. circuit training, couch to 5K, boxercise), however this has progressed to other areas of interest such as mental health and wellbeing, transport (cycle to work), parenting issues, and a book club. The most important outcome is that staff now have a point of contact regarding their health and wellbeing needs on the Ulster Hospital site. This is very much in the developmental stage, but it's anticipated that the Health and Wellbeing Coordinator post will be re-advertised as a permanent post, and in doing so the scope of responsibility for coordination of staff Health and wellbeing will be extended to Trust wide.

What is the impact of the change on staff, users and members of the public?

The impact of the change on staff has resulted in:

- regular attendance at the activities organised
- activities not so well attended have been replaced by other suggested initiatives as per staff survey
- good communication and relationship building with the Coordinator and UHS staff

How did you measure the change?

- Quantitative monitoring of attendance at initiatives
- Qualitative monitoring from staff – verbal responses, questionnaires completed pre and post activities, e-mails received

What did you learn?

- **That staff are genuinely interested in their health and wellbeing in the workplace.**
- **Good communication is key to building a relationship with staff members.**

What, if anything, would you do differently next time?

Ensure contact was made with those Trust staff not on e-mail to ensure equity of opportunity to respond to the survey and submit their views.

Art Workshops – MacDermott Unit

Directorate: Surgery

Department: Cancer Services

A brief outline of the activity

Activity aim was to seek cancer service user involvement to develop a piece of art to improve the clinical environment.

What you did; the nature of the activity

PPI workshop with the artist in resident and involving young people with cancer.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

Representation included: from staff nurse from the chemotherapy unit, Macmillan Information and Support manager, Art Care NI, Teenager and young adults Project MUIster Hospitalanager Northern Ireland Cancer Network and patients.

What was the impact of the PPI activity; what changed and why?

A collaborative piece of art which will be displayed in the MacDermott area which will be will be decorated and equipped for teenagers and young people with cancer.

What is the impact of the change on staff, users and members of the public?

Ownership, collaborative working, mutual respect, co- production and better patient experience with enhanced relationships.

What did you learn?

The number of patients who attended was disappointing due to various factors, eg patient was unwell. The learning will be to look at other methods for promoting patient involvement and recruitment to activities.

See and Treat

Directorate: Hospital

Department: Surgery

A brief outline of the activity

In May 2015 the Plastics Service implemented a new See and Treat clinic model to improve patient experience as well as improving the access and efficiency on the Plastics red flag pathway. The service sought feedback back from the users to evaluate the impact of new service and to highlight any areas requiring further improvement.

What you did; the nature of the activity (focus group, public meeting)

A satisfaction survey was carried in December 2016. The questionnaire aimed to gauge awareness of the following aspects of the care and service provided:

- Patient Information
- At the clinic
- Overall satisfaction

How many people participated? Were they staff, users, etc and how did you secure their involvement?

73 patients participated in the exercise via postal survey; to facilitate a better response a stamped addressed envelope was included.

What was the impact of the PPI activity; what changed and why?

This patient feedback exercise ensured the service redesign had resulted in the desired improved patient experience. Whilst the feedback was overwhelmingly positive one action for improvement was highlighted in regards to communication. Service to review patient information leaflets and consider the addition of or amendment to any post op information to include information regarding:

- Wound care and what to watch for i.e. discolouration or infection to the wound.
- How long would it take for graft site and wound area to fully heal.
- Dressing clinics.

What is the impact of the change on staff, users and members of the public?

The feedback was very positive especially in relation to the quality of care and experience of the patient – this was very encouraging for the team – both nursing and medical.

Improving the communication re the process, waiting times and post op care etc. we hope will increase the satisfaction of patients as they progress through the See and Treat pathway.

How did you measure the change?

The change will be measured by further feedback exercises; for both patients and staff.

What did you learn?

The impact of the activity.

What, if anything, would you do differently next time?

To ensure a greater response rate some consideration would be given to carrying out the feedback exercise with patients while they are still in the Fracture Unit or during the telephone conversations that are carried out following the virtual clinic.

