HSC South Eastern Health and Social Care Trust

Personal and Public Involvement Annual Report

2015/2016

Personal and Public Involvement (PPI)

Involving you, improving care

Contents

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 those services.

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 can 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.

PPI in the South Eastern Trust

The Trust's Personal and Public Involvement Strategy, *Involving You*, 2012 -2015 sets out our aims for carrying out 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; and**

5. **Evaluate, with service users and other stakeholders, how effective personal and public involvement activity is on planning and delivering services.**

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 2015/16, South Eastern Trust contributed actively to the PPI Regional Forum. Ann Gamble, service user, and Elaine Campbell, Corporate Planning and Consultation Manager, represented the Trust on the Regional Forum. Ann stepped down from the Forum during the year. Service User Rae Patience took up the opportunity to participate in the PPI Regional Forum.

A number of Trust staff contributed to producing a new e-learning training package which was launched in February 2016. This will bring training to a wider group of staff and provide an opportunity to learn more about personal and public involvement.

PPI Standards

To help embed PPI into HSC culture and practice, the standards below were developed and launched in March 2015. The Trust has been working 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.

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 undertaking personal and public involvement.

Coaching for Recovery

Directorate: Human Resources

Department: Organisation & Workforce Development

A brief outline of the activity

In response to the focus on increased self-care and shared decision-making with patients and clients, the Organisational Workforce Development department extended the Introduction to Coaching course, initially targeted at managers, to staff working in therapeutic settings including peer support workers. This coach approach was then offered to service users and carers within the Mental Health Directorate through “Coaching for Recovery” via the Recovery College, the aim being to support people to use their strengths in decision making and self-management.

What you did; the nature of the activity

The 1 day “Coaching for Recovery” course was co-produced and delivered by a member of OWD staff and a service user. It is available to staff, service users and carers.

How many people participated?

Since April 2015 over 40 people have participated, the majority being users and carers or from other voluntary agencies.

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

Coaching for Recovery is about starting and maintaining conversations of hope and desired outcomes and replacing old disempowering conversations with new ones. The course was about how to empower individuals to generate their own solutions to problems. A desired outcome is that they would feel more confident in becoming involved any decision making about their care.

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

For some staff this was a different approach, the coaching relationship is a partnership of equals. It opened up a process of engagement between them as a coach and the coachee (the person the coach has dialogues with) through a series of conversations, aimed at bringing out the best in the person being coached. The patient/client/carer begins to see opportunities. They can then take a fresh perspective on personal challenges and begin to move in the direction they want to go, at a pace that feels right for them.

For the service user coaching can give them the confidence to have more active control over their lives and the service they receive.

How did you measure the change?

The course has been met with enthusiasm and two service users have now gone on to complete an ILM level 3 in Coaching & Mentoring and are now fully involved in the delivery of other programmes within the Recovery College.

What did you learn?

From the personal stories and general feedback, the quality of the service provided sometimes depended on the approach, level of interaction and commitment to engage by the staff member to the service user.

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

The level of interest is not only from the Mental Health Directorate but also from other areas within Adult Services and also the Older Peoples Directorate. Maybe making it a more generic course and not focusing solely on mental health as the coach approach is applicable to many scenarios with the service.

Patient Stories

Directorate: Adult Services

Department: Adult Disability

A brief outline of the activity

A Patient stories project was undertaken in Thompson House Hospital. The project aimed to learn about the patient and family experience / journey from acute hospital to Thompson House Hospital (THH) and their experience of care since admission to Thompson House Hospital. The project focused on the most complex patients who were cared within the THH Brain Injury Unit. The project aimed to identify actions which could be implemented to improve the patient journey from acute hospital to Thompson House Hospital and any actions which could be implemented in to improve the quality of care and patient experience.

What you did

Five families were invited to speak about their journey / experiences. Interviews were carried out by SW governance team and information provided was themed and recorded on a mind map. Common themes were drawn from the five interviews and presented into a service improvement action plan.

A project team prepared a service improvement action plan. Monthly meetings are held with the project team to ensure the action plan is followed through and actions are taken forward to improve the service.

Feedback from families and the service improvement action plan has been shared with the staff team. The staff team continue to be kept informed and involved in the service improvement plan.

A patient and carer focus group has been established and meetings will be scheduled twice yearly to listen to feedback from patients and carers and to generate further ideas as to how the service can continue to be improved.

How many people participated?

