South Eastern Health
and Social Care Trust

Personal and Public Involvement Annual Report

2018/2019

Personal and Public Involvement (PPI)

Involving you, improving care

Contents

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 Personal and Public Involvement?

Personal and Public Involvement (PPI) 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. Key definitions in relation to PPI are illustrated below:

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.

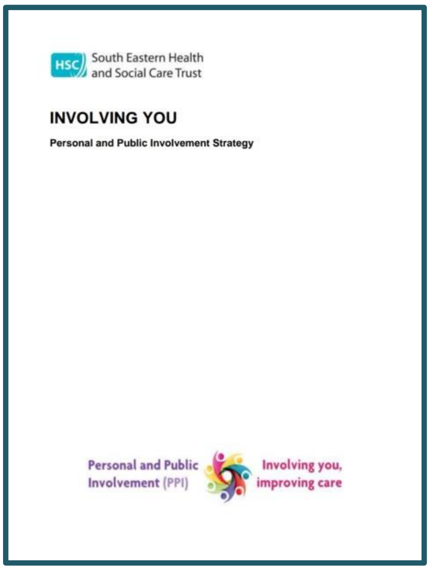
Service User or **interest group** an individual or collection of people (or those who represent them) who use a service, the professionals who provide it and others who have particular knowledge and understanding of a service, including carers.

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.**



HSC South Eastern Health and Social Care Trust

INVOLVING YOU

Personal and Public Involvement Strategy

Personal and Public Involvement (PPI)

Involving you, improving care

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 Safety, Quality Improvement and Innovation 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 the exploration of partnership working models, evaluation of services and a range of Quality Improvement projects. The PPI Leads group also contributed to the regional Co-production guide.

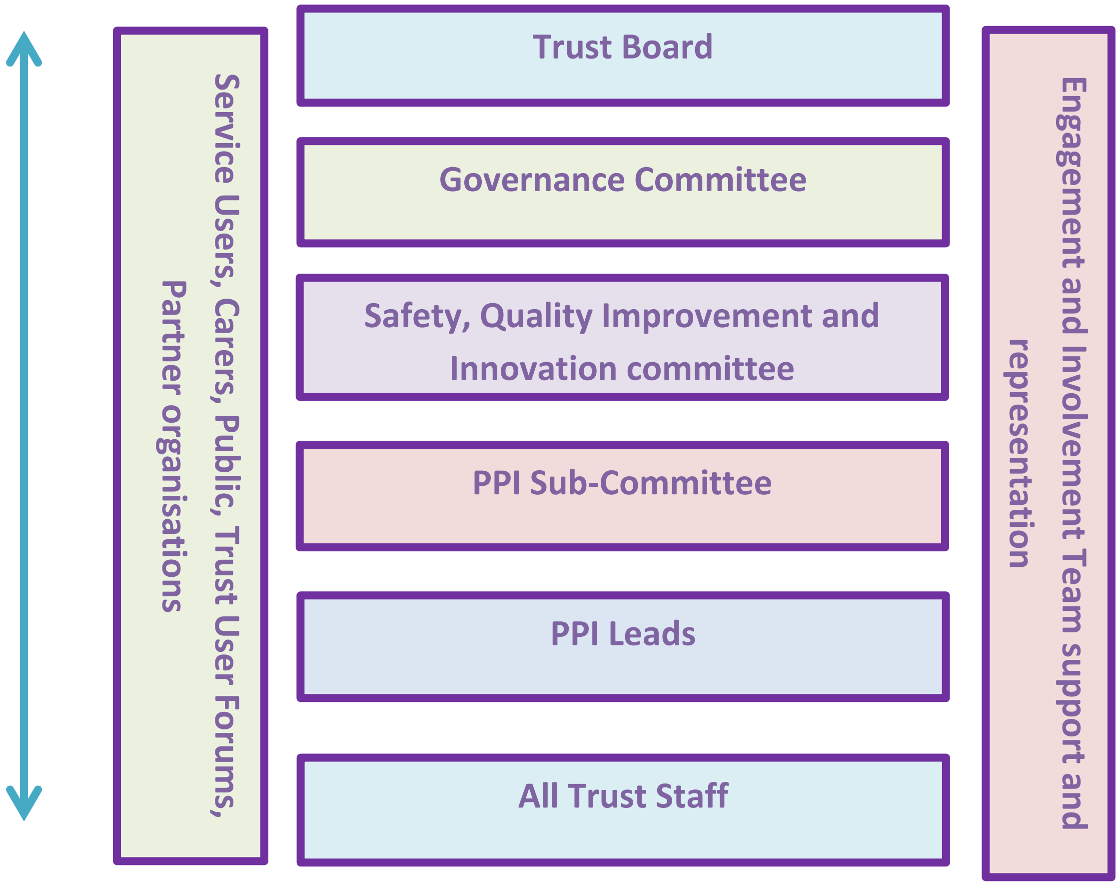


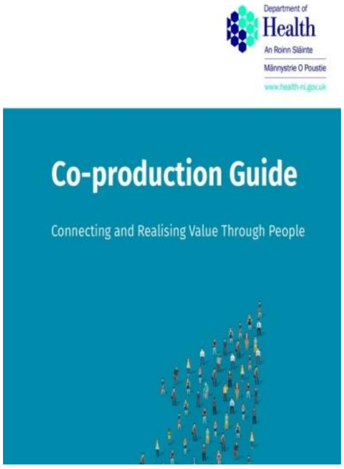
Figure 1: *Draft overview of PPI Governance Structure in South Eastern Trust*

PPI Regional Forum

In 2018/19, the South Eastern Trust contributed actively to the PPI Regional Forum; The Director of Planning, Performance and Informatics and the Engagement and Involvement Manager, represented the Trust on the Regional Forum.

The Trust contributed to a number of workshops and discussions on issues, including the on-going work relating to the reimbursement of service users for involvement work with Health and Social Care organisations and a range of Transformation projects for involvement.

The Trust also contributed significantly to the development of the regional Co-production Guide published in August 2018.



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. The standards 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

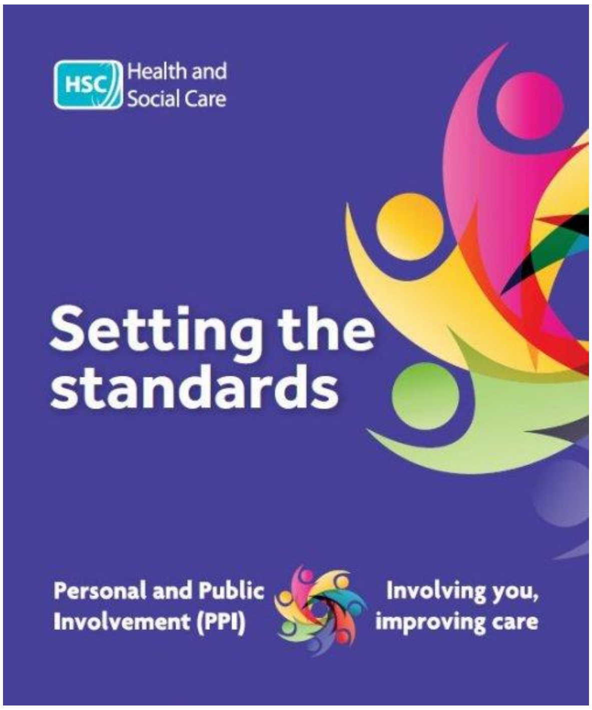
Health and Social Care organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

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.



HSC Health and Social Care

Setting the standards

Personal and Public Involvement (PPI)

Involving you, improving care

6.0 PPI Action Plan 2018 - 2019

In the year 2018/2019, 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 is now available for all staff with internet access, and a new Engagement and Involvement Officer was appointed in March 2019 to focus on Learning and Development opportunities for staff.
Develop and measure indicators of PPI objectives within the Trust Corporate Plan (2017-21) 'Engage with You'	An internal workshop was held to consider measurement indicators for PPI objectives within the Trust Corporate Plan. The Trust's PPI team is continuing to work with the PPI Regional Forum in relation to measuring the impact of PPI. Operational Directorates within the Trust are developing measurement indicators for reporting on 'Engage with You'.
Consider implications and develop action plan for implementation of regional Co-production Guide	The Trust participated in the co-production guidance working group. A new Engagement and Involvement Officer was appointed in March 2019 to assist with the development of an integrated action plan for the implementation of the regional Co-production Guide.

7.0 PPI Highlights in 2018 - 2019

~ New PPI staff at South Eastern Trust ~

In September 2018, Claire Campbell was appointed as the Trust's Engagement and Involvement Manager, PPI Lead. This position is the Strategic lead for Engagement and Involvement across the Trust, including PPI, Co-production and Consultation.