Lisburn Primary Care Wellbeing Hub

Directorate: Adult Services
Department: Mental Health

A brief outline of the activity

The Hub now offers face-to-face assessments to Service Users – this is in addition to telephone assessments. The Wellbeing Hub had originally offered telephone assessments only as it was thought this provided Service Users with more convenience. However, as a result of Service User feedback and requests, face-to-face appointments can now be booked with the Hub Coordinator if requested. Service Users who are uncomfortable with telephone contact now have another way to complete their needs assessments.

What you did; the nature of the activity (focus group, public meeting)

Feedback and requests during assessments and follow-up with Service Users.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

250 Service Users who were involved in the Wellbeing Hub pilot phase.

What was the impact of the PPI activity; what changed and why?

70% of Service Users reported moderate to significant improvements in their wellbeing.

What is the impact of the change on staff, users and members of the public?

The Wellbeing Hub has been rolled out across the Lisburn sector and we can access more Service Users.

How did you measure the change?

Goal attainment scale & Clinical Outcomes in Routine Evaluation questionnaire

What did you learn?

The importance of listening to and implementing suggestions from Service Users.

What, if anything, would you do differently next time?

Set up a Service User forum.

Social Investment Fund Programme

Directorate: Children's Services
Department: Health Development

A brief outline of the activity

The Social Investment Fund (SIF) programme overseen by the Trust needed to develop a means of gathering data to provide input to the Outcomes Based Accountability (OBA) Scorecard being collated by the Executive office. This was in relation to the "Is anyone better off" section of the Incredible Years element.

The Incredible Years programme delivered as part of SIF is undertaken by a number of voluntary and community organisations, which have been competitively selected to undertake this work on behalf of the Trust.

What you did; the nature of the activity (focus group, public meeting)

A draft questionnaire was developed and piloted with parents undertaking the SIF funded Incredible Years programmes, to check if the questions being asked made sense and how user friendly it was. Programme facilitators did explain why this was being done and that participation was voluntary. In addition, the facilitators of the programmes were also asked to comment on the document, as were the managers of the service delivery organisations.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

Overall there were 25 parents involved in the pilot, 6 programme facilitators, and 8 managers and partnership leads.

Involvement was secured from the manager and facilitators by the Trust asking for their help and from the parents by the Trust requesting the programme delivery organisations to pilot the questionnaires at existing courses being run.

What was the impact of the PPI activity; what changed and why?

The overall impact was that a revised questionnaire was rolled out to all parents that undertook the Incredible Years training from the end of the pilot to date. This had been modified from the original document following feedback on the size, layout and phrasing of some of the questions.

What is the impact of the change on staff, users and members of the public?

There is no significant impact for the wider community, other than being to gauge and provide data to The Executive Office on the OBA measure of "Is anyone better" off for the parents who undertake the SIF Incredible Years programme. This was what the activity was aimed at and this was achieved.

How did you measure the change?

The key change is this was the introduction of a new piece of data gathering that did not exist before. What was valuable was the input from parents to make the means of gathering the data more effective and less burdensome to parents.

What did you learn?

Whilst we think we know how to ask the right questions, this is not always the case and that consultation and seeking the view of patients/clients can yield positive feedback to really help shape what we do.

What, if anything, would you do differently next time?

The testing of any draft questionnaires should have been completed before the courses commenced. We did lose some participants who went through some early courses without commenting on if they were better off.

Annual Bereavement Service

Directorate: Women and Acute Child Health
Department: Maternity

A brief outline of the activity

Annual Bereavement Service for parents who have suffered miscarriage, stillbirth, neonatal or child death.

What you did; the nature of the activity (focus group, public meeting)

Through our unique bereavement user group – the Forget Me Not group publicised service, arranged music, issued invitations, devised programme and staff and users allocated spots, set up on the night, home-made refreshments for after the service.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

Over 100 people attended – parents and their families, local musical group, staff from Women and Child Health, chaplains, senior Trust staff.