Five families (approximately 8 family members interviewed) were interviewed. Service users were unable to participate in this project due to their complex needs, brain injury, and inability to communicate. Families were initially spoken to about the project by the ward sister. They were asked if they would be willing to participate in the project. Families were given the choice as to where the interview would take place to help them feel relaxed and comfortable during the interview. Some families were interviewed in their own home and some choose to be interviewed in the hospital.

Interviews were undertaken by the SW governance team to promote an unbiased and independent perspective and to enable family members to speak openly about their experiences.

The project team consisted of the hospital manager, consultant, social worker, occupational therapist, ward sister, hospital administrator and activities coordinator.

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

A number of changes have been made at the hospital to improve the service provided. Some of these are outlined below:

1. All staff have been provided with “hello my name is” name badges
2. Photographs and names of key hospital staff have been displayed around the hospital
3. Diaries are offered to all patients to support and improve communication between families and staff.

4. THH information booklet and leaflets have been updated and are provided to all new patients and their families.
5. Increased social opportunities for patients within the brain injury unit
6. Daily use of sensory lighting within the brain injury unit
7. Establish a patient / carer forum
8. Work in partnership with Headway to provide a new social weekend day opportunity for patients.
9. Review the multidisciplinary team review meetings and identify how they could be made more user friendly and less anxiety provoking for families.

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

Staff morale has improved. Staff are engaged in the service improvement process and continue to identify and suggest further SQE projects to be taken forward. Staff are energised and enthusiastic about service improvement.

Families and patients have recognised and welcomed improvements.

New patients and families are provided with better information about THH and this helps them in their planning and preparations to move to THH.

How did you measure the change?

Change is currently being measured through the use of forums, feedback questionnaires, measuring patient and family satisfaction with the service.

What did you learn?

Service improvement can be achieved through small changes.

Patients and families are key to service improvement and service development.

We must take time out to listen to patients and families and involve them in service development and improvement.

Service improvement should be an ongoing and continuous priority for services.

We do provide a good service but it can always be better.

Whilst we were providing a good service there was plenty of room for improvement.

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

To improve the process we would take a bigger sample of Service users.

Involve the views of carers.

Establish a baseline early in the project which will enable improvements to be clearly measured.

Be clear about what improvements you are measuring and how you will measure these.

Any other comments?

This project is now starting in Hillhall Respite Centre as well.

ImROC Communication Group

Directorate: Adult services

Department: Mental Health

A brief outline of the activity

A Communication group was established to ensure there was a consistent message about ImROC (Implementing Recovery trough Organisational Change). The group is responsible for designing marketing materials and ways to ensure service users, carers and staff are aware of what Recovery in mental health means.

What you did; the nature of the activity

The group meets on a monthly basis. A six monthly action plan is agreed and implemented. The plan is reviewed at the monthly meetings.

How many people participated?

The group includes service users, carers, a voluntary agency representative and staff from different disciplines and teams within mental health plus a representative from the Trust's Communications Dept. Membership changes over time depending on people's availability.

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

The Trust Mental Health Recovery logo was designed by a group of patients from the Psychiatric Intensive Care Unit in Downpatrick through work with the Occupational Therapist who is a member of the Communications group. This logo appears on all leaflets, posters, minutes and other marketing materials.

The group established a Recovery Week to coincide with the Spring Equinox representing hope and opportunity. The first Recovery Week took place in March

2015 and there was an official launch in the Trust QIIC centre. As part of the week service users and staff organised a range of activities to highlight Recovery in Mental Health. The tagline is ‘Recovery is Yours.....’ to reflect the individual nature of Recovery – it is different for each person.

The ImROC in SET Facebook page was also established through the Communication group and information on the Recovery Collage plus events like Recovery Week is shared through the Facebook page.

Recovery Week is going to be an annual event and the next Recovery Week commences in 21 March 2016 with the theme ‘What Works for Me’. Service Users, Carers and staff have been asked to plan activities around this theme.

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

There is a much more collaborative approach to planning activities and events. There is also a greater awareness of what recovery means and how it is interpreted in different ways by different people.

How did you measure the change?

A survey monkey questionnaire was completed in March 2015 to ascertain staff awareness and help the group identify target areas where the Recovery message was not a strong.

Success was also measured by monitoring how each target in the six-monthly action plan was being achieved.

What did you learn?

Everybody has something to contribute and professionals do not have all the answers (or all the best ideas!!)