Ciara Fox, has recently been appointed to the new post of Engagement and Involvement Officer, in March 2019. This role will be dedicated to developing and integrating PPI and Co-production across the Trust. A key focus will be on base-lining existing Involvement within the Trust, development and delivery of a Trust Learning and Development programme for involvement, measuring impact and providing support and guidance to services and colleagues across the Trust.

The Engagement and Involvement Team plan to take forward a number of PPI actions as agreed by the PPI Sub-Committee in order to further embed PPI within the Trust. See Section 9.0 below (Page 86) for key 2019-20 PPI priorities.

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~ Engage and Involve (PPI) E-learning Module ~

122 staff completed module 1/4/2018 - 31/03/2019

417 staff completed module since its launch (2016)

A **key PPI priority** for 2019-20 is to increase engagement with existing PPI training and to develop additional training for staff in the form of interactive workshops (see section 9.0 below)

~ Involving Service Users and Carers event ~

On 22 March 2019, the Planning, Performance and Informatics Directorate hosted an ‘Involving Service Users and Carers in Trust Services’ event. A focus for the day was exploring good practice in partnership working and learning about innovative approaches to this.

Attendees at the event included Service Users and Carers in the South Eastern Trust locality, Trust Personal and Public Involvement (PPI) Leads and members of the Trusts PPI Sub-committee. PPI Leads and Sub-committee members span a range of services across the Trust and all Directorates were represented. Representatives from the Department of Health, Public Health Agency and Patient Client Council also attended the event.

Speaking at the event, Roisin Coulter, Director of Planning, Performance and Informatics stated “Our Service Users, Carers and our Trust colleagues are at the heart of everything we do and as a Trust we are committed to working in partnership to delivering safe, quality and effective care for all. As we continue to transform our services for the future it is vital that we do this collectively, bringing together lived experience with clinical and operational expertise.”

L to R: Naomi Dunbar, Claire Campbell and Roisin Coulter

Attendees at the event heard from a range of speakers including Tim Hughes, Director of ‘Involve’ a leading Public Participation organisation; Maire Grattan, Director of ‘FutureSpark Coaching’ and Rodney Morton, Deputy Chief Nursing Officer and Policy Lead for PPI and Co-production at the Department of Health.

A range of best practice ‘working in partnership’ examples from within the Trust were also showcased at the event including The Carers Conversation Wheel, the Recovery College and the Collective Leadership Strategy.

8.0 Examples of PPI in Action across the Trust in 2018-19

Hospital Services

Another Happy Day in Radiology

Directorate: Hospital Services
Department: Radiology

A brief outline of the activity

The aim of the activity was to explore another way of gauging user satisfaction of outpatients attending the Radiology Service on the Ulster Hospital site. The service undertakes regular user consultation using surveys, however response rates are low and data takes a long time to collect, analyse and put into a report for feedback. Information was also always retrospective so improvement initiatives were not timely. This year, the Radiology Service team wanted to try something different and were supported by the Governance and Patient Involvement Manager to install three HappyOrNot Smiley Touch terminals on a trial basis. These terminals are the first of their kind in the South Eastern Trust.

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

Three ‘Smiley Touch Terminals’ were leased from the company HappyOrNot. Each terminal allows patients to rate their experiences by pressing one of four simple buttons, signified by corresponding emotions: very happy, pretty happy, pretty unhappy, or very unhappy. The terminal accounts for the reason behind satisfaction/dissatisfaction by prompting the user to select the reason for their satisfaction selection from the list below;

- Staff attitude and behaviour
- Wait times
- Privacy and dignity
- Treatment and quality of care
- Our communication
- Something else

The console then prompts the user to give open feedback by using the onscreen key pad.

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

On average, 1,100 returns are received per month. It was decided to place the consoles prominently at the exits of the three waiting rooms selected for the trial in order to increase uptake and interest. Securing involvement has not been an issue as HappyOrNot provides an engaging user experience which is smooth and easy to use.

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

HappyOrNot has proved to be a very effective and efficient method of user consultation. Daily reports are issued for each terminal showing hourly distribution of satisfaction and any highlights or 'pain points' (areas for improvement) identified. There is also an attachment of any open feedback which has been typed in by patients.

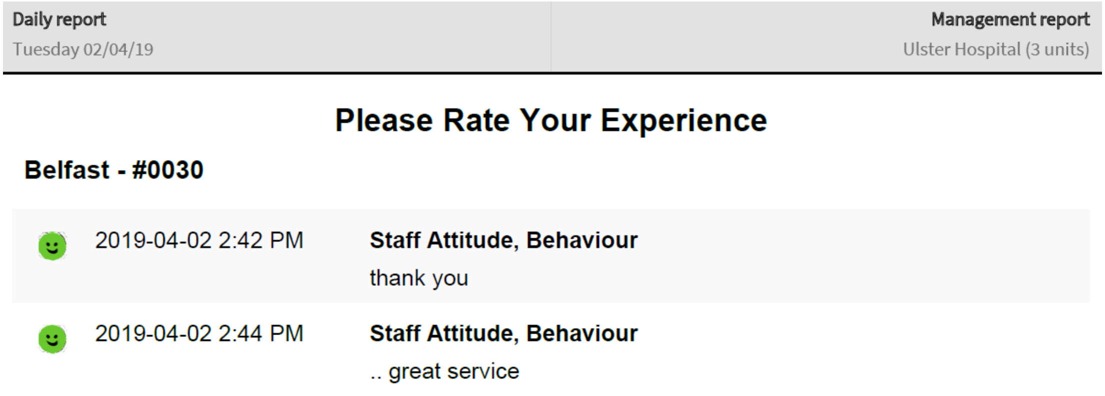
Examples of output produced from the Smiley Touch Terminal:

Daily report
Tuesday 02/04/19

Management report
Ulster Hospital (3 units)

Please Rate Your Experience

Index: 90.0
Responses: 43



Daily report Tuesday 02/04/19	**Management report** Ulster Hospital (3 units)

Please Rate Your Experience

Belfast - #0030

🙂	2019-04-02 2:42 PM	**Staff Attitude, Behaviour** thank you
🙂	2019-04-02 2:44 PM	**Staff Attitude, Behaviour** .. great service

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

The advantage is having real time feedback to share with staff which is meaningful and has boosted morale.

How did you measure the change?

Feedback reports are circulated daily to allow satisfaction levels to be monitored. Corrective actions for any negative feedback can be addressed instantly. Responses are based on feelings and are reactive to real time events on the day which allows an improved turnaround on issue resolution. Feedback reports are discussed at staff meetings by Modality Leads.

One question and one response take minimal effort for users to participate, hence the number of responses have greatly improved in comparison to using a survey method.

Feedback is intuitive and honest, which enhances the accuracy of the data compared to collecting data via survey method. Additional factors including staff motivation, enthusiasm, and overall job satisfaction are improved. Staff are engaged and complimentary about the addition of HappyOrNot terminals.

What did you learn?

As the feedback is anonymous, and by transparently sharing the results, commitment for improvement has increased amongst staff. Staff groups have also become competitive about who is receiving the best feedback.

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

Future plans will involve placing the ‘Smiley Touch Terminals’ within other service areas in the Trust to gather patient feedback.

Development of Patient Information on Self-Directed Aftercare

Directorate: Hospital Services (Surgery)
Department: Cancer Services (Colorectal Service)

A brief outline of the activity

This activity involved;

- Development of patient information on Self-Directed Aftercare (SDA) for patients with early colorectal cancer, who are diagnosed, treated and discharged to SDA
- Review of existing information on the Enhanced Recovery Programme for patients undergoing elective colorectal cancer surgery
- Review of existing information provided to colorectal patients with a bowel stoma regarding the possible complications of stoma surgery

What you did; the nature of the activity:

The team developed and updated patient information to ensure that it was easily understood and answered patient’s questions and concerns in a patient friendly way. This was done with guidance from Macmillan Information and Support services, and the Macmillan tool was used for developing patient information. A patient user group was consulted as part of the process.

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

The following people participated in the activity:

- All six members of the colorectal nursing team
- Macmillan Information and Support manager
- Two members of the surgical team
- A patient user group

All of the above were secured through direct conversation and email correspondence.

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

Patient information was made more patient friendly; the language used is more clearly understood by patients, and the layout of information in sections makes the information easier to process. With less clinical language, the content of the information leaflets is more likely to be read and understood.

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

- Patients feel better informed and have good written information to support the verbal information given by the team
- Staff see the importance of patient and public involvement in developing written information for patients
- The team learnt from the user what works well and what does not
- Sharing the information leaflet with other services has helped to enhance other service user areas

How did you measure the change?

Patient information documents are reviewed biannually, and the patient users group are always consulted as part of the process.

What did you learn?

Key learning from the activity included:

- The user group gave useful advice, highlighting the value of involving the user groups in the development of any written patient information
- The benefit of using the Macmillan tool for developing patient information to measure our written information against, and make any changes if necessary

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

Involving the Communications department at an earlier stage, regarding the development of illustrations for the information documents, would be beneficial in the future.

