



Personal and Public Involvement Annual Report 2017/2018

**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 2017/18, the South Eastern Trust contributed actively to the PPI Regional Forum; Director of Planning, Performance and Informatics and the Corporate Planning and Consultation Manager, represented the Trust on the Regional Forum.

There was a presentation made regarding the latest version of the Engage Website; a key resource for involvement in the Health and Social Care which will also act as a repository for information, research, good practice, case studies, guides, etc. as well as a location to access toolkits, avail of training and so on. A number of people including service users and carers have participated in the User Acceptance Testing process. Although the main focus of the Engage website will be on supporting HSC staff it will also provide information for service users and carers on involvement, consultation etc.

Reference was also made to the regional “Co-production - ‘How To’ Guide to Delivering Transformational Change Together”. As outlined in the Programme for Government (PfG) the ambition is to enable people to ‘enjoy long, healthy, active lives’ and one of the critical building blocks in achieving this aim is to move towards the creation of a ‘Citizen Powered Health and Social Care System’. This requires the mobilisation of people into representative networks. The vision is to create a system that partners and organises health and wellbeing with people, for people, and by people. Therefore the only way to understand what matters to people is to work as equal partners with them. This requires a commitment to share power and to enable shared decision making about the shape and direction of health and social care. The aim of this guide is to connect and realise value through people:

Co-production will empower patients, service users and staff to:

- **design the system** as whole to ensure there is a focus on keeping our population well in the first place and ensuring that when people need support and help they receive safe and high quality care;
- work together to **develop and expand specific pathways of care and HSC services** which are designed around people and their needs, including setting outcomes to measure impact;
- be partners in **the care they receive** with a focus on increased self-management and choice, especially for those with long-term conditions.

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 continued 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 2017/2018

In the year 2017/2018, the Trust committed to achieving the following actions in order to advance Personal and Public Involvement.

ACTION	PROGRESS
Continue to promote e-learning opportunities for staff	E-learning now available for all staff with internet access. PPI service user training package launched by PHA November 2017
Incorporate PPI fully into Trust Corporate Plan 2017-21	Trust Corporate Plan launched October 2017: PPI key objective of Plan
Strengthening linkages with other Trusts, PPI leads, sharing working practice, examples and methods of PPI	PPI leadership session held 10 May 2017 for operational leads across Trusts. Trust participated in Co-production guidance working group.

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.

Involving People – Good practice examples of Personal and Public Involvement

Directorate: **Human resources & Corporate Affairs**

Department: **Patient Experience**

Please give a brief outline of the activity and what it aimed to do.

Shop Mobility - The Trust became aware of a mobility issue on the Ulster Hospital Site, which affected service users and their carer's. The Trust identified the mobility issue for 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. 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. The service has now been successfully operating for 1 year

Further challenges to mobility access for service users were presented by the opening of the Inpatient Ward Block (IWB) April – June 2017.

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

To meet the additional access challenges presented by the opening of the IWB Don Gamble arranged a series of Focus Group meetings with Shopmobility Belfast to work together to produce creative solutions to solve mobility issues at the IWB on the Ulster hospital site. Drawing on and learn from their expertise and experience of solving mobility and disability access issues.

Following the Focus Group meeting we advertised the service at other shopmobility Belfast sites e.g. Ards Shopping Centre and Connswater Shopping Centre.

We provided security passes and maps with the scooters to enable users to access the link corridor into the IWB. To ensure service users with restricted mobility could access the IWB without going outside (especially in winter.)

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

The Focus Group membership comprised of Shopmobility managers: The Director and Marketing Manager. From Patient Experience: Jeff Thompson (AD PE) Don Gamble (Lead Chaplain/ Shopmobility Lead) and Richard Barker and Tony O'Hara (PE Senior Managers). Shopmobility Belfast was involved been built up over the past year that it has been operational at the Ulster Hospital.

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

The impact of having Personal and Public Involvement (PPI) was that the expertise of the Focus group Meeting was increased significantly increasing the quality of the data produced by the Focus Group because of the knowledge and skills that the Shopmobility brought. Drawing on Shopmobility expertise was crucial in providing the trust with information that it could draw on as knowledge to apply to the LWB access challenges.

The Shopmobility "Meet and Greet Service" was extended to cover the whole of the Ulster Hospital Site. Service users who are members of Shopmobility Belfast can arrange by telephone in advance to be met anywhere on site with an electric scooter or wheel chair and escorted to their destination including the IWB. The Shopmobility Belfast manager can return to escort the service user back to their vehicle, pick up point or bus terminus. The Shopmobility Belfast manager is trained to assist service users in getting in and out of their vehicles onto an electric scooter or wheelchair.

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

The change had a positive impact on staff: Out patient's 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 out patient's 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; taking pressure of car parking. This service fills a gap for service users

How did you measure the change?

The change is measured by KPI's which measures up take and usage of service. Also 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 outside patient experience. The Focus Group provided an efficient and effective resource to collect data on mobility access.

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

I would use a strategy for conducting elite interviews with Ad's and Directors to provide insights into the particularities of interviewing elites. In particular, the strategy focuses on gaining trust and gauging the tone of the interview, how to present oneself during the interview, asking open- and closed-questions, the appropriate length of an interview, whether to record the conversation, coping with difficult scenarios, asking awkward questions, managing respondents who do not answer the question, keeping respondents interested in the interview to gain the maximum amount of feedback from respondents.

Any other comments?

The Service is growing and has now overtaken other hospitals in its service user usage. The next stage would be to roll this service out across all the acute sites in the trust.

Directorate: **HR & Corporate Affairs**

Department: **Patient Experience**

Please give a brief outline of the activity and what it aimed to do.

The activity was a service improvement by the Chaplaincy Service to provide a more confidential environment for couples who are attending a non-clinical outpatient's appointment to receive a post-mortem report following the death of a child during or shortly after birth.

The chaplaincy service made available the chaplain's office at Lagan Valley Hospital for these appointments.

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

The nature of the activity was centred on the Forget-Me-Not Maternity Services Bereavement Group. This group meets up to eight times per year, organises the Annual Maternity Services Bereavement Service and supports parents whose child has died during birth or shortly after.

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

The group has a membership of over forty people, with approximately twenty people attending each of the meetings. Approximately half of those attending are staff drawn from Maternity Services, Nursing Directorate and Chaplaincy Service. The other half of the group is service users who engaged with the follow-up support service offered by the Maternity Bereavement Mid wife, who offers this support appropriately.

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

The PPI activity provided a means to gather data on the very sensitive subject of maternity bereavement. Having the Forget-Me-Not Group as a resource enabled the chaplaincy Service to receive feedback on the nature of these appointments. It would not have been possible to gather this data from service users at the time of their loss, due to the sensitivities and ethical issues involved.