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

Membership of the group should be representative of all teams and grades of staff. There should be a balance between staff and service users and carers.

Any other comments?

Chairing the Communication group has been one of the most enjoyable aspects of my work – I had no idea how creative the people I work with are!

Paeds in a Pod

Directorate: **Hospital Services**

Department: WACH – **Acute Paediatrics**

A brief outline of the activity

A service user group was established to actively engage with families who have accessed or continue to access acute paediatric services.

What you did; the nature of the activity

The *Paeds in a Pod* group evolved as direct result of this initiative.

Membership of the group includes nursing staff from the paediatric unit and parents of children and young people who have used or continue to use our service.

The group works in partnership to identify how we can further support children and families during their time in hospital.

Fundraising for patient comforts is another key function of the group.

How many people participated?

The group was established with the support of senior management.
A number of parents were contacted to elicit their willingness to join the focus group.
Parents were extremely eager to be involved and offered their full support.

The group currently consists of three members of staff from acute Paediatrics and four parents.

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

Parents are supported to take the lead and actively encouraged to provide feedback as to how we can make improvements within our unit.
The group has facilitated the refurbishment and furnishing of an old clinical room for use as a quiet room for parents of very sick children and bereaved families.
This room can also be used for staff meetings, education and training sessions and other meetings of a sensitive nature.
Once completed this space will have new flooring, sink for tea making, mood light, and two bed settee's that can be used if family members need to be together.

Meetings are held on a monthly basis.

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

This project has improved communication between parents and staff whilst Parent's contribution is valued and appreciated.

How did you measure the change?
On completion of the quiet room as a group we will reflect on the experience looking at what worked well, what didn't work so well and what improvements are necessary before commencing any subsequent projects.

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

Representation form Young person who has used or continues to use our service.

Any other comments?

The next major project is the development of a sensory garden.

Recovery Choir in Ash House

Directorate: Adult Services and Prison Healthcare

Department: Hydebank Wood College

A brief outline of the activity
To improve key aspects of health and well-being - mood, hope and decrease levels stress through membership of a newly established Recovery choir in Ash House HBW

The aim was by January 2015 participants in a newly established Recovery Choir will have a 20% increase in their perceived mood and sense of hope. Furthermore they will have a 20% decrease in their perceived level of stress.

What you did; the nature of the activity

A choir was established through the following steps in Hydebank Wood Ash House (women's prison)

- ✓ Initial idea & Literature review
- ✓ Identified interest with women
- ✓ Coproduction with women
- ✓ Won £2500 to commission the project in Trust's Dragons Den competition
- ✓ Awareness sessions with women
- ✓ Planning/engaging with NIPS staff (Risk/venue/time)

- ✓ Choirmaster recruited
- ✓ Planning with choir master
- ✓ Choir master introduced to women
- ✓ Pre questionnaire and rating scales designed
- ✓ Final names for choir confirmed- Regeneration Girls
- ✓ Pre questionnaires completed. Baseline recorded
- ✓ First session of choir on landing
- ✓ Preparation for first performance
- ✓ Song selection from women introduced
- ✓ Environmental change
- ✓ Recording of choir
- ✓ Preparation for large scale performance

How many people participated?

Approximately fifteen women prisoners participated alongside Northern Ireland Prison Service staff and South Eastern Health and Social Care Trust staff. Also the appointment of an external choirmaster and establishing links with a community choir all enhanced the project. Consulting with the various stakeholders at all stages of the project was key to its success.

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

44% improvement in prisoners' mood

40% improvement in feeling of hope

52 % improvement in stress levels

40% improvement in confidence to sing

44% improvement in sense of well being

45% improvement in self –esteem

28% improvement in sense of community

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

“It gave me a sense of **freedom**, it gave me **energy** and it refreshed me. It helped relieve **stress** and helped me not to give up”

“It helped me integrate with people on other landings and after singing my **mood** changed, I felt **happier**”

“It helped my **mood** and lifted the sense of **community** in Ash house”

“I had an excellent time singing with the Ash choir and as a prison officer it was great to be involved in something so positive”

“…It’s a good example of the Prison Service working with the South Eastern Trust. The benefits include increased wellbeing, people feeling better about themselves and improved confidence. I’m so grateful to staff for thinking of innovation and persevering with it…”
Sue McAllister Director General, Northern Ireland Prison Service

How did you measure the change?

The change was measured through a series of pre and post session questionnaires.