Evaluation of the Effectiveness of a Head and Neck Cancer Health and Wellbeing Clinic

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

A Health and Wellbeing Clinic is a one-off, semi-structured education and supportive event for patients, families and carers at the post-treatment stage of the cancer trajectory. The core principle of this event is to help prepare people living with cancer for the transition of moving on to life after treatment by promoting their awareness of cancer survival knowledge, their sense of empowerment and confidence, and their self-management skills. The principles are clearly embedded in the Department of Health's 'Improving Outcomes: A Strategy for Cancer' (DOH, 2011) with the focus on secondary prevention (encouraging lifestyle changes; enhanced health and wellbeing, and quality of life), advice about possible signs of recurrence, information and signposting to other services, supporting patients and their carers to regain as normal a life as possible.

What you did; the nature of the activity

The first 'Head and Neck Cancer Health and Wellbeing' event at South Eastern Trust (SET) was held on 3 April 2019, which lasted for two hours. A number of talks were given by key professionals including; a Consultant Surgeon (premise of follow-up care), a Consultant in Restorative Dentistry (managing oral health following treatment), a Dietitian (meeting nutritional needs through a modified diet), a Physiotherapist (managing lymphoedema), an Occupational Therapist (fatigue management), a Macmillan Health and Wellbeing Manager (resources and support services available) and a Consultant Clinical Psychologist (managing your mood and fear of recurrence). There was an opportunity in the middle of the programme for patients and carers to meet others in a similar situation, as well as access resources from other charities such as Cancer Focus NI on smoking cessation. This event was also supported by other professionals at SET, namely our Substance Misuse team who provided advice on safe alcohol consumption.

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

Twenty five patients, 20 carers and 10 healthcare professionals participated. Invitations were sent to patients who had completed treatment for head and neck cancer in the past 12 months from their clinical team (three head and neck surgeons and a clinical nurse specialist).

The event was co-ordinated by staff from the Macmillan Health and Wellbeing team.

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

Robust feedback from users is required to assess the effectiveness of any event. Therefore, all patients who attended the event were provided with the opportunity to complete pre and post questionnaires examining the appropriateness of: 1) content delivered at the event, 2) how the event enabled self-management, 3) impact on self-efficacy and 4) quality of life for patients who have completed treatment for head and neck cancer.

Seventy-five percent of those who attended the event on 3rd April 2019, completed the questionnaires and will be provided with the opportunity to repeat the questionnaires again in three months to assess whether there has been any sustained impact from this event. A small number of users will also take part in a one-to-one interview to explore in greater depth, information on the most helpful components of the intervention and how subsequent events could be developed. Such information will help target the intervention to this specific tumour group, improve the delivery and demonstrate impact.

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

The evaluation phase of this project is ongoing, but initial feedback has been overwhelmingly positive, in that attendees felt such an event normalised a number of the main adverse-effects and late effects of treatment. The importance of further sessions has been highlighted, for example, impact on speech, and hence the Speech and Language Therapist would be an important contributor at future events.

How did you measure the change?

A mixed methods approach is being employed. This includes a paper-based, self-report questionnaire completed at three time-points, with two existing validated measures, namely the EQ-5D-5L (permission letter obtained to use tool) and the Self-efficacy for Managing Chronic Disease 6-item Scale (Lorig et al 2001), alongside some bespoke questions to capture patient demographics and satisfaction data. This questionnaire will be completed directly before and after the Health and Wellbeing Clinic and then two-months later.

One-to-one semi-structured patient interviews will be conducted within one-month of attending the Health and Wellbeing Clinic. These interviews will elicit further details on how attending the event impacted on participants' wellbeing and ability to self-manage their condition. There will also be exploration of barriers and facilitators to patients with head and neck cancer attending a Health and Wellbeing clinic and recommendations of content, and learning context for future clinics.

What did you learn?

As this project is ongoing and data hasn't been formally analysed, our learning therefore hasn't been fully actualised. In brief, it is clear that a 'one size fits all' approach to intervention delivery of these Health and Wellbeing events across all tumour groups must not be assumed, but instead must be targeted based on the profile of post-treatment effects experienced by the patient and carer group. Also, robust evaluation does not merely assess participant satisfaction with an event but should measure the impact of the intervention on an individual's behaviour.

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

A comprehensive list of recommendations will be provided when the remainder of the data is collected and analysed.

Health & Wellbeing Event for Lung Cancer Patients

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

The activity was a Health & Wellbeing Event for lung cancer patients.

What you did; the nature of the activity

A programme of informative presentations were delivered by Lung Cancer Clinical Nurse Specialists, Medical team, Allied Health Professionals and Voluntary services to lung cancer patients and their families/carers.

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

- Patients who were recently diagnosed were identified and invitations were sent out by the Macmillan Health and Wellbeing team
- This is a rolling programme and staff are committed to involvement
- Several information stands were provided by voluntary bodies/charities

- 35 invites were sent out to patients
- 28 attended and 8 evaluations were completed

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

The event was well evaluated by those who completed evaluation forms and there was also good verbal feedback from those who attended.

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

Staff continue to evaluate the programme, and for this year's event, consideration is being given to involving Marie Curie representatives.

How did you measure the change?

Evaluation forms were distributed after the event.

What did you learn?

It is always valuable hearing updates from colleagues on the latest developments in their services and establishing what is available for patients to help improve their quality of life.

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

Representation from palliative services would be a useful addition at the next event.

Lung Multi-Disciplinary Team Leaflet Review

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

This activity involved a review of the Lung Multi-Disciplinary team leaflet.

What you did; the nature of the activity

The activity involved ensuring information presented in the Lung Multi-Disciplinary team leaflet was up-to-date and correct, and in the correct format.

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

The Personal and Public Involvement (PPI) User Forum was involved in reviewing all documentation and provided feedback and comments.

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

The recommendations provided by the PPI User Forum were taken into consideration and the leaflet was amended to reflect these.

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

The revised leaflet was re-printed and is included in the lung cancer information packs that patients receive at the time of their diagnosis.

How did you measure the change?

The forthcoming evaluation from the Lung Cancer Patient Satisfaction survey will provide information on the impact of the changes.

What did you learn?

A key learning point from this activity included the importance of consulting with the PPI User Forum, and the valuable contributions that they make.

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

The team will continue to seek PPI User Forum involvement in leaflet reviews and in any other aspect of work where they could be involved.

Beyond the Label

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

A group of young people approached the Teenager and Young Adult (TYA) team to support them to do a drama piece about their experience of their cancer diagnosis and treatment. This was inspired by a drama performance the young people saw in ‘Find Your Sense of Tumour’, a conference run by the Teenage Cancer Trust each year in the Midlands. This documented a plethora of young people's experience of diagnosis and treatment.

What you did; the nature of the activity

A brainstorming session was held to establish what the young people wanted to say and how they wanted to present it. The following people were in attendance at the brainstorming session; the group of young people, the TYA Clinical Nurse Specialist (South Eastern Trust), a social worker from CLIC Sargent, the TYA Clinical Nurse Specialist (Northern Trust), the Ward Support Specialist and Community Specialist (South Eastern Trust). ArtsCare Northern Ireland was then involved to begin the process of writing, rehearsing and performing the play. This took place over two shows in the Crescent Arts Centre in Belfast. Five young people performed the play called 'Beyond the Label' to their friends and family one night, and the following week to the professionals who had looked after them.

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

- Between seven and nine young people took part, with five performing
- Five members of the TYA team supported the young people psychosocially
- ArtsCare NI provided a drama advisor who moulded the play using the young people's words and helped them to perform it

Financial support was received from the following charities to allow the activity to take place: Teenage Cancer Trust, Cancer Fund for Children, Children's Cancer Unit Charity, CLIC Sargent and Friends of the Cancer Centre. Letters were sent to the charities asking them for funding for all aspects of the play, but costs were lowered by minimising props on stage, costumes etc.

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

The play has been very well received by all who attended. The family and friends felt that they had been given a chance to see what their loved one went through and felt they had a better understanding.

The professionals who attended the event mostly noted that this would help them to improve their practice when attending to the needs of younger patients.

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

As a team who consider and use peer support as a means of therapeutic support, this has highlighted a new avenue for supporting young people.

The young people really felt empowered and have noted an increase in their confidence after doing this.

The professionals were so impressed that there is potential for this play to be reproduced for others in a professional forum.

How did you measure the change?

A post evaluation was distributed to those who came to see the drama (the information is being collated at present).

The young people involved completed a pre-evaluation and will complete a post evaluation during an upcoming debrief.

What did you learn?

This activity highlighted the benefits of allowing expression through the arts to allow young people to fully engage with their emotions and feelings.

Oncology Transformation Project

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

Cancer Services is currently involved in an Oncology Transformation Project. In February 2018, the Transformation Implementation Group (TIG) approved the establishment of a Cancer Services work stream to lead on the ‘development of a sustainable model to support the delivery of regional cancer services, with an initial focus on providing high quality stable and sustainable non-surgical oncology services which will include chemotherapy and radiotherapy’. In line with this approach, individual Trusts identified prototypes to test during the life of the project.