The impact of the PPI activity was to provide feedback and information to help understand the sensitivities of the appointments. This included information which would not have occurred to the chaplaincy team. (Service user prospective).

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

The change meant that couples coming for post-mortem appointments at Lagan Valley no longer needed to wait in Gynae out-patients' waiting areas for their appointments.

On arrival they are escorted to the chaplaincy office where they are met by their consultant.

This ensured a higher quality of service provided by a confidential atmosphere where the human dignity of the service users is respected.

How did you measure the change?

The service improvement will be measured by feedback from service users and staff. And also by monitoring: complaints and complements.

What did you learn?

I learnt that in some cases with a particular sensitivity, the only way to ascertain what is appropriate is to ask those who have had the experience to provide feedback.

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

I would request feedback at all stages of the project and not just the design stage.

Any other comments?

The Forget-Me-Not Group are the most inspirational people to work with. I'm very grateful for their support.

Directorate: **Human resources & Corporate Affairs**

Department: **Patient Experience**

A brief outline of activity

A Travel Plan Multi Agency Forum was formed 2 years ago following contact by a Local Public Representative who wished to discuss the problems of inappropriate parking in Dundonald Village which the Trust acknowledged it was a contributor to due to optimum number of car parking spaces available on the Ulster Hospital site, an appropriate number of which needed to be held for visitors / patients use.

Members of the group continue to discuss options and regularly receive a report from the Trust Travel Plan Coordinator now in position for over 1 year.

What you did: the nature of the activity?

The forum considered the availability of potential options including:

- Park & Cycle from Billy Neill Playing Fields.
- Park & Ride from Dunlady 'Park & Ride' Car Park.
- Park & Stride from Dunlady 'Park & Ride' Car Park.
- Use of Elm church Car Park.
- Seeking planning permission for car parking on Knock Golf Club adjacent to Acute Services Block under construction.
- Further spread of visiting times at Ulster Hospital.
- Extension of levels on Multi Storey Car Park.
- Further spaces on the Ulster Hospital site.
- The substantial additional parking requirement of sub-contractors on the site reaching 700 at peak.
- The increase of users on our public roads.

- PSNI input in relation to the (Metropolitan Guidance Plan) which identifies issues and guidance in relation to the many ways parked vehicles can obstruct wheelchair access.
- Access to Omniplex site and constraints identified.
- Updates on Cycle to Work Scheme and provision of bicycle shelters.
- Car Share updates.
- Use of Dunlady and Translink bus usage.
- PSNI Personal Safety visits.
- Electric vehicle charging points.
- Sustrans update and use of Comber Greenway.

How many people participated?

The Trust Plan Multi Agency Forum was made up of representatives from the PSNI, Translink, Transport NI, DRD, Sustrans, Residents from the local community and public representatives from the Green Party, Democratic Unionist Party, Alliance Party and Ulster Unionist Party, Trust Transport Manager, Assistant Director Patient Experience, Senior Manager Security, Transport/ Travel Planning and the Travel Plan Coordinator.

The forum has been chaired by Tommy Jeffers DUP Councillor.

What was the impact of the PPI Activity?

The group collectively acknowledged that the parking pressures in Dundonald had arisen due to many factors and not just as a result of staff overflow from the Ulster Hospital.

Inappropriate parking in the village is great frustration to residents and businesses and the Trust feels that through forum meetings a greater appreciation has been realised about the Trusts capacity to alone solve the problems and that there requires to be a combined contribution from all participants to ease the problems that inappropriate parking causes from whatever sourced derived.

A major success in achieving this has been the use of the Park & Ride facility at Dunlady which is nearby the Ulster Hospital.

A Translink shuttle bus continues to be used to convey staff to and from the Ulster Hospital from Dunlady Park & Ride facility and in February 2018 carried in excess of 1300 from various starting and finishing times.

Staff have also been encouraged to Park and Stride to and from the Dunlady site which has been taken up by many.

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

The net result is a considerable lessening of parking in residential areas, meaning that fewer complaints from residents, businesses and public representatives are

received by the Trust who genuinely wish to foster the best possible relations with our neighbours and:

- has given our staff an alternative,
- reduced parking pressures in local residential areas and close to businesses.
- Created a genuine bond between Trust and Forum members and the local community.

How did we measure the change?

By monitoring complaints originating from local elected representatives acting on behalf of constituents, from residents and from those businesses located nearby.

What did you learn?

That this type of partnership approach with the range of diverse forum members is key to ensuring a better understanding of existing problems with our neighbours residents, businesses and elected representatives and that a combined approach is needed to solve congestion in areas where the Trust ceases to have operational control and is not entirely responsible.

The creation of additional space to park on our sites is not the only measure required and in itself will not provide a solution, but that additionally Travel Plan initiatives to single occupancy vehicle travel must be provided and encouraged.

That it is essential that similar Multi Agency Forum Groups are formed and due to this groups success the Trust is seeking to facilitate the formation of a similar group in the Ards area and have identified 18th May 2018 for that group's inaugural meeting to initially at least be chaired by Tommy Jeffers.

What if anything would you do differently next time?

Would not do anything differently except perhaps to have introduced the forum earlier than we did.

Directorate: **Adult Directorate & Prison Healthcare**

Department: **Prison Healthcare**

A brief outline of the activity

People not Prisoners - In April 2017 a Service User Engagement Practitioner commenced post with the Prison Healthcare team. The aim of this post was to work alongside those in prison to maximise their engagement with healthcare and begin to embrace the ability within them to effect positive change. There was a strong desire to build trust and involve service users and their families in improving the health and

wellbeing of the prison community. Significant work has been done over the last year that has involved all people in the prison environment including staff. People not Prisoners (Listen, Engage, Learn, Change) is at the heart of the initiative.

What you did; the nature of the activity?

- Service user engagement forums
- Advocacy service
- Health development training
- Peer Led Education
- Co – Production of leaflets for service improvement
- Relationship building
- Policy change.
- Certificated Training to deliver health improvement interventions. E.g. Stress awareness, personal hygiene.
- Health Fair & Sport events.

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

- Focus groups/forums – over 100 interviews were conducted using 10000 voices methodology to record people's experience of entering prison, to listen to their story in order to inform change.
- Healthcare forums and advocacy – These have informed all co-production and have increased knowledge and participation (482 people involved).
- Facilitated workshops where people in prison, health staff and officers participated equally.
- Committals Quality Improvement Project – Service users have attended every meeting and contributed to the progress of the initiative by sharing their experience and providing innovative suggestions. (E.g. Service users will organise and facilitate a peer mentor networking event).

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

The project has provided access and opportunities for service users and their families to be heard, to co design, co-produce and change what we do, and inform why we do it. It built people's capacity through various forms of engagement work.