What did you learn?

- **Importance of early staff engagement**
- **Risk versus activity analysis**
- **Prisoner engagement is key**
- **Impact of prisoners’ low confidence/self esteem**
- **Community difficulties**
- **Language/literacy barrier**
- **Unpredictability of environment**
- **Coping with Emotional fallout**
- **Challenges of Open sessions**
- **Overcoming challenges/barriers (noise on landing /echo)**
- **The benefits of small scale rapid improvement (PDSA) cycles**

- **Measuring and interpreting data Measuring service improvement accurately**
- **Understanding and implementing cultural change**

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

- Allow more time for the movement of participants from landings so that there is more practice time
- Incorporate staff singing in the choir as encouragement/demonstrate inclusiveness

Any other comments?

- By November 2015 a joint group of female and male prisoners had produced a CD of professional work to showcase their achievements in singing, song writing and performance
- The choir performed at the all-Ireland nursing conference 2015 held in the Titanic Exhibition Centre
- The choir project has become an integral part of Ash House.

Afifah's Garment Project - Modesty Surgical Garment for women of ethnic minority religions

Directorate: HR & Corporate Affairs

Department: Patient Experience – Chaplaincy

Afifah's Garment Project - Modesty Surgical Garment for women of ethnic minority religions.

The Lead Chaplain attended a Clinical Pastoral Education (CPE) training day on Multi-cultural Awareness. The speaker was from The Ni Inter-faith Forum. He said that modesty was an issue faced by women from ethnic minority religions, who came to hospital for surgery. The Lead Chaplain investigated this issue with the aim of designing and manufacturing a surgical modesty garment that would meet the modesty needs of women from ethnic and religious minority backgrounds. Afifah means modesty in Arabic.

A brief outline of the activity

The Lead Chaplain gathered information from stakeholders and service users through the NI Inter-Faith Forum to make sure that the garment met the modesty requirements for the ethnic minority religions.

What you did; the nature of the activity

Feedback on the design of the garment was through meetings organised through the NI Inter-Faith forum. The issue was very complex because different religions had different modesty needs. With each prototype garment feedback was requested and the information used to make changes to the prototype garment. The initial garment was short sleeve which was unsuitable for ladies from the Muslim tradition who were uncomfortable with bare forearms. We made it long sleeve. It had to have long legs. On the second prototype we added elastic cuffs to the long bottoms; as Hindu ladies feedback that their religion required them to have their ankles covered. The third prototype garment was found to meet the needs of all its users. With the addition of a veil/headscarf.

How many people participated?

Throughout the project 21 groups of stakeholders participated in the design and manufacture process. These comprised of service users, staff and people ethnic minority religions. At each prototype stage in the design staff from many departments in the hospital had to advise on the design. Their involvement was through face to face meetings. For example laundry advised on the materials for durability. After meeting the surgical manager the garment was re-designed with a wide sleeve so that a blood pressure cuff could be placed on the patient before surgery. Because of the wide sleeves Velcro was added to the sleeves to keep the forearms covered. Through feedback the back ties were changed so that patients were not lying on knots. The prototypes and final design were manufactured on site in the sewing room.

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

The impact of Activity was that the design of the surgical garment for women changed to meet the modesty needs of women from ethnic minority religions. The design is unique and the South Eastern Trust is the first Trust in Northern Ireland to provide this garment which is in place on acute hospital sites.

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

Through bringing staff from many different disciples across the hospital into the design process; Staff was alerted to this need for modesty that these religions had. Staff were educated on multi-cultural awareness in the health service. Through contact with the Lead Chaplain staff was informed about the chaplaincy service. Users need no longer be anxious or put of surgical procedures because of a fear of going against the modesty requirements of their religion. Members of the public can see a good example of personal patient-centred care.

How did you measure the change?

The change was measured by:

1. The responses of the staff who took part in the project. All women staff involved said they would want this surgical garment, if they needed a surgery.
2. The willingness of women from ethnic minority religions to be involved in the project.
3. The success of the project on reaching the final of The Chairman's Recognition Awards 2015.

What did you learn?

The lead Chaplain learnt about indirect discrimination.

By treating everyone the same; ie one surgical garment for everyone. Hospital was discriminating against women from ethnic minority religions because this would have a worse impact on them than on others, putting them at a disadvantage.

The Lead Chaplain learnt about how multi-cultural awareness impacts service users and the health service.