What you did; the nature of the activity

There has been extensive engagement with patients with lived experience of cancer to bring together a wide range of experience, knowledge, and skills to ensure all issues with current service delivery and areas for improvement have been captured.

This included:

- Local community online survey
- Local community meetings within each Trust area facilitated by Trust Personal and Public Involvement (PPI) Leads

- One day snapshot in cancer units for people attending outpatients or receiving chemotherapy treatment to ensure full consideration of what is working well and suggestions for improvement
- Two rounds of waiting times audits for MacDermott Unit (August 2018, March 2019)

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

A total of ten meetings were held in Northern Ireland (NI), with two of the meetings held in the SET area during August 2018. Each meeting was facilitated by members of the Communications & Engagement Group and supported by local Trusts.

During August 2018 there were a total of 476 responses from across Northern Ireland and this included a significant number of South Eastern Trust responses to the 'Have Your Say' survey. An analysis of these surveys and information shared at engagement meetings was undertaken during September and October 2018. The findings were presented to the Programme Board on 12th October 2018.

A second 'Have Your Say' survey was completed on 3rd April 2019 with 49 patients completing the survey. A 'Have Your Say' focus group (5 attendees) was held on 9th April 2019.

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

The PPI activity is helping to shape the new oncology service model for NI. The 'Have Your Say' survey results led to the identification of an eighth project theme of 'Quality of Care, Safety and Efficiency' and a range of new sub-themes. New themes and sub themes are highlighted below;

- General experience of the service
- Waiting time on the day of treatment
- Appointment scheduling
- Additional services/support offered
- Staff
- Clinical environment
- Parking

The themes from the 'Have Your Say' feedback have been mapped to project prototypes and service improvements are already underway in Trusts.

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

PPI activity is helping to shape the new oncology services model for NI. The learning from the oncology prototypes and 'Have Your Say' engagement ensures that service users and members of the public have been, and continue to be, involved in the development of oncology services for NI.

What did you learn?

Patients commented eight times more often on 'Improving Patient Experience' than on the next most common topic, which was 'Improving Equity/Access to Services'. The top two themes, 'Improving Patient Experience' and 'Improving Equity/Access to Services' account for 1,816 comments, or 92% of the total comments.

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

In terms of future projects, service users will be involved from the earliest opportunity.

Service User in Peer Review Process

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

The Acute Oncology Service participated in a peer review programme in 2018. This is a process undertaken to assess the quality of cancer services against the Improving Outcomes Guidance for NHS patients, enabling quality improvement.

The purpose of this programme is to:

- Ensure services are as safe as possible
- Improve the quality and effectiveness of care
- Improve the patient and carer experience
- Undertake independent, fair reviews of services
- Provide development and learning for all involved
- Encourage the dissemination of good practice

What you did; the nature of the activity

The Acute Oncology Service was reviewed against a set of detailed measures based on the Improving Outcomes Guidance. The Trust was asked to detail compliance with the measures and this was followed by a visit from the review team. A report was issued outlining areas of good practice and areas for improvement within the service. Service users have been involved in the peer review process as members of the review teams.

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

Action plans have been developed to initiate service improvements and address areas of concern.

How did you measure the change?

Change will be measured through successful services improvements as a result of this process, challenges to service delivery and improved compliance with the peer review measures.

What did you learn?

Areas of good practice where identified and concerns in relation to service provision highlighted.

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

Involving users from the earliest opportunity is important.

Northern Ireland Cancer Patient Experience Survey 2018

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

Within Health and Social Care, the provision of high-quality cancer care is a priority. Among all providers, there is a clear focus on the provision of patient-centred services and on improving the patient experience of care. The Northern Ireland Cancer Patient Experience Survey (NI CPES) 2018 follows on from the successful delivery of the survey in Northern Ireland in 2015, and similar surveys in England, Scotland and Wales. The NI CPES 2018 gave patients the opportunity to give detailed confidential feedback on their experience of care across the five Health and Social Care Trusts in Northern Ireland, allowing comparison with the experience of cancer care in the England.

What you did; the nature of the activity

This postal survey asked people diagnosed with cancer and who were treated as an inpatient or a day-case between May and October 2017, about their experience of the treatment and care they received.

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

1,043 eligible patients from the South Eastern Trust were sent a survey, and 598 questionnaires were returned completed. This represents a response rate of 58% once deceased patients and questionnaires returned undelivered had been accounted for. The response rate for Northern Ireland as a whole was 57% (3,478 respondents). The response rate for South Eastern Trust in 2015 was 78%.

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

NI CPES provides an opportunity to benchmark our service against other areas of the UK, and is a vehicle to drive service improvement and underlines its importance and relevance as an approach, now and in the future. The key findings of the survey will help the Health and Social Care Board, Public Health Agency and Trusts plan and structure future services. There are encouraging improvements in a number of areas; however, there are also several areas where further work is needed to continue to improve patients’ experience of cancer care in Northern Ireland. To this end, the survey provides rich data which will help to shape the future direction of cancer services in Northern Ireland.

How did you measure the change?

Results of the survey have been compared against similar surveys in England, Scotland and Wales and the previous NI survey in 2015.

What did you learn?

The survey respondents rated their care overall as 8.97 out of 10 and this provides explicit reassurance of the high-quality services provided across Northern Ireland. However, the survey responses indicate several areas where there is room for improvement, including ensuring patients feel they have someone to talk to about their worries and fears when they are in hospital, and are provided with appropriate information regarding side effects of treatment and access to clinical trials and research. These have been identified as priorities for service development.

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

Service users should be involved from the earliest opportunity.

Co-producing and Implementing Person-centeredness in Cancer Nursing

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

The South Eastern Trust, MacDermott Unit has partnered with Macmillan and Ulster University to test and implement a set of person-centred Key Performance Indicators (KPIs) which demonstrate the unique contribution of nursing to patient care. Following initial data collection, this research has now been rolled out to the other four Trusts.

What you did; the nature of the activity:

The MacDermott Unit is using 8 person-centred KPIs and an accompanying measurement framework to demonstrate the impact of nurses on patient care. The data produced from implementing these KPIs in practice reflect a strongly held belief that this approach is focused on measuring what matters most to patients, and indeed to nurses and midwives. This is further reinforced by the nature of the evidence generated, which privileges the patient voice by using methods that prioritise patient feedback.

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

Participation includes nursing staff and the MacDermott Unit patient group.

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

The first cycle of this wave of data collection has been completed and involved:

- Patient surveys
- Observations of practice
- Patient stories
- Patient record reviews

The overall results from patient feedback from cycle one have demonstrated that the care received in MacDermott unit is of a very high quality. It has helped staff and management gain insight into what is important to their patients. This information can now be used by the staff to celebrate and further inform person-centred practice along with areas for service improvement in their unit.

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

The impact of this project has been the provision of baseline evidence of the person-centred culture within the MacDermott unit. Nursing staff now have a timely and efficient mechanism for collecting evidence of person-centred practice. The patient voice will be utilised succinctly through the completion of patient surveys and patient stories. Compliance with the identified KPI’s will enable service improvement where indicated through the data collection.

How did you measure the change?

Cycle two of the person centred project is now planned to proceed and the outcomes generated will enable analysis of the care provided and progress with the planned service improvements.

What did you learn?

The results and feedback highlighted that the data generated from the measurement framework in cycle one not only provides evidence of the quality of the nursing care that the staff deliver to their patients, but also helps gain insight into the patient’s experience. The MacDermott staff involved learned how to collect data in a meaningful way within a person-centred framework to enable the identification of areas for service improvement.

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

Involve service users from the earliest opportunity.

Quiet Room – Emergency Department

Directorate: Hospital Services (Unscheduled Care)
Department: Emergency Department

A brief outline of the activity

The Emergency Department (ED) is a busy and often very noisy environment, but for those attending with Autism it can be described as a very frightening experience. Feedback from service users helped identify the gap in service provision and in response to this, Sr Joanne McConnell (Senior nurse, South Eastern Trust) developed bespoke training for staff in the management of children with autism. She also redesigned/ re-designated a clinical room to create a 'Quiet Room' for patient /carers to be assessed and treated during their attendance in the ED.

Following training, staff now feel better equipped to manage children with autism and the clinical room provides a safe, quiet treatment area. The room has been designed to suit the needs of many autistic children and is well supported with distraction materials.

What you did; the nature of the activity

A baseline questionnaire identified staff's current knowledge, which unsurprisingly was fairly limited. Practical training sessions were developed to help develop staffs' skill and knowledge when managing children with autism. A 'Focus of the Month' helped to ensure that the management of children with Autism was discussed at every available opportunity including notice boards, handovers, safety briefs and team meetings.