What was the impact of the PPI activity; what changed and why?

Positive feedback on the night on how much the women and their families had gained from the service. Members of the group took great comfort from participating in the delivery of the programme.

What is the impact of the change on staff, users and members of the public?

Parents were thankful for the opportunity to remember their loved one, they got support from each other, staff, chaplains, and members of the Forget Me Not group. Staff met women they had cared for during their loss and had an opportunity to catch up with them again.

How did you measure the change?

Feedback on the night directly to staff and members of the forget me not group
Comments on social media were positive.

What did you learn?

We had one negative comment from a woman because we had asked that young children not attend as many bereaved parents find this very upsetting.

What, if anything, would you do differently next time?

Exclusion of young children will be discussed at the Forget Me Not group meeting leading up to preparation for the service next year. We are considering holding a separate event during the day to which families can attend.

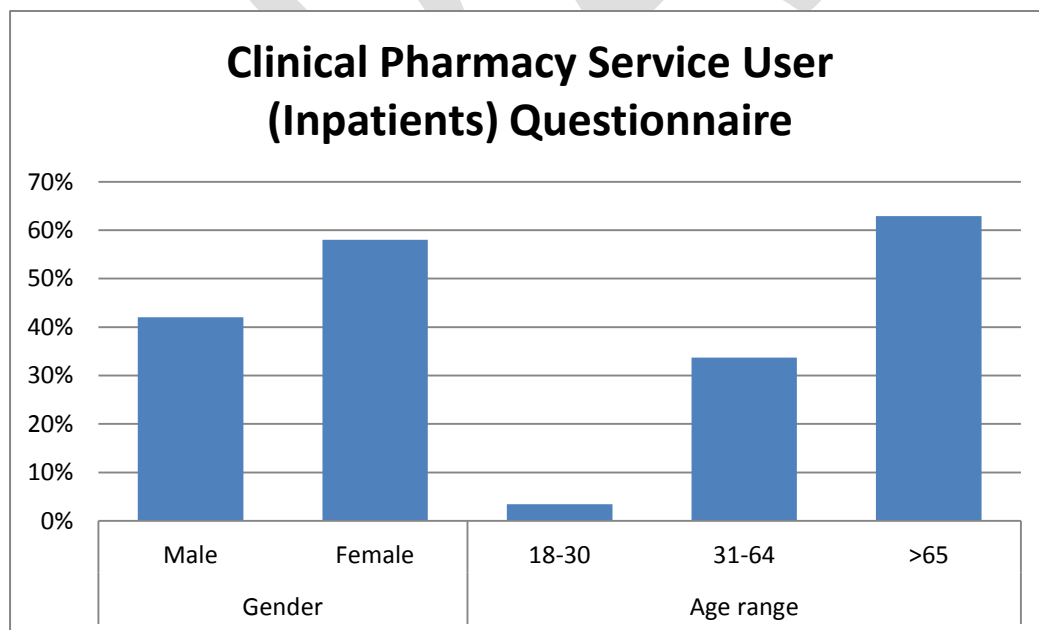
Clinical Pharmacy Service User Feedback

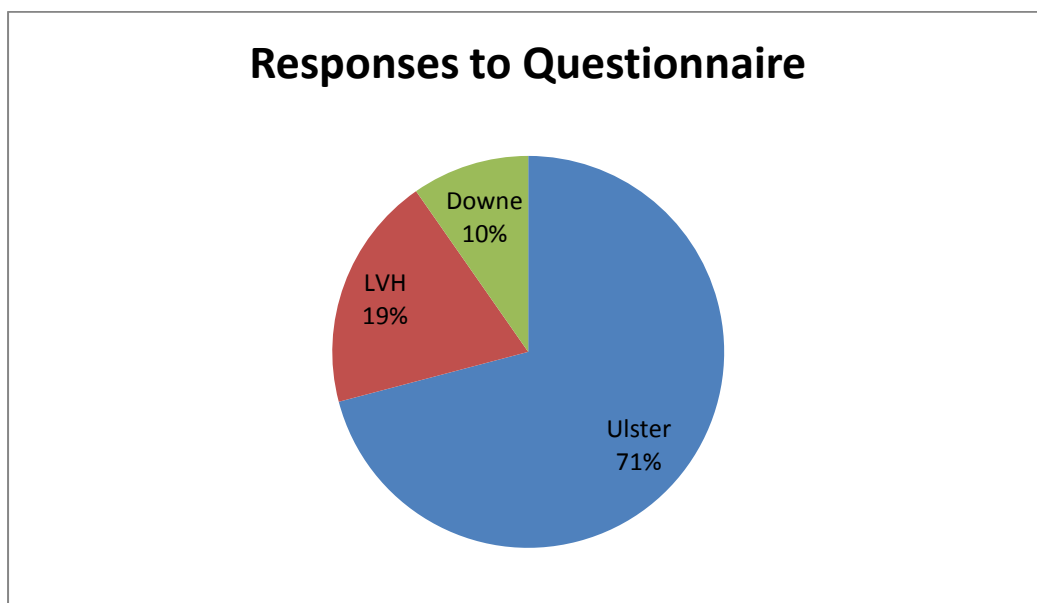
A clinical pharmacy service inpatient satisfaction survey was carried out during one week in June 2016 in all medical wards in the Trust

To assess awareness by inpatients of the following aspects of the clinical pharmacy service:

- Contact with Pharmacy staff
- Patients Own Medication
- Information regarding medication

103 questionnaires were received from a spread of inpatients as shown in the following graphs





Some positive feedback:

- 93% of patients confirmed that since admission a Pharmacist had asked them about their medication history.
- 67% thought the Pharmacists explained the purpose of, and how to use their medicines, in a way they could fully understand.
- 52.9% brought their own medicines into hospital and 98.2% of these patients were happy to use their own medicines during their hospital stay.

This has supported the case for appropriate pharmacy staffing (pharmacists and technicians) on all wards to support nursing staff in the use of patients own medicines and one stop dispensing (PODs & OSD) to achieve significant savings regarding medication

- 100% of patients agreed with the current policy that only new or changed medicines should be supplied on discharge.

Some things identified to improve on:

- 22 % of patients were unable to identify Pharmacy staff on the ward
- 47% felt that if they wanted to speak to a Pharmacist about their medicines during their stay in hospital, they wouldn't know how to contact them

To improve this name badges stating "Pharmacist and full name" have been purchased for all staff and they are encouraged to wear these at all times

- 67% of patients thought the Pharmacists explained the purpose of and how to use their medicines, in a way they could fully understand.
- 68.8 % felt the information provided about their medication changes was sufficient.

- BUT when asked, “Has a Pharmacist had the opportunity to tell you about any side-effects to watch out for with your medicines”? 73 % of patients said “No”.
- 100% of patients would have liked someone to have explained any changes in their medicines.

Future plans:

- Promote more medication counselling during inpatient stay.
- Discuss at huddles/clinical meetings.
- Possible follow up consultations post discharge.

Comments from patients regarding the discharge process

- *“Getting a doctor to write the letter is extremely slow. Get a pharmacist to do it instead.”*
- *“Time it takes for prescriptions. One item required, paracetamol which I could have bought myself.”*
- *“More communication on my estimated time of discharge (ETA) with my medicines so that I can liaise with family.”*
- *“Improve drug availability / feels the ward is always having to order it in – delays in medication.”*

Pharmacy plans to improve the discharge process

- Present findings to nursing and medical staff:
 - Encourage use of over-labelled products P/GSL where appropriate.
 - Offer patient choice to either wait for over the counter (OTC) products. with anticipated waiting time explained or purchase OTC product on the way home.
 - Work with pharmacy staff to improve discharge planning.
 - Highlight work with e-whiteboards where medically fit status will default to link with “prescription to be written” to help prioritise work.
 - Clinical pharmacists to explain standard turnaround times for prescriptions.
 - Encourage the use of prescription tracker on wards.
-

Volunteer Peer Advocacy

Directorate: Adult Services

Department: Mental Health

A brief outline of the activity

The aim of advocacy is to ensure that the voice of the service user is heard, to reduce stigma and to shape and improve the quality of services. Peer advocates provide information impartially so that service users can be aware of all options available, including services that will support recovery.