The lead chaplain learnt about the NI Multi-faith forum and its role in networking and promoting minority religions.

Through the census the Lead Chaplain learnt that ethnic minority religions were a growing minority group in Northern Ireland.

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

The Lead Chaplain would organise a large meeting so that all the different stakeholder groups from inside and outside the hospital could come together to share their experiences. The Lead Chaplain would use a Stakeholder Mapping Chart to effectively manage the 21 groups of stakeholders.

Any other comments?

The Lead Chaplain would like to see this rolled out regionally across all The Trusts in Northern Ireland. The private sector has also shown interest in purchasing this garment. The Trust is also considering patenting the garment.

Virtual Fracture Clinic

Directorate: Hospital Services

Department: Surgery - Orthopaedics

A brief outline of the activity

In January 2015 the fracture service in the Ulster Hospital underwent a service redesign introducing a virtual fracture clinic model to improve patient experience as well as improving the quality and efficiency of the service. The service sought feedback back from the users to evaluate the impact of the redesign and any areas requiring further improvement.

What you did; the nature of the activity

A satisfaction survey was carried out from May – July 2015 inclusive, comprising of two separate questionnaires which explored patients experience at either the Emergency department/ Minor Injury Department following a suspected fracture, or of the Virtual Fracture Clinic experience (VFC).

How many people participated?

108 patients participated in the exercise via postal survey.

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 and provided awareness of some areas requiring further improvements such as an exercise in awareness raising of the new process, introducing information leaflets, re-evaluate the use of the VFC hotline.

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 in regards to the nursing staff – this was very encouraging for the team.

Improving the communication in line with patient satisfaction survey regarding the process of VFC was highlighted as an area for improvement. The Directorate has submitted an application form for the PPI non-recurrent investment to progress this. It is envisaged that this will increase the satisfaction of patients as they progress through the VFC 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?

We learned about the impact of the activity and the need for increased communication.

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

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

Haematological Cancer Holistic Needs Assessment

Directorate: Hospital Services

Department: Surgery - Cancer Services (Haematology)

A brief outline of the activity

To improve the patient experience and promote health and wellbeing following a diagnosis of haematological cancer the haematology clinical nurse specialist developed a nurse led holistic needs assessment clinic. This involves patient completion of a self-assessment questionnaire with the aim of identifying concerns or issues that are important to them. Following identification, the clinical nurse specialist provides support and advice alongside referral or signposting to other support service as appropriate. To ascertain patient satisfaction with the service a patient satisfaction survey was undertaken

What you did; the nature of the activity

A user satisfaction questionnaire was designed by the Safe & Effective Care Department in conjunction with the Haematology Clinical Nurse Specialist. The questionnaire aimed to gauge awareness of the following aspects of the care and service provided: -

- Respect
- Attitude

- Behaviour
- Communication
- Privacy and dignity
- Appointment
- Overall satisfaction

How many people participated?

The survey focused on patients who attended the Haematology Clinical Nurse Specialist Holistic Clinic during August to September 2015. A total of 50 questionnaires were issued to patients/clients with a free post return envelope to encourage high response rates.

Of the 50 questionnaires issued, 33 were returned, thereby yielding a response rate of 66.0%.

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

Overall how satisfied were you with your experience, treatment and ongoing care at the Haematology CNS Holistic Clinic? (n=33)	Very Satisfied		Satisfied		Dissatisfied		Very Dissatisfied	
	No.	%	No.	%	No.	%	No	%
	31	93.9	2	6.1	-	-		

The impact of the PPI activity was that 100% of patients were very satisfied or satisfied with treatment and on-going care at the holistic clinic However provision of this service will be evaluated on a bi annual basis

How did you measure the change?

Further patient feedback exercises will be undertaken to ascertain satisfaction with the service

What did you learn?

The high level of patient satisfaction is very encouraging to the team involved

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

Ensure the results are widely disseminated

Breast Health and Wellbeing Clinics

Directorate: Hospital Services

Department: Surgery – Cancer Services

A brief outline of the activity

The establishment of Health and Wellbeing Clinics post treatment for cancer in Breast and Colorectal cancer services.

For the purposes of this document we will refer to the Breast Health and Wellbeing clinics.

What you did

The focus is to prepare patients to resume as normal a lifestyle as possible post treatment. To use Health promotion strategies to minimise the risk of cancer recurrence or development of other long term conditions ie diabetes, cardiac problems.