- Healthcare Forums and Advocacy: leading to a significant drop in complaints.
- Ten x 9 - These events are co designed and produced by service users and staff. The aim of these events is to challenge stereotypical roles, perceptions and aspects of negative culture within the prison community. This is done by all participants composing and then telling a true story from their life

- “In your shoes, in mine” – These workshops brought both healthcare staff and service users together to explore the relationship between both groups. None of the service users had ever attended workshops before and have learnt a different way to communicate and to listen. Staff had the opportunity to really hear what service users think and feel. Feedback was extremely positive and supports significant culture change.
- Spanner in the Works Theatre Company: Service users are being facilitated to write a play which they will produce and perform.
- Survivor’s guide- need identified by service users for a practical mental health resource. Co –produced by service users and healthcare, printed and given to every prisoner for world mental health week.
- Quality improvement group for committals – People coming into prison regularly express issues with the process especially around medication. Service users engagement (over 100 people participated) has been very successful in that a number service improvements ideas have been agreed and are in process. The process of receiving medications when entering prison has been made more efficient as a result of this work.
- Medication and prescribing information co- produced by for people and their families
- A new engagement form and complaints process has been developed and successfully implemented.

How did you measure the change?

- Levels of engagement and participation in PPI opportunities offered.
- Reduction in informal and formal complaints as people are more connected to services.

What did you learn?

The approach underlining the PPI work is to treat people with respect and value their input. It is evident that people in prison often do not feel valued. Many are even dismissive of the idea that they could contribute to the community. Until recently, the criminal justice environment has relied on a punitive approach with people in prison having limited power over decision making. The shift to a more rehabilitative approach has created a space for Prison Healthcare to demonstrate the positive results that can be achieved when we ensure people are valued and empowered to contribute to their own health improvement journey. We recognise that when people are actively involved in decisions about themselves and their health, outcomes are better. Within this challenging culture, improving relationships and valuing people’s contribution was pivotal to success. People in prison bring a wide range of experiences and often have deep insights into complex stories. Gaining their trust

takes time, commitment and perseverance. This project demonstrates that it is worth it!

Directorate: **Children's**

Department: **Health Development**

Please give a brief outline of the activity and what it aimed to do.

The 60+ group in Colin community was established 10 years ago to support older people to live healthier lives. All group members complete a needs assessment with their individual groups and together one year action plan is devised targeting the issues effecting people aged 65+. All activities aim to promote good health and well-being and are linked to the calendar of health initiatives throughout the year.

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

The group meet on a bi-monthly basis, the action plan is reviewed and changes are made where necessary. Health information is shared within the 60+ group which is then disseminated to the members of individual groups in the community.

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

There are 10 participants, from voluntary, community and statutory agencies who support older folk in the Colin community. Numbers have fluctuated over the years; however the group is sustained by inviting interested people from a variety of organisations to introduce new concepts for the benefit of older people.

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

Evaluation is a very important element of the 60+ group to ensure we are meeting the objectives set out in the action plan; especially to confirm that older people are less isolated, experiencing healthy lifestyles and staying connected to, and are valued by their community. There was discussion in the group about the frequency and relevance of evaluations at every activity. It was clear that participants at events were disinterested in properly completing evaluations and that they were meaningless as evaluations. It was suggested that we invite a focus group 3 times each year to collect and collate constructive feedback as well as anecdotal evidence which would be more beneficial. The exception would be when specific evaluations are required by funders.

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

The 60+ members were pleased to be able to reduce the number of evaluations to be completed and will consult with older people three times each year and have a more realistic view of the benefit events and activities. Anecdotal evidence is vital as they are real life stories of how well we are carrying out our work which needs to be recorded.

How did you measure the change?

This change came about after a survey was carried out with 100 older people who were sent out evaluation forms to measure the success of a service for older people Good Morning Colin. 78% of these were completed in people's own homes and returned by post. All evaluations gave a true reflection of how well they felt supported by the service and how well they feel connected to their community by attending events and activities included in the action plan. These were collated in chart form and the written evidence is on file at Colin Neighbourhood Partnership.

It was felt that these evaluations were much more meaningful than handing out evaluations at every event where tick boxes meant nothing, and seniors were totally blasé about the result.

What did you learn?

It was good teamwork that led us to the result. We were informed by what our seniors had told us by completing the survey and by taking the time to return by the appropriate date. It also showed us that older people could express the impact of the events and activities when they had time to think about what to write, which made much more sense.

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

We will continue as usual, we just need to ensure we invite new people and learn from new concepts and ideas that will support our work with older people. There are approximately 1,250 in Colin, and we have 300+ participating in our events. We always strive to increase these numbers, however seniors have the choice whether or not to engage.

Any other comments?

I am very lucky to work in a community that works together, and supports each other for the good of all our older people. The 60+ group works very well together and we evaluate all events and some of the group will attend and have first-hand knowledge of how beneficial the activities are.

Directorate: Children's Services

Department: Health Development

Please give a brief outline of the activity and what it aimed to do.

Low intensity Cognitive Behaviour Therapy (CBT) is recommended by NICE, is part of the continuum of services using psychological therapies to address a range of mental health needs and build resilience. Low intensity means having written resources that the client can be coached through.

The Health Development Department / Addiction Services has developed a low intensity workbook to use with in-patient addiction treatment, SMART training for Trust Staff, The Building Resilience Course for the recovery College, training practitioners in the community to use in their work and the mental health inpatient units .

The draft of this low intensity CBT tool ***Bend Don't Break*** was developed with extensive service user feedback and consultation.

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

Drafts and revisions were continually used with feedback with focus groups and securing written comments in Shimna House (ward 15) until the resource was nearing its final production.

The final draft was used with the Building Resilience Course for the Recovery College and further feedback was secured though a focus group involving 6 service users

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

Overall over 50 people were involved in focus groups and discussions over a six month period between December, 2016 and June 2017. The bulk were service users but 3 were CBT specialist working in the SE Trust.

Involvement was secured by asking permission to use in groups they were attending and inviting their feedback.

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

Feedback helped shaped clarity and language that promoted hope. The final resource was then printed with 3500 copies. The main impact was confidence that the language and format will be receptive to service users.

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

Staff and the public now have an accessible low intensity CBT workbook available through training and also on the Trust's Live well site and internet under the healthy living tab.

How did you measure the change?

Forms and written collation of focus groups feedback

What did you learn?

Securing service user's views on written tools are invaluable.

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

No

Any other comments?

I develop a lot of written behaviour change resources and I would not get anything printed without going through this process.

Directorate: **Children's Services and Social Work**

Department: **Health Development**

Please give a brief outline of the activity and what it aimed to do.