Peer advocacy, where advocates have been users of mental health services themselves, highlights the importance of 'expertise by experience' to create an equal partnership between the service provider and the service user. It is particularly valued by service users as it can help challenge the discrimination and stigma associated with mental illness (Bamford Review). Peer services have a focus on recovery and empowerment.

What you did; the nature of the activity

In 2011 a group of service users, carers and professionals determined the need to develop a Peer Advocacy Service to ensure that the service user voice could be represented at all levels.

The outcome of this decision was to employ a peer co-ordinator and establish a peer advocacy steering group consisting of service users, carers and professionals. The task of this group was to co-produce and co-deliver courses to provide prospective peer advocates with the knowledge, skills and values required of a peer advocate. The first course developed was an Open college Network Peer Advocacy Accredited Level 2 training package. This and the mandatory training for SEHSCT peer advocates is delivered by service users, carers and mental health professionals within the Trust and external community organisations. Peer advocates now provide the Peer Advocacy Service and deliver training to a wide range of groups, including service users, carers and professions within both statutory and voluntary sectors.

This Peer Advocacy Service is available to all individuals over the age of 18, who access mental health services within the Trust.

Peer advocates currently sit on a vast range of groups, sharing information that might benefit individuals, groups or organisations.

Peer advocates work collaboratively with service users using a goal orientated approach to individual and collective service user's issues or concerns. This may occur with the service user, peer advocate and members of the multidisciplinary

team discussing the planning and decisions that will ensure that the service user is fully actively involved in their own care pathway to recovery.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

Currently there are 13 trained volunteer peer advocates providing individual and group peer advocacy in both community and in mental health inpatient settings across the Trust.

Referrals to the service are received from Health and Social Care staff, service users, carers / family and voluntary agencies. Approximately 35 service users a month receive support from the Peer Advocacy Service. Over the 2015-2016 period there have been, approximately 650 service user contacts with peer advocates who raise awareness on what peer advocacy can offer.

Peer Advocates are integral in providing training to service users and staff both on psychiatric wards and within the community. Peer Advocates will at all times seek to raise awareness of the benefits to be gained by all from using the Peer Advocacy Service and of attending peer training.

In its first 3 years (2013 – 2016) the Peer Advocacy Service delivered training to 412 service users and 157 service providers. Members of the multidisciplinary team play a valuable part in working alongside the peer advocates in the facilitation of many of the peer courses being delivered.

The main proponents of peer training are the people who have accessed peer advocacy, the mental health professionals who have worked with a peer advocate and the peer advocates themselves.

What was the impact of the PPI activity; what changed and why?

The Peer Advocacy Service has a key role in ensuring that service users feel their rights and issues of procedural justice are being appropriately respected.

In 2016, questionnaires were used to gather feedback from service users and staff, it was reported that the service was valued not just for its practical benefits but also for the process of individual trust, support and empowerment thus helping individuals move towards their own individual recovery.

Feedback gathered from a questionnaire sent to peer advocates to assess the impact of attending peer advocacy training and of delivering on the volunteer role has indicated that both have had many positive benefits for peers: examples include the opportunity for service users to re-engage with formal learning, improve knowledge, skills and improve personal mental well-being.

A number of those who attended the training and/or carried out the peer advocate role have since moved on to employment, a significant number students have since gained employment within the Belfast and South Eastern H&SC Trust as peer support workers or peer trainers. The qualification and role experience had been used to fulfil the criteria required for the post.