How many people participated?

At the first Breast Health and Well Being Clinic:
31 patients attended (20 family and 11 friends)
10 evaluation forms returned post Health and Wellbeing event

A range of health care professionals were also involved including Breast Care Nurses, Surgeon, Dietician and Physiotherapist. A number of voluntary agencies support the event with “market stall2 and provision of information on services

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

To ensure patients have education to support their return to normal lifestyle post treatment. Evaluation of this education proved it was valued.

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

Staff – realise the benefit to prepare patients post treatment and also realise its importance to move to self-directed after care pathway with no formal follow up.

Users – more prepared, detect problems at earlier stage. Some comments from the evaluation from are:

“Some information I had not received before”
“I enjoyed all the sessions and found them interesting and helpful”
“I was able to get something from each session covered”

How did you measure the change?

Patients were given an evaluation post attendance. Some of the figures are outlined below:

Q. Do you feel more able to cope with problems or concerns if they arise?
70% Yes
20% unsure

Q. Do you feel clear about what to look for in terms of new symptoms or changes to your body?
90% Yes
10% No

Q. Do you feel confident if you experience cancer related fatigue you can keep it from your lifestyle?
90% Yes

What did you learn?

Similar evaluation carried out for colorectal.

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

- Changes to presentation made (shortened).
- Plan to introduce a break in the colorectal session.
- Consideration given to afternoon versus evening sessions.

TILLI (Tell it Like it Is) Roving Reporters

Directorate: Adult Services

Department: Learning Disability

Adult Disability Services contracts with Agenda for Real Change (ARC) to provide a peer advocacy service for adults with a learning disability

Roving Reporters

TILII report on topical issues and celebrate achievements within the Health and Social Care Sector. TILII will use a wide range of reporting activities in order to share and exchange information with HSC Trust, organisations, providers, staff that support people with a learning disability, as well as, people with a learning disability in the community

What you did

TILII members have been supported by ARC to build their skills in becoming a reporter. Sessions have and will continue to be delivered to TILII, increasing their confidence and capacity by practicing interviewing and producing reports for newsletter and for other media coverage, including using digital platforms.

TILII members are in the process of been encouraged and supported to learn to use different technology to be able to gather evidence and produce a report based on their findings. For example, computer, video recorder, webinar, Dictaphone

How many people participated?

All TILII groups have or will participate in future. Some members have chosen to be front of house and actually report, whilst others have chosen to take part in the design and development of the story.

TILII ROVING REPORTERS – GOOD NEWS STORIES

- Stepping Stones - Garden Café - Downpatrick TILII in the process of reporting on a good news story on the placements provided for people with LD
- Gate Lodge Café – Newtownards - Bangor TILII - in the process of reporting on a good news story on the placements provided for people with LD

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

TILII members are pleased and excited to be Roving Reporters and are actively trying to find news stories for us to report them.

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

Learning is fundamentally a social activity, we learn best by building our knowledge, understanding and skills through working with other people. TILII members are not only learning new skills to become Roving Reporters, they are working with a diverse range of people in a shared creative learning experience by reporting on specific stories and then designing and publishing the stories in different formats,

How did you measure the change?