A 'passport' was developed and is given to carers at Triage to help identify early in the patient journey what the potential triggers are which may lead to heightened anxiety. The patient/carer can then identify concerns early and be actively involved in how their care is planned e.g. fear of needles – use of anaesthetic cream.

Sr McConnell attended Autism Support Groups and spoke to service users to better understand their experience and to ensure that services were developed reflective of what their identified need was rather than simply assuming their needs.

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

Many of the staff within the ED attended the training including Doctors, Nurses, Nursing Assistants and Allied Health Professionals. Staff recognised their individual training need and welcomed this as an opportunity to better manage what can often be very challenging situations and ultimately make the experience better for the service user as well as the staff involved.

Service users and the Autism Support Group expressed their good and not so good experiences and what was important to them. This helped Sr McConnell design the room to best meet the needs of those using it.

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

This service improvement has been massively positive for both staff and service users. Noisy and crowded environments are well recognised as triggers that increase distress and anxiety for those with autism. With the use of the passport, patients/carers are now actively involved in their care from the very start of their journey. The Quiet Room provides a calming environment for assessment and treatment, and ultimately a much better experience for everyone.

Staff have extended skills and knowledge in managing children with Autism and are able to identify the triggers that may cause heightened anxiety and use the distraction materials to help reduce anxiety.

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

The positive impact for service users has had an immediate effect. Service users are managed in a much more appropriate environment which results in safer care, higher quality and better experience.

Patients and carers are involved in their plan of care from the very beginning of their ED journey, and can actively highlight any issues that would increase levels of stress or anxiety.

Staff have improved skill and knowledge in different tools and techniques to better manage children with autism.

How did you measure the change?

Feedback from service users, and monitoring of compliments and complaints.

What did you learn?

Involving the service user in the development of this initiative provided valuable insight into their first-hand experience of our service and ultimately the development of a service that reflected their needs.

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

This initiative has highlighted the importance of including the service user in service development.

Health and Wellbeing Event for Endometrial Cancer Surgery Patients

Directorate: Hospital Services (Surgery)
Department: Cancer Services

A brief outline of the activity

The Gynae Oncology Service and Macmillan Health and Wellbeing Service facilitated a Health and Wellbeing event for patients who had undergone surgery for endometrial cancer.

The aim of this event was to try to improve outcomes for patients living with cancer, by providing information to help enhance supported self-management, promote healthier lifestyles and assist patients emotionally with the transition after treatment.

An evaluation form was provided to patients at the end of the event for feedback.

What you did; the nature of the activity

Following the event, patients attending were provided with an evaluation form to complete. Feedback from the evaluation report was shared with the multidisciplinary team.

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

- 72 patients were invited to attend the event
- 28 patients attended
- 18 guests attended
- 24 evaluations were completed following the event

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

The feedback was positive, including that the event provided patients with information and support to self-manage, and a further event is planned for December 2019.

How did you measure the change?

Feedback forms were used. An evaluation will also be carried out for the next event planned for December 2019.

What did you learn?

Patients valued the event, gaining much information and support to help self-manage and were signposted to other services to promote healthier lifestyles.

Patients felt that they were not alone as they were able to meet peers.

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

Increased time allocated to questions at the end of the next event would be beneficial.

Placemats for Adult Learning Disabilities

Directorate: Nursing, Older People and Primary Care (AHP) and Adult Services & Prison Healthcare (Adult Disability)
Department: Speech & Language Therapy

A brief outline of the activity

Eating, drinking and swallowing difficulties are highly prevalent in the Adult Learning Disability (ALD) Population. The 2018 Regional Thematic Review of all Serious Adverse Incidents related to choking, recognised this group had a significantly higher risk of choking fatalities than the general population. One of the many reasons for this is that ALD are largely dependent on others to support them with preparing food, feeding and supervision at meal times.

The Speech and Language Therapy (SLT) department wished to ensure that staff/carers supporting service users had the most up to date essential information readily at hand during all meal times, as historically, the written recommendations provided by SLT, were placed in the service users files, which frontline staff could not easily access.

Personal Placemats (PPM) were developed with the view that core information would be presented on an individualised colour A4 page and used as a ‘Placemat’ at the table for all meals, allowing staff to refer to a short summary of the SLT recommendations.

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

The SLT department held two swallow awareness training sessions for Service Providers in the Trust and used this as an opportunity to gain staff/carers views on the benefits of using placemats, including what essential information was required and how it should be displayed to ensure staff refer to it at all meal times. The original format, drafted by SLT, was presented to the groups and the staff/carers highlighted the information/sections they wished to keep and those that they deemed as non-essential information and as such could be removed. Suggestions on how the information should be presented were also provided e.g. bullet points instead of continuous sentences allow quicker reference.

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

Twenty-eight staff and carers working in a range of day care, residential and supported living environments were involved.

Involvement was secured by highlighting that the ability to access the SLT recommendations at all mealtimes would ensure staff had the correct information for the large numbers of service users they support at any given meal time. Reviewing this information would reduce the risk of errors being made, and thus service users being given the wrong food/ liquid/ level of supervision. Subsequently choking/ aspiration risks would also be reduced.

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

Placemats are now used in all environments in the ALD service. These are developed by the SLT and shared with all relevant others. Staff now have access to a quick reference guide of the essential SLT recommendations at all meal times.

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

Staff are more aware of their accountability to ensure they are providing service users with the correct textures and support. They are using the PPMs appropriately to support service users eating/drinking needs.

Service users are more likely to be given the correct textures of food/ fluid/ supervision, thus minimising their risk of choking/aspiration.

How did you measure the change?

When SLT are reviewing individual service users eating/drinking skills they complete a Periodic Service Review which audits staff compliance with the SLT recommendations and the use of the PPM at meal times. The audit will only be passed if staff score 80% or above, and are providing the correct food/liquid textures. Staff sign off the audit form, good staff support is commended and areas for improvement are highlighted. This approach has ensured good buy in from staff.

What did you learn?

Staff were very clear about what they viewed as essential information and how this should be presented. The original SLT draft was too verbose and time intensive to read.

There was positive feedback on the use of PPMs, as swallow awareness training highlights staff accountably to ensure safe eating/drinking.

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

The next step would be to consider training frontline staff to develop the PPMs based on the written information provided by the SLT.

Podiatry Service – Patient Satisfaction Survey

Directorate: Nursing, Older People and Primary Care (AHP)
Department: Podiatry

A brief outline of the activity

A survey was carried out by the Podiatry Service to assess the treatment and care received by patients. The Safe & Effective Care Department collated the results and prepared the report.

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

A questionnaire was designed by the Podiatry Service to measure user satisfaction and give service users the opportunity to provide feedback on how to improve and develop the service.

The questionnaire aimed to gauge awareness of the following aspects of the care and service provided;

- Source of referral
- Respect
- Attitude
- Behaviour

- Appointments
- Facilities
- Information
- Overall experience

How many people participated?

Sixty patients responded to the survey which found high levels of patient satisfaction, with 97% of respondents rating the service provided as ‘Good or Excellent’.

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

Some users highlighted difficulty in contacting the service. An action plan has been put into place to ensure that patients have improved access on phone systems in the Lisburn locality. Signage has been improved in locations where patients were unable to find their way.

Patients also commented on the dated appearance of the Podiatry facilities in the Newcastle locality. In response to the comments the facilities were refurbished in March 2019.

You said…that it was difficult to contact the Podiatry Service and that the facilities used for Podiatry Newcastle were dated.

We did…we made an action plan to ensure patients have better access on our phone system, and we refurbished our Newcastle facilities.

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

No further complaints have been received about difficulties in trying to contact the Lisburn office and patients have made positive comments about the improved signage.

How did you measure the change?

Complaints are being continually monitored to identify any trends so that they can be addressed as soon as possible. A re-audit will be carried out in 2020.

What did you learn?

A key learning from this activity was the importance of being proactive in addressing patient concerns/complaints, and that simple changes can have huge positive impact for all concerned.

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

In the future, the team will engage service users earlier and not wait for complaints to identify possible service improvements.

Orthoptic Patient Questionnaires

Directorate: Nursing, Older People and Primary Care (AHP)
Department: Orthoptics

A brief outline of the activity

Orthoptics were part of the regional 10,000 voices initiative, Hospital Eyecare Services Survey.

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

Patient questionnaires and patient stories were led by Tracey Kane in the South Eastern Trust (SET).

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

Given that the regional project was looking at all eye services, it was challenging to get Orthoptic specific information, but despite this, 28 patient stories were collected from SET. Parents/patients and some children were interviewed.

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

- Patient information was reviewed based on a comment from a patient story
- A leaflet explaining Orthoptic service goes out with the first appointment based on a comment from a patient story
- Toys were placed in the waiting area when Orthoptic Paediatric clinics are running based on a patient's comment in the questionnaires
- Efforts are being made to ensure staff wear a name badge based on a patient's questionnaire comment
- A bespoke Paediatric Orthoptic questionnaire has been developed and is currently being distributed

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

- A poster was created to display in waiting areas to show the findings of the project to the public
- The activity was great for staff morale but also highlighted to staff how useful engagement with the public is

How did you measure the change?