What is the impact of the change on staff, users and members of the public?

Feedback gathered from the questionnaire in 2016, noted that service users, peer advocates and SEHSCT staff attribute the previous mental health experiences of the peer advocate to have a positive contribution to the advocacy role as peer advocates are seen as positive role models. Service users refer to the positive and supportive advocacy relationship.

Testimonials from service users suggest that there is a high level of satisfaction with the Peer Advocacy Service and that peer advocates provided the necessary support to ensure that their voice was heard and that they were prepared and encouraged to be full participants in their meetings with staff. The advocacy relationship was noted to be valued by service users not just for its practical benefits, but also, for the process of individual trust, support and empowerment, which was noted as being paramount in the move towards recovery. Peer advocates noted that their own experience of mental health services influenced their decision to become a peer advocate. The peer advocates expressed that they felt they had gained in personal confidence and felt that this in turn has a positive effect on patients, who can see someone who has been a service user, now in an advocacy role and being a role model.

The feedback gathered from staff on the peer advocate role highlighted that staff welcome the service as staff and see peer advocates as helping communication between patients and staff, so promoting a better understanding from staff and a better engagement from service users.

The overall questionnaire findings from service users, peer advocates and staff show satisfaction with the operation and effectiveness of the South Eastern HSC Trust Volunteer Peer Advocacy Service. The peer advocacy model is perceived to be a helpful conduit for expressing service user views on service provision as well as precipitating a strong sense of self help amongst the peer advocates.

The three way interaction between the roles of service users, peer advocates and staff is key to the effectiveness of peer advocacy for all parties.

How did you measure the change?

Questionnaires were sent out to service users, peer advocates, staff and students and used to gather feedback on the impact of the service, training and peer advocate role. The overall findings from this feedback indicate that the South Eastern Health and Social Care Trust Peer Advocacy Service works as a positive advocacy model and is in line with policy changes in mental health service delivery with a strong focus on recovery oriented provision.

The Peer Advocacy Service works with Open College Network both in developing and maintaining the quality for the regional and national qualifications. Feedback evaluation forms for all training delivered by the service are collected and utilised to improve the delivery and content of the training.

What did you learn?

The peer advocacy role is complex, to ensure that this role is provided to a high standard we have recognised the importance of developing a robust and comprehensive operational policy that will include the pathway for future peer advocates, all relating peer advocacy documents and codes of practice.

Demand for the service is increasing in response to this we are in the process of establishing a Trust Peer Advocate Management Group so that awareness of the service and so that there are clear lines of communication between the Peer Advocacy Service and South Eastern Health and Social Care Trust mental health professionals. This in turn could have a positive impact for service users within the community wishing to access the service as it will raise awareness of where and when peer advocate support is available and of what it can offer.

Many of the peer advocates have expressed the need for more formal training on legislation relating to mental health. In order for peer advocates to be fully confident in their role there is a need for bespoke training provided to peer advocates by the Law Centre.

What, if anything, would you do differently next time?

Many of the service users who have completed the peer advocacy training and who have delivered on the role of volunteer peer advocate have used this as a route to return to work and would benefit from yearly appraisals and possibly coaching. This is something that the service should plan to offer current and future peer advocates.

Shopmobility

Directorate: Human resources & Corporate Affairs

Department: Patient Experience & Safe & Effective Care

A brief outline of the activity

As a result of feedback from service users and their carers, the Trust became aware of a mobility issue on the Ulster Hospital Site, which affected, particularly people who were registered disabled or who experienced temporary disabled had difficulty getting from the disabled carpark into the Ulster \Hospital main entrance; then getting from the main entrance back to the disabled carpark.

What you did; the nature of the activity (focus group, public meeting)

Patient Experience staff initiated a joint approach with Don Gamble Lead Chaplain, Richard Walker Transport Manager and Conor Campbell Safe and Effective Care, to gather feedback from stakeholders and respond to the gap in the service. The Trust initiated a Mobility Forum to work together to produce creative solutions to the mobility issues at The Ulster Hospital, which meets four times per year.