The Trust Stop Smoking Team carried out a pilot stop smoking group at Maghaberry Prison. The main aim was to support prisoners interested in quitting smoking and help those participating from the many health benefits of stopping. It was hoped that there would be some impact on second hand smoke levels for others including staff and other non-smoking prisoners. It was hoped that awareness of the benefits of stopping smoking would spread to other inmates by those attending the group spreading the word.

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

A Pilot Smoking Cessation Clinic was offered at Maghaberry Prison for 12 weeks from 19 September to 5 December. It was facilitated by 2 members of the smoking cessation team (Health Development). The Operational Nursing Manager (Prison Healthcare) supported access to prison, liaison with GP for prescriptions and provided documentation of the clinic onto the prison medical computer system. The Lead Pharmacist (Prison Healthcare) facilitated distribution of the products. The clinic was supported week on week by Northern Ireland Prison Staff.

The Clinic was planned for Tuesday mornings each consecutive week between 10am-12pm. The plan for the first week was to offer an introductory group session where information was offered to help smokers plan how best to quit and what product would be most useful. Each introductory session was to last 45 mins to one hour at one of 2 locations.

From the second week onwards group sessions would be provided with Carbon Monoxide testing was to be carried out each week to confirm reducing scores. (It was agreed that scores should reduce each week and that if they did not reduce 2 weeks in a row this would then exempt the prisoner from receiving ongoing products to help).

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

10 prisoners participated. These were split into 2 groups and had 2 different locations. Each prisoner opted into the group which was a sign that they were motivated to quit smoking. Advice given was general and also as requested by the prisoners. Originally it was thought that one to one sessions would be best but through osmosis 2 groups formed opening up the benefit of peer support and competition to have the lowest Carbon Monoxide score.

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

Prisoners committed to coming along every week for 12 weeks and all who continued attendance got access to their preferred product and individual/group support. All who continued attendance quit smoking for the 12 week period.

Those attending explained that there was an awareness of what products were available and other prisoners were then able to approach the doctor for products to help outside of the group with some additional success. There is now a known ongoing demand for further smoking cessation clinics.

The team seen 10 individuals, one passed away, and one left the group after week 2. The other 8 were successful in quitting at week 12.

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

The smoking cessation team were extremely impressed by the high levels of success in what could be perceived as extremely challenging pressures that are not present outside of prison. It was highly motivating for the team to attend and support the prisoners in this situation.

The prisoners quit smoking; they discussed the health benefits they had experienced in the time since they had stopped.

How did you measure the change?

We measured Carbon Monoxide tests every week which confirmed no smoking.

Lung age monitoring which demonstrated reduction as cessation continued.

Health benefits that the quitters would report such as increased gym performance, better skin, more money saved for family to have benefit of and enjoying food better.

Prisoner Evaluation gave the following comments:

'The staff are brilliant!'

'Now that I know how many toxic ingredients are in a cigarette I will never smoke again!'

'It really helped to have the carbon monoxide test every week to confirm my health was improving'

'The encouragement was great from the girls'

'It helped to talk to others who were stopping at the same time to see how they were managing and to get other tips from the others in the group'

One prisoner wrote the following poem:

I have to stop smoking, I really must,
I think my lungs are turning to dust,
When I exercise in the yard, I find breathing is very hard,
I have to use my inhaler
My heart is beating faster, O God will my next beat be my last?
Smoke and tar it's going to kill me
But in my hand I've got to have a smoke
But in my mind have to stop
So ladies I hope you can help stop

Attendance levels were excellent with prisoners only missing due to court appearances or hospital surgery.

What did you learn?

There is a demand for smoking cessation clinics on an ongoing basis at Maghaberry

Prisoners can stop smoking even in highly stressful periods of time and in challenging settings.

Peer support worked very well as an alternative to one to one support.

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

Better advertising such as through a health fair could bring about larger numbers of those who want to have the support to stop smoking.

Directorate: **Children's Services & Social Work**

Department: **Health Development**

Please give a brief outline of the activity and what it aimed to do.

Caring Communities Safe & Well Service - Service Users Service Satisfaction survey

The aim of the Service User Service Satisfaction survey is to seek feedback from Service Users on the Caring Communities Safe & Well Service to:

- enable improvements in the provision of the service
- provide service users with an opportunity to seek further/additional information and advice from the service

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

All Service Users that received a needs assessment April – June 17 were posted a Service Satisfaction Survey (12 weeks post initial assessment) for return in a pre-paid envelope.

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

Service Satisfaction surveys were posted to 170 Service Users who received an assessment between April and June 2017

70 Service Users returned the Service Satisfaction Surveys.

Service Users seem to return the surveys when a reply paid envelope is provided

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

Service Users who returned the Service Satisfaction Survey requesting further information, follow up or referral to other services were contacted by the Caring Communities Officer and provided with additional support.

Of those who returned the survey (on a scale 0-5 where 0 is least satisfied and 5 is very satisfied) 63% were satisfied at level 5 and 37% were satisfied at level 4. Those whose service satisfaction was at a level 4 may be as a result the waiting time for a befriender, there are currently 106 people across the SEHSCT area waiting on a befriender.

Service Users are to be sent a letter every quarter to confirm and reassure them they remain on the Caring Communities Safe & Well waiting list for a befriender and to contact the service if we can be of any further assistance

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

Service Users receive further support following the initial assessment

Service Users are reassured in writing (quarterly) that they remain on the waiting list for a befriender

How did you measure the change?

Service Satisfaction Surveys or a 12 week face to face review completed with those Service Users who requested additional services, information and support

What did you learn?

The Service Satisfaction Survey provides the opportunity for a Service User to request further support, information and advice.

An additional question needs to be included in the Service Satisfaction survey to provide comment on why the level of satisfaction is at 4 or less (scale 0-5) with the Volunteer Befriending element of the service.

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

Include a question in the Service Satisfaction Survey that will capture why the Service User scores the level of service satisfaction with Volunteer Befriending at a 4 or less, so that Caring Communities can improve the service.

AHP GOOD PRACTICE EXAMPLES OF PPI

Directorate: **Nursing, Primary Care and older people**

Department: **Community Stroke**

Please give a brief outline of the activity and what it aimed to do.

Focus Group facilitated by Speech and Language Therapy and Occupational therapists involving 11 users. The service users were of mixed ability, including patients with mobility issues, visual deficits, cognitive impairment, and communication difficulties. All were given equal opportunity and supported to express their views.

The team felt the current satisfaction questionnaire was not effective in providing adequate information so the purpose of the group was to ascertain the best method

of receiving feedback from service users firstly in how the information was requested and formatted and also the relevance of the questions being asked.

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

Focus Group

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

15 Service users were invited to attend a focus group advising them of the purpose. 11 attended, this was facilitated by 2 members of staff

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

As a result 2 types of questionnaire were created
One for all able service users, and a second, an access friendly version for patients who required facilitated support, i.e. language impaired, cognitively impaired and visually impaired patients.