- Verbal comments from patients and staff feedback
- Bespoke paediatric questionnaires regarding patient/parent feedback-awaiting collation of results

What did you learn?

Orthoptists are currently piloting name badges with black print on a yellow background, as recommended for sight impaired patients. It is likely that the font will need to be enlarged in the future.

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

In order to build upon the work in this project, a bespoke Paediatric Orthoptic Questionnaire has been developed and is currently being distributed with an aim to collect 40 responses.

Box.com

Directorate: Nursing, Older People and Primary Care (AHP)
Department: Physiotherapy MSK

A brief outline of the activity

All patients who attended the Community Chronic Pain Management Programme within the Physiotherapy Musculoskeletal Physiotherapy service (MSK) outpatients were encouraged to access online advice and educational materials, to augment material used during the class. The class runs on a six weekly basis, to between 10-14 patients, running approximately six times per year.

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

Box.com is a web-based site, which allows information to be accessed by patients. In the South Eastern Trust, it has been piloted with MSK Physiotherapy, specifically within the Pain Management Group, where patients who attend clinics are directed to the availability of resources to allow them to self-manage their persistent pain.

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

- 12 patients responded
- Number of hits on the site by patients were monitored

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

- 17% of files shared were accessed by clients
- 55% of those completing feedback forms said they preferred paper copies of information
- The selected group of patients did not gain maximum benefit from the programme

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

Staff recognised new and innovative ways that information can be shared with services users to assist self-management of their pain. However, this does not automatically mean that services users will want, or have easy access to this service.

How did you measure the change?

Change was monitored through monitoring the use of Box.com and feedback forms from patients.

What did you learn?

One key learning point from this project was that patients preferred resources to be made available in paper form.

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

- Encourage staff who are referring into pain management class to promote the Box.com
- Ensure adequate alternative forms of resources are made available

A Review of Public Awareness Surrounding Infection Prevention & Control Measures in Hospital, Antibiotic Use, and Resistance

Directorate: Nursing, Older People and Primary Care
Department: Infection Prevention and Control

A brief outline of the activity:

A survey was carried out to identify the local population's knowledge, concerns and opinions on infection prevention and control measures. We investigated their understanding of antibiotic use, along with the accompanying increase in bacterial resistance.

What you did; the nature of the activity:

A public user survey was developed containing 10 questions which gathered both quantitative and qualitative data and the age range of the participant.

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

The Infection Prevention and Control (IPC) team placed survey forms in a variety of frequently used public settings such as reception areas, outpatient clinics and departments. The public were asked to complete these anonymously and return the form to a designated box for collection. A total of 70 forms were returned for analysis.

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

The IPC team had researched public awareness of infection prevention and control issues in hospital during 2011 and this survey served as a comparison;

- There was less concern about picking up an infection than before – 40% in current survey, compared to 60% in 2011
- Opinions gathered on preferred methods of information delivery found that it is affected by the age range of the recipient – younger age range (up to 35 years) respond to, and are aware of, more modern media such as the Trust website and Facebook, whereas the older population request signage, notices, posters and leaflets
- Garnered information on knowledge of what antibiotics are used for – current survey showed a 10% increase in knowledge since 2011

- 69% of recipients displayed good understanding of what antibiotic resistance means but the majority did not understand it is not the individual’s body becoming resistant, but the microorganism attaining mechanisms of resistance to the drug. This may lead many to believe therefore that they are not at risk.

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

It is positive to note improvements in knowledge, but the survey also highlighted gaps in knowledge which can be used by the IPC team to inform and shape their future planning and effective methods to deliver advice.

How did you measure the change?

Change was measured through direct comparison to a previous survey.

What did you learn?

The survey highlighted the varying levels of public knowledge and the need to develop methods to address gaps that are considerate and inclusive of all age ranges of service users.

Resistance to antibiotics is a global concern; surveying the knowledge surrounding antibiotic usage and resistance is crucial, and if public opinion cannot be altered there are far reaching implications for all.

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

More frequent distribution of the survey would be beneficial in the future.

Children’s Services and Social Work

Take 5 Month – Hydebank Wood Secure College

Directorate: Children’s Services and Social Work (Promoting Health & Wellbeing)
Department: Health Development

A brief outline of the activity

In response to feedback from people in custody in Hydebank Wood College and the newly established Health and Wellbeing Steering Group, it was decided to have a month dedicated to emotional health and wellbeing in the college. As a result of this identified need, the first ever “Take 5 month” took place in Hydebank in November 2018. The Public Health Agency’s ‘Take 5 Steps to Wellbeing’ initiative was used as a framework for this month. All events were designed and delivered using a multidisciplinary approach which involved co-design and co-production with people in custody and staff.

What you did; the nature of the activity

The Health and Wellbeing Steering Group agreed to have five events that focus on each of the five steps in ‘Take 5 Steps to Wellbeing’ throughout the month:

Connect – A pool tournament was held in Cedar and Beech on Saturday 24th November to create a comfortable environment for young men to chat about mental health while also providing a bit of healthy competition. **Thirty-four people** competed in four tournaments.

Be active – Everyone had the opportunity to take part in an inflatable assault course challenge on Thursday 29th November. This highlighted the importance of physical activity to support good mental health, especially when the physical activity is fun. In total **81 people** took part in the challenge, including both students and staff.

Take notice – A Ten x 9 storytelling event took place on Tuesday 20th November in Hydebank Chapel. Staff and people in custody told true stories about courage. This promotes a culture of tolerance and empathy, encouraging people to listen to others and take notice of other people's stories. In total, **57 people** participated in the event including 10 story tellers.

Keep learning – The Ulster Orchestra delivered a workshop for people in custody on Tuesday 13th November which focused on emotion inspired music composition. **Nine people** attended the workshop.

Give – A "First Plates" event took place on Wednesday 14th November. The aim of the event was to promote the importance of healthy food to improve your mood and give the college a new healthy meal for the menu. The college community chose the meal by voting for their favourite from a choice of three. Healthy hampers and meal vouchers were won by draw. The winning meal was Rainbow Rice and **84 people** took part in the event including staff and students.

REMEMBER TO TAKE 5 - YOUR FIVE A DAY TO KEEP YOUR HEAD OK ☺

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

Staff from Northern Ireland Prison Service, South Eastern Trust and other agencies, service users (people in custody), visitors and family members of people who live custody all participated in the five events throughout the month of November. A health and wellbeing questionnaire was filled in by service users to assess what their priorities regarding their health and wellbeing were. Poor mental health was highlighted as a major issue in secure environments. A number of focus groups were conducted with service users to discuss how good mental health could be promoted and supported in secure environments. Based on these discussions, it was decided to have a month dedicated to this endeavour and hence 'Take 5 month' was born. Service users then worked with staff to design an event to promote each of the five steps (see previous section). In total there were five events with 265 attendees.

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

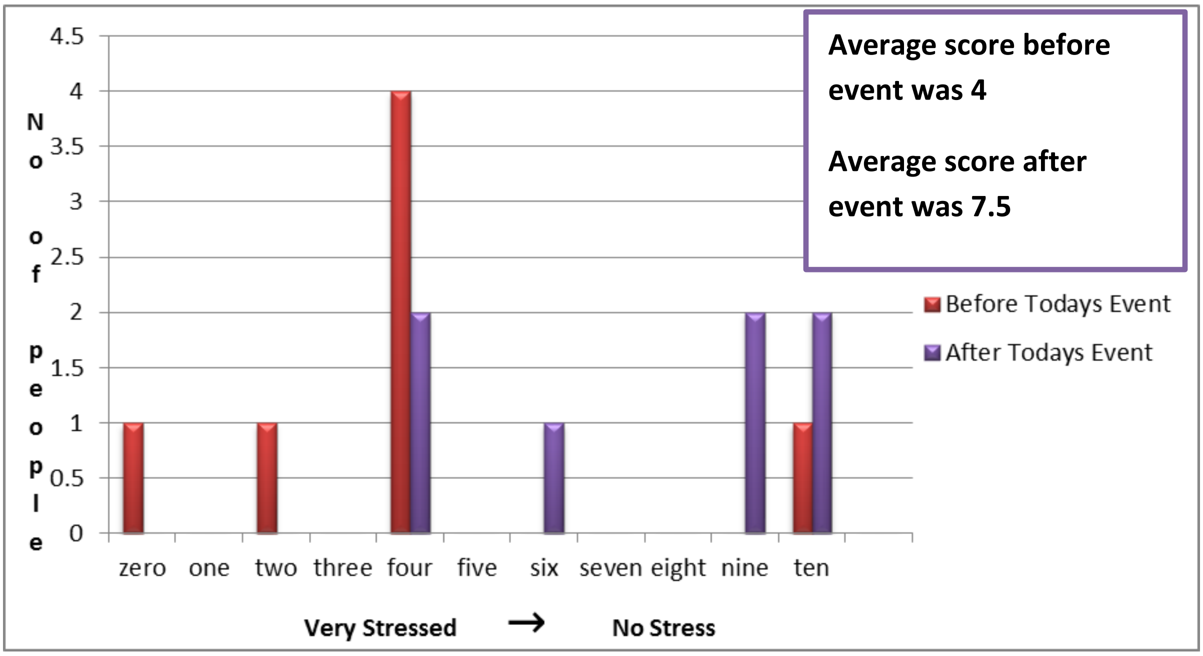
The immediate and most obvious impact was that the 'Take 5 Steps to Wellbeing' message was visible everywhere in the prison through posters, flyers, T-shirts and focus groups. The college found the message clear and easy to understand with every event throughout the month reiterating the message "Your 5 a day to keep your head OK". There was a real buzz and the promotion and branding during the month created a real discussion among staff and service users, most of whom had never heard of 'Take 5 Steps to Wellbeing'. The narrative and culture of the college became really focused on mental health during the month with people comfortably able and confident to talk about their mental health.

