Southern Health and Social Care Trust

Quality Care - for you, with you

Action Plan to Enhance Personal and Public Involvement

Within the Acute Directorate 2014-2015

This PPI Action Plan outlines the key actions that will be taken to enhance Personal and Public Involvement during **2014/2015** and will feed into the overall Trust Corporate PPI Action Plan.

The key contacts in relation to this action plan are:

Director of Acute Services Mrs Debbie Burns 028 3861 2551 **Personal Assistant** Emma Stinson 028 3861 2510	**Assistant Director of Acute Services; Surgery & Elective Care** Heather Trouton 028 3861 2025
Assistant Director of Acute Services; Medicine & Unscheduled Care Barry Conway 028 3861 2790	**Assistant Director of Acute Services; Cancer & Clinical Services** Ronan Carroll 028 3083 5000
Assistant Director of Acute Services; Functional Support Services Anita Carroll 028 3083 5056	**Assistant Director of Acute Services; Medicine and Unscheduled Care** Simon Gibson 028 3083 5000
Director of Pharmacy; Dr Tracey Boyce 028 3861 2295	**Assistant Director of Acute Services; Integrated Maternity & Women's Health** Anne McVey 028 3861 2431

PPI INDICATORS	
1 Information a. Do you have information explaining who you are, what you do, how you can be contacted and the standards service users and carers can expect from your service? b. Do you provide information to help service users or carers to understand more about their health and/or social care needs? c. Do you signpost and/or provide information to service users / carers of other sources of support available locally? d. Do people who use your service and their carers know how to make a complaint? e. Do people who use your service and their carers know that they have a right to be involved in the planning, development and evaluation of the service you provide? f. Do you provide a list of opportunities for involvement? **2 Levels of involvement** 1 Do you involve service users in the development of their care and/or treatment plan? 2 Do you involve service users and their carers/ family in the evaluation of the service you deliver? 3 Do you involve service users, carers and the public in the development of new services or in planning service improvements for the service you deliver? 4 Do you involve service users, carers and the public in the planning and development of services/projects that influence the way your Directorate carries out its business? 5 Do you involve service users, carers and the public in the planning and development of services/projects that influence the future direction of the Trust?	**3 Evidencing the Patient Client Experience Standards** What mechanisms do you have in place to monitor and evaluate how staff in your area of responsibility uphold the 5 Patient Client Experience standards : ○ Respect, ○ Attitude, ○ Behaviour, ○ Communication, ○ Privacy and Dignity? **4 Training** **a.** What mechanisms do you have in place to assess and address the training and development needs of your staff to enhance their skills in personal and public involvement? **b.** What mechanisms do you have in place to assess and address the training and development needs of your service users, their carers and the public to enable them to participate in involvement activities? **c.** What opportunities can you identify for service users and carers to become involved in the training of your staff? **5 Monitoring and Evaluation** o How do you measure/assess the impact and outcome of your involvement activities? o What has been the impact of your PPI activities on services? o Has PPI improved the patient client experience? o What did those involved think about the process of involvement?

1 Information

Key Objective: *Information that supports the engagement and involvement of service users, carers and the public is available in a variety of formats to meet identified need.*			
Key Deliverables	**Key Actions 2014/15**	**Timescale & Leads**	**Progress Update/Impact @ 31/3/15**
Information explaining who you are, what you do and how you can be contacted	○ All services to review existing service leaflets and develop as required ○ Provide information in different languages at self-check-in desks in OPDs CAH and DHH.	ADs, HOS, Managers March 2015 H Forde	**Completed** -patients whose first language is not English are provided with information to enable them to use the self-check-in desks in OPDs
Information on conditions or issues relating to the service/s provided is available for Service Users, Carers and the Public	○ All services to ensure written leaflets on services, conditions or issues relating to the service are up-to-date and distributed for services users, carers and the public. ○ Use a range of leaflets from other agencies ○ Create a database of products / ingredients and allergen information.	ADs, HOS, Managers March 2015 LSSMs Dec 2014	A selection of the 6 most popular information leaflets on day procedures available for patients' comments. • Review of leaflets carried out in Surgery and Elective Care. A selection of the 6 most popular information leaflets on day procedures available for patients. Other information leaflets are available on wards, on display for patients / relatives to take and read and some are given directly to patients when applicable. • Information on allergens is available for any of the food served to patients at ward level and any food items sold in the dining rooms and coffee bars to comply with the new Food Information Regulations which come into force December 2014.
Information on the standards service users and carers can expect from your service is available	○ Each service to develop " What You can Expect from Us and What we Expect from You" ○ Increase awareness with the local community in an effort to reduce the incidences of anti-social behaviour on the Lurgan Hospital site.	ADs, HOS, Managers March 2015 K Corley May 2014	• All Clinical Guidelines now available on the Trust intranet. • The Lurgan Neighbourhood Policing Team and reps from the Trust met with local residents May 14. • Health and Safety House Committee established to engage with all site users. • Video on what to expect when in ED Dept. produced and available on Trust FB, Twitter and website
Information explaining how Service Users, Carers and the Public can make a complaint or comment on the service provided is available	○ All staff to be competent in following the Trusts complaints and comment procedure ○ Complaints posters and leaflets displayed in all public areas	Ads, HOS, Managers March 2015	**Completed** In addition Patient Liaison Service in place in CAH and DHH