The suggested questions were reworded, some removed and the terminology changed as requested by the service users

Service users said that an open comments section should be added for any additional feedback following each question

All patients felt happy to be involved in participating via a "Patient experience story", this was the preferred term opposed to "Patient story" in fact they felt this was the most effective way to give back personalised feedback which has more value.

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

We would hope that we get an increased number of completed questionnaires which will provide more valuable information and highlight areas for improvement within our service

Increase in number of patient experience stories which will also include carers experiences stories

How did you measure the change?

We will measure change by the % of returned questionnaires and the quality of the information received.

Also by the number of patient experience stories completed (currently 1/ quarter)

What did you learn?

Many of our original questions related to patients' involvement in decision especially in the earlier stages of stroke making were not particularly meaningful to the patients. Service users were very enthusiastic and felt it was important to be given the opportunity to feedback following their rehabilitation programme. However all patients said that in the earlier days of their stroke and on initial discharge they felt they needed to be guided more by the professionals. We are developing the use of self - management within the service, therefore timing will be crucial and may be different for each patient

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

Give a longer time to the process

Be very clear and try to stick to the agenda.

Try not to cover too many areas at once

STROKE TEAM

Directorate: **Nursing, Primary Care and older people**

Department: **Community Stroke**

Please give a brief outline of the activity and what it aimed to do.

The community stroke team Speech and Language Therapy (SLT) team ran a support programme for 'Supporting Partners of People with Aphasia in Relationships and Conversations' (SPPARC).

The aim of the support programme is to enable carers of our patients to receive information on stroke and aphasia and to provide psychosocial support.

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

6 week Information Programme for carers of patients with aphasia following stroke

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

The group runs over six sessions each lasting ninety minutes. Initially ten carers took part, six completed the programme. The support programme combined education from the SLTs, provision of written information, group discussion, opportunity to ask questions and practice new skills. It also includes several video clips into the programme.

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

At the end of the support Programme the final evaluation questionnaire was completed. A half way review took place to ensure the needs of the participants are being met and the Programme was adjusted accordingly. The half way review took the form of qualitative responses to questions. Participants had the option of completing the half way review anonymously. Some of the responses in the half way review were discussed in subsequent sessions including: benefits and social care for under 65s, where physiotherapy support is available and future prognosis in aphasia.

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

Participants reported positive outcomes of the group, including peer support “engagement with others in a similar situation” and reduction in carer stress “helped me feel less stressed which has helped me on a daily basis” and increased knowledge of aphasia and confidence in communicating “Gave me a greater understanding, and gave me confidence, in not only my dad, but myself”. One participant reported not knowing what to expect from the group and the diverse nature of patients seen by community stroke team, “It would be difficult to meet the needs of everyone as each stroke victim is different”.

All participants felt the length and frequency of the sessions (90 minutes weekly for six weeks) were appropriate. 80% of participants reported the time of the session (6-7.30pm) suited them, 20% of participants felt afternoon would suit them better.

When asked what they found most useful participants reported finding the handouts useful, learning about aphasia and strategies to support with aphasia, meeting others and discussing the emotional impact of stroke on the carer, “the most useful part was helping me understand and appreciate what I was doing. I never realised how down and lost I felt until I finished this course and realised how much happier I have become”. None of the participants specified what they found least useful, “I found most of this programme helpful. I can’t pinpoint anything I haven’t found useful in some way”. “None really, every part had some useful information”.

How did you measure the change?

Feedback questionnaire halfway and at the end of the programme

100% of participants felt the information provided was sufficient for their needs, "A lot of the information was spot on, told me what I needed to know and some didn't relate with my situation but related to others situations so helpful nonetheless".

100% of participants felt there was sufficient time for personal discussions, "It was a small group and a relaxed approach. Felt easy to talk to others about own experiences and identify with others in similar situations".

What did you learn?

Many participants requested a meeting in several months' time for an update which is to be arranged. Another suggestion made was involving a carer who has completed the programme to speak at the first session of the next group. During discussions some participants felt spending time in the first session introducing everybody's personal circumstances would also be valuable.

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

These suggestions will be offered in the next programme

STROKE

Directorate: **Nursing, Primary Care and older people**

Department: **Community Stroke**

Please give a brief outline of the activity and what it aimed to do.

All staff in the CST trained in the use of the Bridges Self -management programme for Stroke patients

The aim of the programme is to integrate effective self- management into the care and rehabilitation of stroke patients.

Bridges is evidenced based and research findings have been referenced in recent Cochrane reviews and the New Clinical Guidelines for Stroke.

Bridges is inter disciplinary and is supported by a patient held work book which has been designed with stroke survivors, their families and health care professionals. It has been shown to impact on confidence, quality of life, and functional ability by

empowering patients and their families, and therefore provides a shift towards more collaborative working relationships.

Bridges provides a frame work, strategies and tools to support this change in culture which encourages service users to have more ownership of their therapy intervention.

Involving the multidisciplinary team in training has created a shared approach by all involved with the rehabilitation programme, providing flexibility to meet patient need. The aim is to build on resources held by the patient and their family and reduce dependency on the professionals' skills.

As well as the workshops two awareness sessions were held in the Ulster hospital to enable staff from the acute stroke teams an opportunity to hear about this work and consider ways in which supporting self -management can be started earlier in the pathway.

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

Involving the multidisciplinary team in training has created a shared approach by all involved with the rehabilitation programme, providing flexibility to meet patient need. The aim is to build on resources held by the patient and their family and reduce dependency on the professionals' skills.

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

Staff, took part in the training

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

Following the training the team are developing a personal questionnaire in consultation with service users and carers. This will become part of the team assessment aiming to capture the patients' strengths and identify what is most important to them and what will best support them in their rehabilitation.

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

By integrating the Bridges framework and strategies into our rehabilitation programmes and using the personal questionnaire as part of our assessment. We would hope to discover patients personal strategies for coping and to make clients

feel more involved in planning their rehabilitation and empowered to make decisions in relation to their recovery.

How did you measure the change?

Patient feedback and outcomes

What did you learn?

As professionals we need to find out what would normally encourage / facilitate individual patients in times of change/ difficulty and facilitate a self -management approach to their rehabilitation.

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

Start doing this earlier

FALLS

Directorate: **Nursing, Primary Care and Older People**

Department: **Falls - AHP**

Please give a brief outline of the activity and what it aimed to do.

A stakeholder engagement event was held to seek input from a range of key stakeholders to help develop the Trust falls and osteoporosis strategy 2017-20.

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

Stakeholder engagement event; a copy of the draft strategy was shared before event.

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

19 participated.

Representatives from Trust staff, ICP/GP, NIAS, councils, service user, PHA, community and voluntary sector.