This identified a gap in the service provision, where service users had to make their own way into and from the main entrance. On arrival the meeting and greeting service would sign post service users to the front reception who telephoned the Patient Experience Help Desk, who contacted the Portering Service to attend. On return the service user may have been left at the main entrance; where they may experience difficulty getting back to their car in the disabled carpark.

How many people participated? Were they staff, users, etc and how did you secure their involvement?

The Forum has representatives from: Portering Services; Patient Experience Enquiries Office, Volunteer Service and The Patient Client Council Service User Groups. Their involvement was secured by getting them to sign up to Jeff Thompson's Patient experience A.D. vision of when service users come into the main entrance of the Ulster Hospital they have a range of services to meet their mobility needs: direction sign posting from the meters and greeters of the volunteer service, portering and enquiries at the enquires office. Each service represented at the forum bought into this vision.

Patient Experience drew on Conor Campbell's experience with the Belfast Trust. He initiated a series of meetings with the Belfast Trust's Volunteer's Co-ordinator at the Royal Victoria Hospital who sign posted to Shopmobility to provide a solution to the gap in the service. Shopmobility provides wheel chairs and electric scooters for use in public places and have been working in the Belfast Trust for nine years.

Richard Walker used his experience from transport and worked with shop mobility to decide on the numbers and sizes of wheel chairs and electric scooters to provide. Shop Mobility representatives joined the Mobility Forum at the Ulster Hospital.

What was the impact of the PPI activity; what changed and why?

One impact of this activity is streamlining the service, in that that The Ulster Hospital came into line with other acute hospitals. Joining Shop mobility at any one site in Belfast gives members access to Shopmobility services at all the sites.

The service is located at the front desk of the entrance atrium of the Ulster Hospital, which has become a shared space with Shopmobility and meet and greet volunteers working together to provide the best service for service users coming into the Ulster Hospital.

What is the impact of the change on staff, users and members of the public?

The change had a positive impact on staff: Outpatients staff, were less stressed by clients missing or being late for appointments because of mobility or car parking issues. Staff in inpatient wards could see the benefit for their patients who could have visits from family members who had mobility issues which would have prevented them from visiting previously. Service users were less stressed getting to outpatients appointments. Service users could arrange in advance to be met at the disabled car park, bus stop or when dropped off at the main entrance by car.

Shopmobility provide a Meet and Service and can arrange by telephone to meet people in the disabled car park and can bring an electric scooter or wheel chair to them and assist in getting them into the hospital. This service has been extended to meet people arriving by public bus and people who are dropped off at the main entrance; taking pressure of car parking. This service fills a gap for service users.

How did you measure the change?

The change is measured by KPIs which measures up take and usage of service and by monitoring complaints, feedback and complements.

What did you learn?

We learnt of the effectiveness of a joint approach working together instead of working in silos. This enabled us to draw on the expertise and experience of other services and trusts outside patient experience. Working across trusts enabled us to create a link with shop mobility in the Royal Victoria Belfast and the Belfast Trust's volunteer service.

What, if anything, would you do differently next time?

I would use a Performance Planning Value Chain Model (Neely & Jarrar 2004) to provide a systematic approach to enhance the PPI decision making process. This approach provides a process of transforming the data collected from feedback into information which can be used in the process and knowledge which can be shared to benefit everyone.

Any other comments?

The next stage would be to roll this service out across all the acute sites in the trust using this approach.

DRAFT

7.0 Action planning – PPI Priorities for 2017/18

The Trust will continue to implement the PPI Standards and to measure the impact of Personal and Public Involvement through the following priorities:

- Produce updated Consultation Scheme
- Promote e-learning opportunities for staff and service users
- Produce an updated register of opportunities for involvement for the Trust
- Work in collaboration regionally to develop models of co-production and share with Trust colleagues and service users

DRAFT

Personal and Public
Involvement (PPI)



Involving you,
improving care