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Key Deliverables	**Key Actions 2014/15**	**Timescales & Leads**	**Progress Update/Impact @ 31/3/15**
Information that explains how Service Users, Carers and the Public can become involved in the planning, delivery and evaluation of the service/s provided is available	○ Continue to Display PPI 'Have your Say' poster in premises and distribute registration forms to SU, carers and Public. ○ Continue to use the Trusts Facebook and Twitter accounts to highlight opportunities for involvement ○ Each area of service to set up database to record service user details	ADs, HOS, managers, All staff Mar 2015	Have Your Say Leaflets and posters distributed June & Sept 2014. Polish version of Have Your Say available to staff. Registration forms recirculated to HOS Dec 2014
Information that explains the areas of service and the key service development areas SU's, Carers and the Public can become involved in is available	○ Staff should be aware and signpost SU , Carers and public to relevant forums that potentially contribute to planning, delivery and evaluation of services ○ Completion and display of Opportunities for Involvement beside Have Your Say posters	ADs, HOS, Managers Annually.	Opportunities for Involvement template re-circulated Dec 2014.

2 Service User and Carer Involvement

Key Objective: *Service Users, Carers and the public are directly involved in the planning, delivery and monitoring of Trust services at each of the 5 levels identified in the Trust's Strategic PPI Action Plan Framework.*

Key Deliverables	Key Actions	Timescales & Leads	Progress Update/Impact @ 31/3/15
Cancer and Clinical Division	○ Continue to support development of Cancer User/Carer Group ○ Involve Cancer User/Carer group and volunteers in the planning, development and delivery of the Macmillan Information Centre service	Fiona Reddick / Sharon Clarke March 2015	Group continue to meet every 6 weeks. User group involved in the launch of the Macmillan Information Centre Sept 2014.
	○ Continue to involve service users in the evaluation and improvement of the radiology service through questionnaires and involvement in MCN	Helena Kincaid Nov 2014	Revision of appointment letters for Hysterosalpingogram. Audit currently underway
Surgery and Elective Care	○ Continue to support the establishment of the IBD Patient Panel	Ruth Hall March 2015	IBD panel have met five times and were involved in the planning and delivery of IBD Roadshow in the Trust. The panel are helping the Trust ensure an ongoing growing awareness of the IBD service in the SHSCT. Establishing a IBD Patient Panel presentation delivered to PCEC Dec 14.
	○ Gather patient views regarding the relocation of Thorndale Unit.	Kate O'Neill Urology Dept	Complete. Feedback from patients taken on board in particular their opinions on colour schemes for the new unit.
Improving Admission and Discharge processes	○ Establish A&D Steering Group and Working Group to progress ○ Develop TOR and action plan ○ Progress reports included in Trust PCE Improvement Plan 14/15	A McVeigh, D Burns, R Toner S Gibson Sept 2014	Completed April 2014 Completed- 3 work streams established to take forward work plan Oct 2014 Now included as part of PCES improvement plan 14/15 Completed August 2014 and Nov 14