Format of event:

Summary of achievements from 2012-16 strategy and current falls model presented.

Open discussion on what priorities should be for 2017-20. There was also an opportunity to leave ideas/comments in written format.

The event was facilitated by an independent person from the leadership centre.

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

Priorities were agreed. The draft strategy was updated to reflect input from event.

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

Strategy developed with input from wide range of stakeholders to reflect wide range of views on what the priorities are going forward and how some of the problems raised could be addressed.

What did you learn?

What matters to a wide range of stakeholders.

How other services/agencies could be involved to deliver priorities within the strategy.

What is important to service users e.g. what name an exercise programme has can make a difference as to whether an individual would want to participate. Service users want accessible services locally.

FALLS

Directorate: **Nursing, Primary Care and Older People**

Department: **Falls - AHP**

Please give a brief outline of the activity and what it aimed to do.

A service user from the falls prevention service told their patient story to the Trust Board. The aim was to inform the Trust Board of their experience of a Trust service

and provide an opportunity for the service user to engage with the Trust Board about how the service could be developed and/or improved.

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

The service user attended Trust Board meeting and told their patient story.

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

One service user participated. This individual was involved with the falls prevention service at the time. They were asked if they would be willing to tell the story of their experience with the service.

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

The client told how they had personally benefitted from the service but thought that not enough people knew the service was available.

A self-referral form is now available on the Trust internet.
All GP in the Trust area have been provided with information on the falls prevention service.

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

Increased number of referrals to the service from GP and self-referral.

How did you measure the change?

Quarterly reports to Integrated Care Partnership (ICP) /PHA.
Post project evaluation report.

What did you learn?

How client enjoyed attending strength and balance class.
Social benefits of class.
Confidence improved e.g. was planning a holiday after telling herself that she had been on her last holiday.

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

Collect patient stories from a wide range of individuals using the service - ?use of 10,000 voices,

OT

Directorate: **Adult Directorate**

Department: **Community Acquired Brain Injury**

Please give a brief outline of the activity and what it aimed to do.

Introduction of a co-produced course- “Being me again –Life after Brain Injury”
This project looked at designing a new innovation to the Community Brain Injury Team where individuals who were further on the recovery journey would co-produce and co-deliver a course on this topic – “Being me again – life after Brain Injury”

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

Users were involved in the development, implementation and the evaluation of this PPI activity.

In the development phase a group of individuals who were further in recovery following a BI attended focus groups to explore issues and themes that were common following brain injury. A course programme was designed incorporating these issues and the format was agreed.

In the implementation phase, the service users delivered the course to a group of individuals who were in the early stages of recovering from brain injury, their families and friends and staff working in the Trust.

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

3 Service users came together to co-produce and deliver this workshop alongside 1 Occupational Therapist.

This has been run twice through the Recovery College with over 30 service users, staff and public in attending. This has been advertised via the ImROC for SET face book page and through the Trust Intranet.

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

Feedback from service users stated that after the course they felt more confident in managing their own wellbeing and more confident about life after BI. They all reported benefits in hearing other people's stories

Qualitative evaluation from the co-producers highlighted benefits for them presenting their stories and recognising how far they had come in their recovery.

This PPI activity has now led to a redesign in service where service users are actively involved in supporting others going through something similar. This workshop is now being run 2-3 times a year.

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

This project brings improvement to the current service by providing a course where individuals can hear others stories, offer hope for the future, help people feel less alone and learn what has worked for others in recovery from BI.

Staff attending the course reported that they were more aware of issues an individual with BI may have and felt that this would improve the quality of care back to their workplace.

How did you measure the change?

This was measured by participants completing evaluation questionnaires at the end of the workshop and semi structured interviews with the co-producers.

What did you learn?

The value of involving service users in co-production.

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

Feedback from Service Users has suggested that this workshop be introduced at an early stage in BI recovery.

OT

Directorate: **Nursing, Primary Care and Older People**

Department: **Occupational Therapy Community Mental Health**

Please give a brief outline of the activity and what it aimed to do.

MAPS – Meaningful Activity Peer Support Sessions

Occupational Therapists in Community Mental Health facilitate Meaningful Activity Peer Support Sessions. MAPS sessions take place in the North Down and Ards area and offer individuals with a mental health problem a person centred “pick and mix” approach on their recovery journey. Individuals can pick and choose sessions from a menu of activities depending on their interests, and where they feel they are on their path to recovery at any given time. The sessions are based on the principles of self-management and self-directed support and focus on strengths, peer support and group experience. Sessions are available under the categories of leisure, educational or skills development. Recovery Orientated practice aims to promote hope, control and opportunity, which the MAPS approach fully addresses.

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

MAPS sessions are planned and directed by the participants referred to the service. Participants meet monthly to discuss the plan for the month/quarter, and organise venues, equipment meeting places etc.

Most sessions are held in community venues, with the occasional session being held in hospital property as appropriate.

A monthly newsletter is drafted and sent to all participants advising them of the activities planned throughout the month, both within MAPS and in the local community.

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

The number of individuals on MAPS register is presently 20+. MAPS sessions can have between 5-20 people attending a session depending on interest and how meaningful the activity is for that individual. There is only one therapist at any one session, with some sessions being fully peer led.

The nature of MAPS is that individuals can and do involve themselves in the session if it meets their needs and interests. The therapist is in the background and encourages engagement should any individual require that additional support at different points in their recovery.

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

Sessions have changed from being therapist led to peer led on alternate weeks. Participants of MAPS have developed friendships and regularly meet outside of planned sessions providing further opportunities for individuals to develop structure and meaning to their daily routine.

Participants report and demonstrate that the sessions provide them with the opportunity to build up confidence and integrate into society without the stigma attached to mental health.

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

There has been a steady increase in referrals to MAPS by keyworkers on the back of positive feedback from other clients on a keyworkers caseload.

Keyworkers have commented on the positive impact that MAPS have had on their clients quality of life.

Participants and their supporters have also commented on the value that MAPS brings, in particular the increased involvement in social activities in the community.

How did you measure the change?

Participants and their supporters have filled out evaluation forms. More could be done to measure the change for staff other than verbal feedback.

What did you learn?

MAPS is now an established co-produced part of the OT Service. We have learnt that individuals will engage more in their own recovery if they actively choose the pace and content of their own recovery programme. This involves positive risk taking on behalf of the staff and being true to the values of co-production. Individuals have grown in confidence and engage more in other activities outside of a “safe statutory environment” when given the opportunity to be involved in the planning and delivery of their own service.

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

Put in place more robust measurement tools to evaluate the overall impact of MAPS on all staff, participants and carers.