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

The service users promoted all events as they took pride in their involvement in the design and delivery of the events. Staff, service users and visitors also became very familiar with the ‘Take 5 Steps to Wellbeing’ message and practical ways to support mental health, including creativity, talking, exercise and food which were at the core of the events designed by service users. There was an important impact on the prison community, as the distinction between staff and service users was less evident during the events with both parties taking part as equals. This was particularly evident during the Ten x 9 story telling event.

How did you measure the change?

Every event was evaluated with qualitative and quantitative methods. Before and after evaluations were conducted. There was also a practical change in that the College gained a new healthy recipe for their menu.



Example of improvement in service user’s health outcomes after Take 5 event (Music Workshop facilitated by Ulster Orchestra)

What did you learn?

A key learning from the event was that whether or not you have power and control, you are still vulnerable to poor mental health. The perception in prison is that prisoners are the only ones that need support. It was evident that staff can be just as at risk of poor mental health as service users.

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

A more comprehensive mental health and wellbeing rating scale distributed before and after the event would allow a more in depth evaluation of the impact of the events on health outcomes.

Easy Read Booklet on Stopping Smoking

Directorate: Children's Services and Social Work (Promoting Health & Wellbeing) / Adult Services and Prison Healthcare (Adult Disability)
Department: Health Development)/ Health Facilitation for Adults with Learning Disability

A brief outline of the activity

It was identified that there was very little 'easy read' material available for people who have a learning disability, brain injury, poor literacy skills, etc., hence a booklet on 'Stopping Smoking' has been developed by the Stop Smoking Team with input from the Health Facilitator for Adult Learning Disability and the Health Development Worker for Learning Disability (all within South Eastern Trust (SET)).

What you did; the nature of the activity

The Stop Smoking Advisor met on several occasions with the Health Facilitator for Adult Learning Disability services and the Health Development Worker for Learning Disability to produce the 'easy read' booklet, ensuring that it met the Accessible Information Standard. The aim of the standard is to make sure that people who have a disability or sensory loss are given information in a way they understand and communication support if they need it. The booklet was given to a focus group called 'Choose to Lose' (a weekly healthy lifestyle and dance activity session based in Downpatrick for adults with a learning disability) for their thoughts. This group is part of a pilot study facilitated by the Health Facilitator Nurse and a Community Learning Disability Nurse.

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

The following participated:

- SET Stop Smoking Advisor
- Health Facilitator for Adult Learning Disability
- Health Development Worker for Learning Disability
- 'Choose to Lose' Focus Group.

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

The health/focus group thought the smoking cessation booklet was very good, easy to understand and nice and colourful. No recommended changes were put forward.

HSC South Eastern Health and Social Care Trust

Stopping smoking

Health Development Department

smoke free

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

Since the booklet has been devised, the Health Facilitator has been distributing the booklet to 53 GP practices throughout the SET area. The booklet is also accessible on the general Trust web page and intranet within Adult Disability as a resource. The Health Facilitator is continuing to liaise with the HSCB regarding making this resource accessible to GPs and other professionals via the primary care site.

How did you measure the change?

During health checks, the Health Facilitator will continue to provide the booklet to anyone who currently smokes and highlight the professionals who can be contacted for help with cessation. As of yet, the Health Facilitator has received no specific requests for help or further sign posting.

What did you learn?

Knowledge to ensure that the booklet had the right amount of content in it and that it was pitched at the right level was gained through partnership working with the Health Development and Learning Disability teams. Involving service users in the focus group clarified that the work which was produced was acceptable to this client group.

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

Involving the focus group more with regards to illustrations and encouraging service users to include some of their own pictures may have been beneficial.

Building Our Children's Brain: Some Ideas for Parents & Carers

Directorate: Children's Services and Social Work (Promoting Health & Wellbeing)
Department: Health Development

A brief outline of the activity

Giving children the best start in life is one of the pillars of the 'Making Life Better' strategic framework.

While tremendous work has been undertaken within infant mental health, a need to help parents with the challenges that can present when children become more verbal and independent was identified. Information on children's brain development, post infant mental health period, is available, yet more could be done.

Dr. Dan Siegel presented at the Trauma Summit in Belfast in 2018 where he presented a simple yet profound explanation of how children's brains work and develop. A challenge which is always presented at conferences is how health and social care staff can make use of the material heard to influence practice. A key question in this instance was how the key messages presented by Dr. Dan Siegel could be used in the public domain, and as such build on the toolkits of practitioners. From this challenge, came the development of the booklet 'Building Our Children's Brain: Some Ideas for Parents and Carers'.

'Building Our Children's Brain: Some Ideas for Parents and Carers' is based on ideas from the book, 'The Whole Brain Child' by Dr. Dan Siegel and Dr. Tina Payne Bryson. It explores how different parts of a child's brain works and gives parents and carers ideas on how to strengthen the different parts of the brain working together.

The draft of this booklet was developed with extensive service user feedback and consultation.

What you did; the nature of the activity

Drafts were continually revised based on service user feedback from focus groups and written comments until the resource was nearing its final production.

Drafts were shared with participants attending various training events including;

- Thrive: a project training childminders with a mentoring role with parents with children on the child protection register
- Foster carers attending ‘Talking to Teenagers Training’
- Parents in treatment in the Shimna House Addiction Unit (Ward 15, South Eastern Trust)

Along with this service user feedback, extensive consultation was secured from psychology input from South Eastern Trust Connects, The Fostering Network, connections with the South Eastern Trust Drug and Alcohol Co-ordination team, and workers involved with family support in the Trust, all who had familiarity with Dr. Siegel's work. Discussions were also held with Dr. Siegel's administrative team in the USA.

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

In total, the resource was shared with over 40 parents and written feedback was received from 10. Two focus groups, involving 8 parents, were held with parents receiving treatment in the Shimna House Addiction Unit (Ward 15).

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

Feedback helped shape the clarity, layout, design and language used in the booklet. The final resource will be printed with discussion with the other four Trusts across Northern Ireland. The main impact of the Personal and Public Involvement (PPI) activity was the confidence it instilled within staff that the language and format will be receptive to service users, parents, who reported during the consultation process that this information is invaluable to help build children’s development.

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

Staff now have access to a resource that parents, during the consultation, reported was helpful. This is a unique resource that does not seem to have previously existed, and staff in various sectors have said they will use it. To quote one practitioner: “I would be really keen to have this as a resource. It could go a long way in helping parents understand the brain process and help us plan early intervention accordingly".

How did you measure the change?

Change was measured through forms and written collation of focus group feedback.

What did you learn?

Securing service user's views on written tools is invaluable to ensure the material is assessable and readable, but most importantly, useful to the target audience.

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

This activity reiterated the already established process of securing service user feedback when producing any behaviour change resources within the team.

Health improvement Programme – PROMPT

Directorate: Children's Services and Social Work (Promoting Health & Wellbeing)
Department: Health Development

A brief outline of the activity:

The facilitation of a focus group with users in order to design and develop a Health Improvement Programme Called PROMPT –

Personal safety, **R**elationships, **O**ur bodies, **M**aking healthy choices, **P**ersonal Hygiene, **T**alking

What you did; the nature of the activity:

A number of focus groups were facilitated with students with a learning disability who attend South Eastern Regional College in Bangor, Lisburn and Newtownards. Staff and support tutors were also consulted about the needs of the students and how their needs could be best met, while overcoming some of the obstacles that having a learning disability presents for students in their learning environment.

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

A Community Health Development Practitioner (Health Development team, South Eastern Trust) met with four staff members on an individual basis who were very happy to get involved as they welcomed the opportunity to have a health professional input into the curriculum. The staff then arranged a meeting with the Community Health Development Practitioner and 16 students. A discussion was held based on a series of questions about what they felt their health and wellbeing needs were at that time.