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Key Deliverables	Key Actions	Timescales & Leads	Progress Update/Impact @ 31/3/15
Integrated Maternity and Women's Health	○ Continue to work in partnership with the MSLC and to involve the committee in the development, improvement or planning of services ○ Regular updates to be given to MSLC at each meeting by Trust staff	Anne McVey Patricia McStay PPI officer	A mechanism is in place to ensure all members are fully aware of service updates etc and are aware of opportunities for involvement. Ongoing
	○ Review the Antenatal Education Programme and accessibility for women from ethnic minority groups including the Traveller Community. ○ Health Visitors to continue to record ethnic identifier information	Trust Maternal and Child Health March 2014	Health Visitors have been recording ethnic identifier information and have introduced a revised Personal Health Record from October 2010 which has an even more robust ethnic identifier
	○ Continue to support and evaluate the Breast Feeding Peer Support service	All maternity staff, BF Support volunteers	Women are supported to breastfeed by peer support workers who have breast fed themselves Benefits of breastfeeding shared with women and their families. CAH received Baby Friendly stage 3 Accreditation Dec 2014.
Medicine and Unscheduled Care	○ Continue to support the establishment of the Patient Feedback Group.	Paul Smith Mary Burke March 2015	Group involved in developing patient journey presentation for Information Screens. Need to look at ways and methods to continue to engage with group. ED service Information video developed and uploaded onto website, Facebook and Twitter http://www.southerntrust.hscni.net/about/2925.htm
	○ Continue to meet with patients, their families and carers to obtain their feedback/experiences on the services they have received and how we could improve them	Edel Corr March 2015	Ongoing.
	○ GAIN – Learning Disability	K Carroll	

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Key Deliverables	Key Actions	Timescales & Leads	Progress Update/Impact @ 31/3/15
Senior / Lead Nurse - a daily ward visit to review nursing care and nursing documentation	○ Implementation of daily white board meetings and introduction of electronic IMMAX system on each non- acute ward. ○ Develop and pilot patient held information folder ○ Commence pilot in non-acute hospitals re implementation of a multi-disciplinary record.	Lead Nurse Non Acute hospital wards Nov 2014	Daily white board meetings have been implemented on all wards led by ward sisters and initially overseen by Lead nurse. Immax system implemented in Loane House and to commence Lurgan mid November 2014. Pilot commenced Ward 2 Lurgan Hospital Oct 2014
Support Services	○ Encourage participation and provide response to the Consultation for the 'Proposal to introduce revised Car Parking Charges at CAH and DHH'	Anita Carroll Nov 2014	**Completed** – Recommendations to Trust Board Jan 2015
	○ Carry out Support Services Survey and Laundry Services User Survey	LSSMs & A Forbes	Additional menu choices available at Bluestone Unit and Lurgan with the introduction of a new patient menu in June 2014. Increased quality. Increased deliveries of some pieces to areas where shortages were identified.
	○ Pilot self-check-in desks at OPDs, CAH and DHH to reduce patient waiting times. ○ Roll out to further OP reception areas	H Forde Oct 2014 March 2015	**Completed** Underway

3. Evidencing Patient and Client Experience Standards

Do you have mechanisms in place to monitor and evaluate how staff in your area of responsibility upholds the 5 Patient Client Experience standards – *Respect, Attitude, Behaviour, Communication, Privacy and Dignity?*			
Key Deliverables	**Key Actions 2014/15**	**Timescales & Leads**	**Progress Update @ 31/3/15**
Evidencing compliance with the 5 Patient & Client Experience Standards	○ Develop Improvement Work plans for areas of non-compliance identified from 2009- 2013 PCES Audit programme ○ Agree and implement Key Improvement Initiative ○ Continue to report progress on regional PCES priorities ○ Relevant staff attend Patient Client Experience Working Group ○ Relevant staff attend Patient Client Experience Committee	ADs and Lead Nurses July 2014	• **Completed.** • **Completed.** #Hellomynameis posters and DVDs developed and launched 23/10/14. • **Completed**. Name badges in place; focus continues on improving proactive communication with staff and patients/relatives; protected mealtimes implemented in all wards; Functional Support Services carried out PSS on all services Dec 2013. All actions completed October 2014. • Quarterly progress reports submitted.
	• PCES regularly reinforced at Team meetings	ADs HOS Ward Managers March 2015	• **Completed** • NICE CG138 Patient Experience in Adult NHS services action plan and assurance response submitted to HSCB 1/3/14
	○ Continue to support the implementation of the regional 10,000 Voices Project	ADs and Lead Nurses March 2015	• Phase1 ED completed. Action plans developed and being implemented. Workshops being arranged to share patient stories with all levels of staff in ED. • Phase 3 Staff Survey to start Jan 2015
Staff introductions	○ Purchase of staff name and designation badges ○ Development and implementation of #hellomynameis as key improvement initiative	Ward Managers F Wright Nov 2014	• **Completed** • **Completed-** Posters and DVD developed. Officially launched 23 Oct 2014. DVD played on loop at various locations within CAH, DHH and STH. Desk top campaign January 2015
Timely Identification of and response to pain	○ Develop and implement improvement plan to address this issue of non-compliance identified in ED, MAU and MIU through PCES audit programme	M Burke March 2015	• Snap shot audit completed June 2014. Compliance monitored through complaints/documentation audit • PGDs in place – updated Oct 2014 • Training of nursing staff to prescribe and administer PGD progressing slowly as no ED Pharmacist. Training ongoing with new staff • Triage Nurse now escalates to senior doctor in MIU to prescribe. • Clinical Sisters undertake audits to monitor progress