Speech and Language Therapy (SALT)

Directorate: **Nursing, Primary Care and Older People**

Department: **Speech and Language Therapy**

Please give a brief outline of the activity and what it aimed to do.

The Speech and Language Therapist (SLT) delivered “Supporting Speech Sound Difficulties” training for parents and carers in each of the Primary schools in the Colin area, as part of the Colin Early Intervention Programme.

This training aimed to help parents in supporting their children at home with their speech development. After training they are more confident in carrying out speech sound tasks and activities with their child, and in incorporating sound work into daily routines.

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

Groups of parents, who had children in P1 and P2 known to Speech and Language Therapy, attended training at their child’s school, delivered by the SLT. When the training was delivered it was the first time parents had been involved in group training as part of the project.

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

16 parents and carers booked onto the training course. We informed parents of it through our termly SLT newsletter, and followed this up with phone calls to invite parents and carers of children who we thought would particularly benefit from the training.

We also sent a follow up text message to the parents and carers who attended the training, thanking them for attending and encouraging them to contact us if they wanted to attend one of their child’s therapy sessions in school for further advice, ideas, strategies etc. Several parents have availed of this option.

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

Parents and carers left the training with more skills, ideas and strategies to support their child’s speech skills. Some commented that they enjoyed hearing other parents’ comments in the group; others commented that they had more understanding of the processes their child goes through, and that they were better able to know what to look out for in their child’s speech development.

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

As the SLT delivering the training, I felt that the training allowed for a better rapport with parents and carers, and that it built a better partnership and supported coproduction. Parents and carers were also more likely to engage with the service

following the training sessions, i.e. more frequent phone conversations, homeworks completed and returned each week etc.

How did you measure the change?

Everyone who attended the training session completed an evaluation form.

- 100% of parents and carers found the session “very useful.”
- Parents and carers commented that they gained different skills from the training, e.g. “a better way to work with my child” “to listen more” and “I was really interested in the correcting, I’ve learned ways in how to do it.”
- Parents and carers commented that they enjoyed different aspects of the session, e.g. “I enjoyed other parent’s feedback with their coping” and “just taking the time to help parents understand and get the chance to speak to the therapist.”
- 100% of parents would like to see SLT to continue in schools.

What did you learn?

We learned that many of the parents and carers of children known to the project are not confident in their abilities to support their child’s speech development at home, but are eager to learn and be part of their child’s therapy journey. Some are also more confident when they are learning with other parents and carers who might be experiencing similar feelings.

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

We would use a rating scale to measure how confident the parent or carer is feeling before the training, and then after.

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.

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.

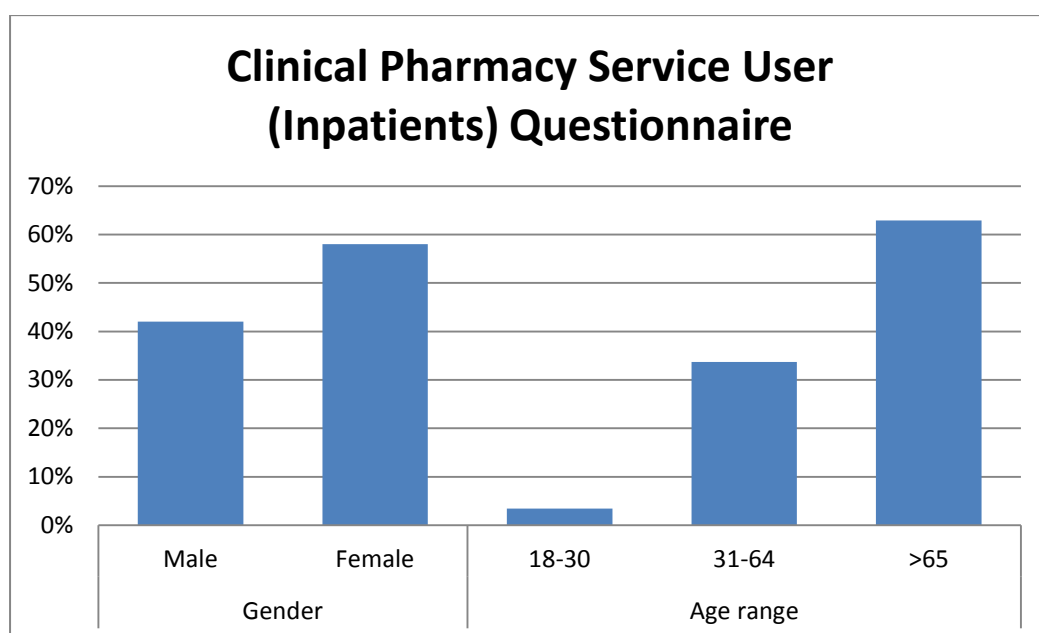
Clinical Pharmacy Service User Feedback

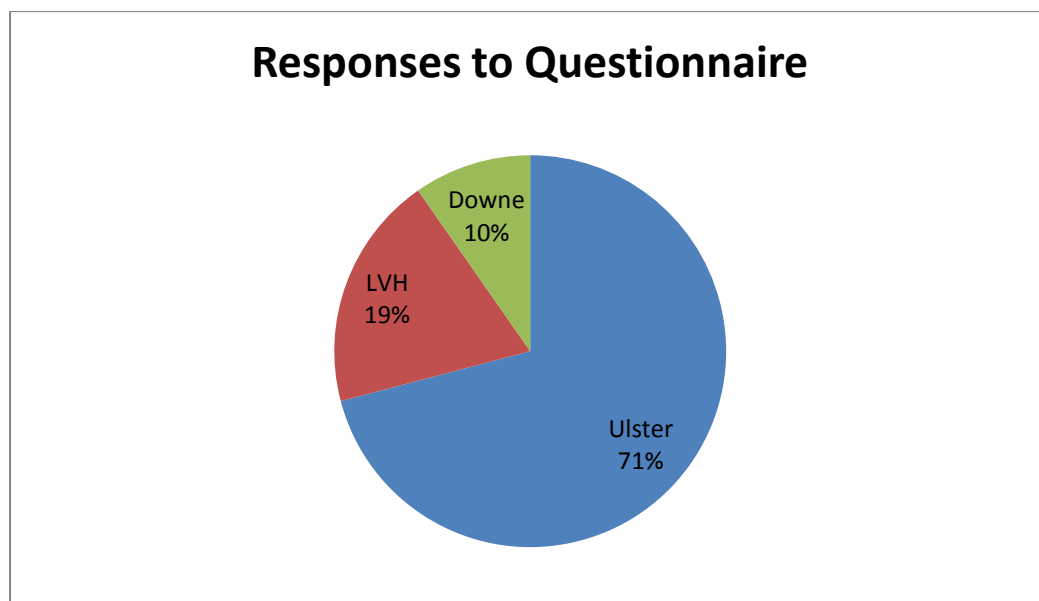
A clinical pharmacy service inpatient satisfaction survey was carried out during one week in June 2016 in all medical wards in the Trust

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 himself.”*
- *“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 Shop mobility 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.