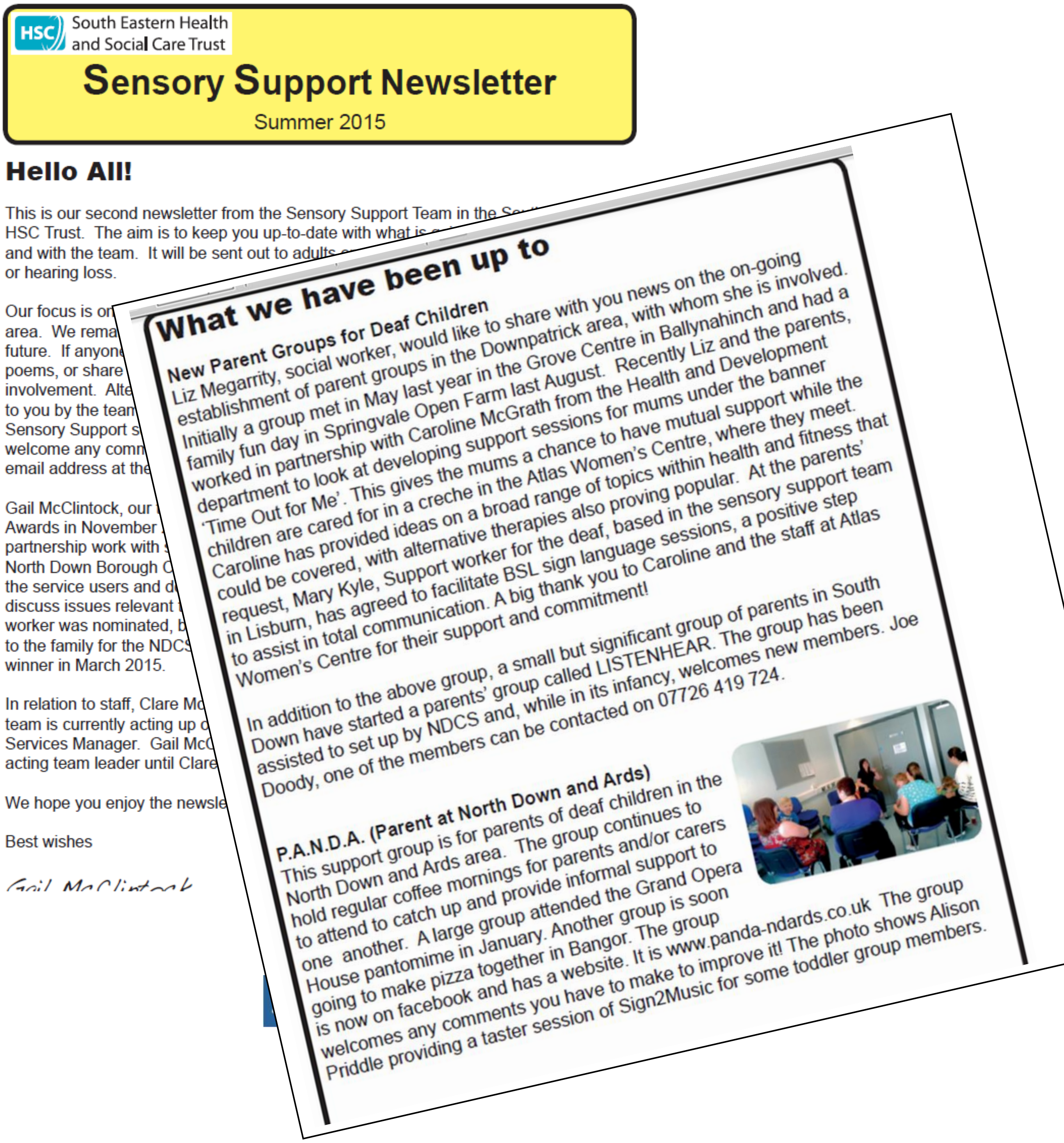
This will become clearer the more stories we complete, if we continue to produce good stories then the impact of those stories will meet a more diverse audience. The better the story the more people will want to read it and this should promote more stories for TILII to report on. Also depending on the issues we are reporting on, for example we hope to be reporting on stories that will allow people and organisations to share good practice.

What did you learn?

The project is still evolving and we are hoping to get training and input from a journalist to further build the capacity and skills of the TILII members to enable them to become experienced Roving Reporters.

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

This will depend on import from journalist and issues like what technology we eventually purchase.



South Eastern Health
and Social Care Trust

Sensory Support Newsletter

Summer 2015

Hello All!

This is our second newsletter from the Sensory Support Team in the So
HSC Trust. The aim is to keep you up-to-date with what is g
and with the team. It will be sent out to adults
or hearing loss.

Our focus is on
area. We rema
future. If anyone
poems, or share
involvement. Alte
to you by the team
Sensory Support s
welcome any comm
email address at the

Gail McClintock, our
Awards in November
partnership work with
North Down Borough C
the service users and d
discuss issues relevant
worker was nominated, b
to the family for the NDCS
winner in March 2015.

In relation to staff, Clare Mc
team is currently acting up c
Services Manager. Gail McC
acting team leader until Clare

We hope you enjoy the newsle

Best wishes

Gail McClintock

What we have been up to

New Parent Groups for Deaf Children
Liz Megarrity, social worker, would like to share with you news on the on-going establishment of parent groups in the Downpatrick area, with whom she is involved. Initially a group met in May last year in the Grove Centre in Ballynahinch and had a family fun day in Springvale Open Farm last August. Recently Liz and the parents, worked in partnership with Caroline McGrath from the Health and Development department to look at developing support sessions for mums under the banner 'Time Out for Me'. This gives the mums a chance to have mutual support while the children are cared for in a creche in the Atlas Women's Centre, where they meet. Caroline has provided ideas on a broad range of topics within health and fitness that could be covered, with alternative therapies also proving popular. At the parents' request, Mary Kyle, Support worker for the deaf, based in the sensory support team in Lisburn, has agreed to facilitate BSL sign language sessions, a positive step to assist in total communication. A big thank you to Caroline and the staff at Atlas Women's Centre for their support and commitment!