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Key Deliverables	**Key Actions 2014/15**	**Timescales & Leads**	**Progress Update @ 31/3/15**
Review of Nursing care and documentation	○ Daily visit to each ward by lead nurse and engagement with all staff	All wards	• Review of nursing care and documentation completed in SEC. From October 2014 this has been replaced by a new approach to improving the quality of nursing care.
Timely discharge preparation with the use of HUB and Whiteboard meetings	○ Implement daily white board meetings on all wards ○ Establish Admission and Discharge Steering Group ○ Establish Admission and Discharge Working Group ○ Identify barriers and areas for improvement ○ Develop action plan to address issues ○ Implement action plan ○ Monitor progress	A McVeigh/D Burns R Toner/S Gibson March 2015	• Daily white board meetings have been implemented on all wards led by ward sisters and initially overseen by Lead nurse. • Completed April 2014 • Completed April 2014 • Completed- Workshop held 22/5/14 • Completed Sept 2014- 3 Work streams established to progress key actions: Equipment, Information and Discharge HUB, Medicine Management
Respecting religious and spiritual needs	○ Develop improvement plan to address this issue of non-compliance identified in 3 South CAH through the PCES audit programme	Ward Sister Sept 2014	• **Completed**- Information obtained on admission and respected by staff.

4 Training

Key Objective: *Training is provided to support staff, service users, carers and other stakeholders to develop skills and knowledge to enhance service user involvement at all levels across the Trust.*			
Key Deliverables	**Key Actions**	**Timescales & Leads**	**Progress Update/Impact @ 31/3/15**
Staff receive training to develop skills and knowledge to enhance service user involvement within their area of work.	○ Continue to provide PPI Awareness training to staff teams on request ○ Promote and encourage up-take of PHA PPI training programme when available ○ Referral & Booking Centre staff participation in the pilot of the new training course "Enhancing the Patient / Client Experience".	Heads of Services March 2015	2 staff nominated but unable to attend due to travel restrictions Training piloted August 2014. 8 staff trained. Pilot evaluation report completed Sept 2014. Roll out to other staff groups on request. Lead nurses to liaise with Customer Care Trainer to agree training sessions for ward staff
	○ Complaints and comments training ○ Staff induction ○ Patient and client Council awareness	Heads of Service March 2015	All teams received an update on complaints requirements – this remains an area for further development and education especially with regard to local resolution

5 Monitoring and Evaluation

Key Objective: *Establish systems and process to monitor and evaluate PPI activity across the Trust*			
Key Deliverables	**Key Actions**	**Timescales & Leads**	**Progress Update/Impact @ 31/3/15**
Monitor progress against key deliverables in PPI Action Plans	• Continue to complete and return PPI Impact Templates twice yearly • Continue to monitor progress against key deliverables in PPI Action Plans	All HOS June 14 and Dec 14	15 PPI Impact Templates returned to PPI Team June 2014. Reminder sent Dec 14 for returns by 22/1/15
New PPI activity	• Continue to complete and return PPI Impact Template to capture new PPI activity and impact to contribute to Annual PPI Report	All HOS March 2015	Currently collating Dec 14 returns. Included in PPI Annual Report and PPI Newssheets. Included in PPI Awareness Training
Evaluate how those involved in PPI Activity think about the process of involvement	o Divisions to develop evaluation strategies to capture how those involved in PPI activity think about the process of involvement and link with PPI Team to support this. o HOS to promote the use of the Service User Testimonial Template	All staff March2015	 Service User Testimonial Template available on website and intranet
Ensure effective user involvement in development of and response to surveys.	○ Review Laundry Customer Satisfaction questionnaire.	A Forbes May 2014	Complete