Directorate: Woman and Acute Child Health (WACH)

Department: Maternity Services and Acute Paediatrics

A brief outline of the activity

The Teams continue to work with User representatives in each of the following Groups:

- 'BUMPS'
- 'Forget Me Not', and
- 'Paeds in a Pod'.

The Groups delivered a range of projects during 2017/18, including Neely Ward Side-Room refurbishment, Paediatric Wards refurbishment and Remembrance services.

What you did; the nature of the activity

As mentioned above, the Groups progressed a range of projects focussed on improved patient experience and comfort.

Of particular note was the re-launch of the Maternity Services User Group. The Team re-named the Group 'BUMPS' (Babies, Users, Midwives, Parents, Services) and re-launched with a series of meetings and fund-raising events. New Group members were welcomed and plans developed for a range of projects and events.

Also, the Trust's first 'Family Bereavement Day' took place in Streamvale Farm. The event was planned by the 'Forget-Me-Not' Group and included a range of activities designed for families to play and remember together.

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

All Groups across WACH include Users and staff. The Chairperson's of all Groups are Users. All Users are welcome to attend. The numbers attending each Group meeting range from 10 to 25.

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

As mentioned above, the focus of PPI activity is to improve patient experience and comfort. Feedback on improvements is used to inform subsequent projects and events.

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

All project and events are evaluated to inform subsequent projects and events. For example, the 'Family Bereavement Day' was attended by over 100 people and feedback was extremely positive. The 'Forget-Me-Not' Group plan to establish the Day as an Annual event.

How did you measure the change?

All projects and events are measured by seeking feedback from staff and Users. To date, all feedback is collected informally.

What did you learn?

We have learned that, regardless of the focus of the project or event, the most successful are those that are planned and delivered in collaboration with Users and staff.

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

We propose building on the success of the projects and events delivered during 2017/18. While these are likely to focus again on improving patient experience and comfort, small changes will be included to reflect feedback and the fresh ideas of new Group members.

Directorate:
Hospital Services

Department:
Medicine

A brief outline of the activity

Long Term Conditions Stroke and Palliative – User Involvement Groups

What you did; the nature of the activity

Biggest opportunities for Patient/family involvement are within the chronic disease /lifelong conditions settings and stroke and Palliative care are probably the most developed.

Palliative

These services are all run by external partnership Organisations which the SET signpost patients to.

The palliative care service partners with the following stakeholders,

- **'Move More' cancer/palliative programme Macmillan**
- **McMillian volunteer carers service**

- Marie curie befriending service
- 'Zest for life' Cancer Focus
- 'Bra Fitting Service' Cancer Focus
- 'Art Therapy' Cancer Focus
- 'Voice 4 Care' All Ireland Hospice and Palliative care user forum.
- Trust Palliative Care Locality Board service user is a member of the Board.

Stroke

There is a stroke survivor on the Trust Stroke Steering Group

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

The SET sign post these services to patients and their families but the host organisations monitor up take and participation – this data is not available to the Trust.

1. Service user representation for SET Stroke Steering Group
2. There is a Regional stroke carers and survivor group which includes patients and carers from the SET.

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

Stroke

Carers and stroke survivors were included in a working group specifically established to develop funding opportunities for this speciality.

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

Service user involvement in funding opportunities and opportunity to listen to patient voice to influence service development and future planning

How did you measure the change?

Palliative – unable to measure

Stroke – on going too early to measure outcomes

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

Palliative – encourage use of shared data to measure and evaluate impact with Partnership Organisations.

TENANTS FORUM AT CEDAR COURT

Directorate: Nursing, Primary Care and Older People

Department: Supported Living Facility - Cedar Court, Downpatrick

Please give a brief outline of the activity and what is aimed to do:

A tenant from Cedar Court forwarded a formal complaint to the Trust in 2017 expressing dissatisfaction about the institutional nature of engagement with tenants. She stated the tenants living in Cedar represented a community in their own right and required a greater voice around decision making.

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

The Trust liaised with a range of organisations to scope the best fit to take this work forward. The tenants were clear that neither the Housing Association nor the SET should facilitate as they wanted to be able to hold both to account for their performance.

The Trust commissioned and is working with partnership with Empowering Communities Enterprise Ltd to support and train tenants to establish a Tenants Forum. This project commenced in July 2017 for a period of one year.

How many people participated?

Cedar Court is a Supported Living Facility provides care and support to 24 tenants (12 older people / 12 EMI). The Facilitator from Empowering Communities held an information meeting with all 24 tenants and carers (where appropriate) to gauge interest and agree a terms of reference and Code of Conduct.

A core group of approximately 8 tenants attend the Forum and a Chairperson and Vice Chair (tenants) have been agreed.

What was the impact of the PPI Activity; what changed and why

Delivering Together 2016 - 26 challenges us to build capacity in communities and to empower service users to be partners in care.

Bengoa - systems not structures echoes this challenge

Co-Production is essential to improve tenants decision making about their own lives.

The impact has resulted in tenants engaging with local MLAs, Royal Mail and the local school to take forward issues relating to improving their life.

Royal Mail

The tenants request delivery of post to individual apartments instead of reception area. Royal Mail has agreed to do this and post boxes are being purchased by the Housing Association to enable this to happen.

Local School

The Principal of the local school has been asked to deal with parking by students which restricts their access to pavements especially for those with automated scooters.

Intergenerational work between school and tenants is being pursued.

Community Planning

The Council is required to take forward community plans to meet the needs of the local community.

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

Tenants have stated that they feel more empowered to have a voice in decision making about issues that affect them. They view their role as feeding into the community planning process. The MLA is liaising with tenants to promote links to the Council's Community Planning Processes. Staff have required support to understand co-production and the need to enable and empower tenants.

How did you measure the change?

There will be a formal evaluation in June as the project will be coming to an end in its current format. The facilitator from Empowering Communities is currently discussing the future support required by the tenants with them to ascertain if staff in Cedar can help with this role into the future.

What did you learn?

A core group of service users in Cedar were very enthusiastic and committed to the Forum and attended forums regularly.

As some of the tenants have dementia and did not feel able to commit to the core group they were facilitated to attend when they felt able as this enabled involvement at the level they were at.

What if anything would you do differently next time?

7.0 Action planning – PPI Priorities for 2018/19

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

- Continue to promote e-learning opportunities for staff and service users
- Develop and measure indicators of PPI objectives with Trust Corporate Plan (2017-21) “Engage with You”
- Consider implications and develop action plan for implementation of Regional Co-production guide once released (pending – late spring 2018)