In addition to the above group, a small but significant group of parents in South Down have started a parents' group called LISTENHEAR. The group has been assisted to set up by NDCS and, while in its infancy, welcomes new members. Joe Doody, one of the members can be contacted on 07726 419 724.

P.A.N.D.A. (Parent at North Down and Ards)
This support group is for parents of deaf children in the North Down and Ards area. The group continues to hold regular coffee mornings for parents and/or carers to attend to catch up and provide informal support to one another. A large group attended the Grand Opera House pantomime in January. Another group is soon going to make pizza together in Bangor. The group is now on facebook and has a website. It is www.panda-ndards.co.uk The group welcomes any comments you have to make to improve it! The photo shows Alison Priddle providing a taster session of Sign2Music for some toddler group members.

The Health Development Unit work with a range of activities to involve people in improving and maintaining their health.

Get back into the Beautiful Game - Walking Football for Over 50s in Newtownards

Since early October, males in Newtownards, who are over 50 have been getting back in the game with Walking Football - a novel approach to the much loved sport!

Designed to help older people participate in exercise and reap the health benefits, Walking Football is a low level version of the game run on modified 5 a side rules, where any player caught running concedes a free kick to the opposition.

Originally set up by the South Eastern Health HSC Trust Community Health Development worker for Ards, Jackie Robinson and the Football Development Officer for Ards, Craig Brotherston, the Walking Football project was designed to give older people the opportunity to play and enjoy the game they love while reducing the risk of injury.

The over 50s/40s are often overlooked in terms of playing football but Walking Football affords individuals a great low-risk way to keep fit, learn skills, have fun and socialise all at the same time according to statistics from the British Heart Foundation.

Newtownards has the seventh worst cardio-vascular health in the United Kingdom so this project was set up directly to address this by helping older men to lower their blood pressure and cholesterol levels, lose weight and increase their physical activity thereby improving their heart health.

How did we do it?

We publicised Walking Football through poster/flyers in pubs, barbers, shops and libraries, gyms and sports centres and anywhere men might be. We also targeted key community leaders, well known local players, as we guessed if we got them on board they would give the activity credibility and other men would also join in.

This approach was very successful. There are now 18 men over 50 who meet every Wednesday night at tea time in Ards Leisure Centre for a free session on Walking Football.

Initially some of the men were sometimes reluctant to join in until they had checked out:

- How fit or the level of talent of other players
- Level of skills
- Age other players were.

They spectated from the viewing gallery above in the leisure centre to begin with.

Walking Football should not be regarded as a soft or easy option as after most sessions the guys are ‘bathed in sweat’ leaving the pitch. It is now hoped that it will be a regular activity and has been funded by Ards Community Network/South Eastern HSC Trust Community Health Development budget. More funding has been applied for next year.

It is planned to extend Walking Football to other areas of the Borough so that competitive and team tournaments would be possible.

Quotes from players

Quotes from players show that the friendship and social side of the game is as important to them as the physical side.

"Surprisingly great for improving fitness, making friends and played in a competitive spirit - Highly recommended".

"Excellent to get out for a bit of exercise and craic with the fellas".

"It's great fun and banter, it's great exercise - gives you a chance to play football at a good standard without running".

"I really look forward to it every week, it's great for my health and I'm making new friends".

"Recovering from heart surgery, I've found the class has helped me regain friends and make new ones".

"Meeting with other men my age can be fun".

"Great way to keep fit and still play football. Good social activity and great fun. Hope the football keeps going".

Action planning – PPI Priorities for 2016/17

- Revise the PPI Strategy for the Trust for the next three years
- Produce updated Consultation Scheme
- Promote e-learning opportunities for staff
- Produce a register of opportunities for involvement for the Trust
- Work in collaboration regionally and across the Trust to measure PPI outcomes more effectively

Personal and Public Involvement (PPI)

Involving you, improving care