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

The impact was that a Health and Wellbeing Programme called PROMPT was designed and developed for use with young adults with a disability attending SERC. The Personal and Public Involvement (PPI) activity changed how the session would be delivered. After consulting with the students it was suggested that they decide the order of the topics covered in the programme and also how interactive it would be. There was also room for students to suggest 'edits' for the sessions and put forward additional things they might like covered. In fact, the PROMPT programme can also be adapted for other audiences, whether that be in the community or with voluntary sector organisations. The PPI activity highlighted the need to have an element of flexibility built into the programme to allow it to be updated/adapted to allow for emerging issues that students/participants want to flag up through their life experience at any given time. An example of this was the recent concerns for the mental health of students after the 'MOMO' online phenomena surfaced. This was subsequently covered in a session around online safety. Another example is that a student asked for information about diabetes after a classmate was recently diagnosed and again the programme was able to be adapted so that the session around healthy eating and healthy choices accommodated this. Hence the PPI activity had a massive impact on this piece of work.

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

As a result of the PPI activity, the users have an almost bespoke tailored programme in PROMPT. It is flexible, current, and most importantly it delivers what the users said they needed to learn about in terms of their health and wellbeing. The staff feel supported by this partnership approach often citing that they don't feel they have the 'expertise' to be able to cover issues such as sexual health or mental health. Staff therefore feel more content and can feel confident that their students are receiving a comprehensive and professional service from the Health Development department.

How did you measure the change?

Together with the staff, PROMPT was evaluated in two ways. Firstly, simple learning outcomes to be measured before and after each session were decided. This was an attempt to measure what information had been learned by the students. It did, however, become quickly clear that this type of evaluation was not suitable for all the students, and in fact it was widely acknowledged by the staff that with the type of learning difficulties some of the students had, a quantitative evaluation isn't always the most representative. As a result, a decision was made to supplement the process by facilitating a focus group at the end of the programme to gather general feedback about the programme and these comments were recorded. Students were also asked what, if anything, had been learned and again responses were recorded.

The verbal feedback from all the staff involved was very positive, and they felt strongly that as they had a strong relationship with the students and observed them throughout the whole year, their feedback on the impact of the programme was worth noting, and in fact many had several examples they could give around students using the information gleaned from PROMPT.

As a result, consideration is currently being given to asking parents/carers to possibly give feedback on whether they had noticed or seen any impact post PROMPT.

What did you learn?

A key learning from this project is that not every evaluation method will suit all groups. Just as the programme approach needed to be bespoke, so too did the evaluation process.

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

In the future, certificates will be presented to students on completion of the programme. These will contribute towards their CV and hopefully inspire the students and give them a sense of achievement. There are plans to have a further meeting with staff around how the impact of the programme can best be captured, and ways to overcome the difficulties and barriers that quantitative evaluation represents for young people with a disability.

Smoke Free Homes

Directorate: Children's Services and Social Work (Promoting Health & Wellbeing)
Department: Health Development

A brief outline of the activity: 'Smoke Free Homes'

As part of the Smoke Free Wombs Initiative, we have worked with families who have found stopping smoking very difficult; however these families still yearn to make healthy choices to improve their own health and that of others. Despite the smoking being one barrier towards a healthy lifestyle, exposure to tobacco smoke can be eliminated within the home by moving the smoking outside, away from any open doors or windows.

Smoke Free Homes (SFH) offers families the choice to have a healthier environment surrounding them when they're not quite ready to quit smoking. This reduces the risks of second-hand smoke within the vulnerable population and is therefore seen as a 'harm reduction' intervention. Tobacco smoke contains over 4000 chemicals and at least 50 of these chemicals cause cancer, and cannot be smelled or tasted. Up to 90% of these stick to the walls, soft furnishings, hair, clothes and skin. They then re-pollute the area as they are released back into the atmosphere.

As children have smaller airways, breathe faster, and use more hand to mouth activity, they are at risk of cancers, asthma, cot death, low birth weight and middle ear infection. Children and vulnerable adults cannot remove themselves from the exposure. These ailments can result in missed school days and therefore education becomes affected by absences.

An unexpected benefit of informing parents about SFH was that many decided to stop smoking and were signposted to the local stop smoking services for specialist support. By helping parents to choose a smoke free home, it was best to work with healthcare partners, voluntary groups, schools and local Sure Starts.

What you did; the nature of the activity:

- Discussions around the possibility of SFH being an achievable intervention within the community

- A Steering Group meeting was held and as a result, the essential groups were around the table
- Engagement of pupils at a local club to design posters and pledges
- Held a SFH launch event
- Formulated a training package for staff to bring to their family support workers
- Rolled out training to the community and schools and local councils
- Purchased CO monitors for distribution to those who felt they could be used in their work
- Engaged with local press to raise awareness of the initiative

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

- SFH initiative has spread throughout the South Eastern Trust (SET), with brief information sessions being given at staff training events and updates
- Since SFH started in September 2016, **68 members of staff have been trained**
- On completion of training, staff are provided with a CO monitor for their area and questionnaires to enable us to collate data for audit purposes

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

- SFH proved to be effective in its simplicity. It is easy to embed within current workload, and is not labour intensive for staff. However, the potential benefits are huge
- Many staff were already involved in providing home safety advice and therefore, having a conversation around SFH was a very obvious progression
- Unexpected outcomes; many parents have quit smoking as a result of an initial discussion around importance of having a SFH

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

Encouraging a smoke free home/environment will ultimately benefit everyone (staff and clients), with a better quality of life, less ill-health and subsequently a reduction in absenteeism from school/work.

How did you measure the change?

Quarterly audit questionnaires are collated from each area. This can provide information on the following:

- The number of individuals informed about SFH
- The number of CO tests performed
- The number that have pledged to go smoke free in their home
- The number that were signposted on to stop smoking support services

What did you learn?

- Staff are very keen to avail of training/equipment and are interested and see the value in the subject
- Gathering of information via questionnaires for audit purposes has been challenging, due to staffing issues and no mandatory requirements existing for CO testing in the home

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

Without a more robust requirement from staff to provide audit information, this service may be difficult to sustain and provide data for.

Physical Activity & Recovery

Directorate: Children's Services and Social Work (Promoting Health & Wellbeing)
Department: Health Development

A brief outline of the activity

This activity involved co-producing and co-delivering a physical activity course in the South Eastern Trust's (SET) Recovery College. A Community Health Development Practitioner (CHDP) in SET, worked with a service user to develop and deliver a course that aimed to inform attendees about the benefits of physical activity for mental wellbeing and recovery.

New course

Take steps for recovery

(Physical activity + recovery course)

What is the course?

Find out more about the benefits of physical activity for recovery and opportunities for keeping active in your area.

We'll put learning into action by taking fun and social walks around the venue surroundings.

Dates: 4 weeks (Starting Wednesday 6th March)
Time: 10 – 11.30am
Venue: Londonderry Park Pavilion, Newtownards

HSC South Eastern Health and Social Care Trust

EVERYONE WELCOME! SIGN UP TODAY:
Phone: 028 90413872
Email: recovery.college@setrust.hscni.net
Facebook: https://en-gb.facebook.com/setrecoverycollege/

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

Prior to course delivery, regular meetings were held with the CHDP, the service user involved, and a Recovery College course facilitator to co-design the course content and plan course delivery.

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

Three people participated in the co-production of the course – a service user of the Recovery College, a Recovery College course facilitator, and a Community Health Development Practitioner (Health Development department, SET). An expression of interest was sent by the Recovery College to seek a service user interested in volunteering to co-produce and deliver the course. The course was advertised via the Recovery College prospectus and was circulated by the SET Health Development team.

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

The co-production approach positively impacted upon the content of the course and subsequently the attendees' experience of the course. For example, the service user involved was able to use her lived experience to describe how physical activity can help with recovery, as well as information about the barriers people going through recovery may experience with regards to physical activity and advice to overcome them.

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

The overall feedback from participants that attended the course was positive. All participants agreed that their knowledge and understanding of the topic area improved and that they learned strategies to apply to help their recovery. Similarly, all participants claimed that one/more of the course tutors had shared their personal experience during the course to enhance their learning, and that they would recommend the course to a friend. The positive feedback suggests that the co-production aspect of the course worked well.

How did you measure the change?

A questionnaire was distributed both before and after the course as a means of measuring the impact it had on participants. The questionnaire asked participants about their physical activity levels, mental wellbeing and experiences of attending the course.

What did you learn?

The team learned a lot from this experience, including the value of incorporating lived and learned experience into future courses.

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

In a future course, discussion with service users on how to increase engagement with the course would be useful.

Local Engagement Partnership

Directorate: Children's Services and Social Work (Social Work Learning Development & Research)
Department: Social Services Development Team

A brief outline of the activity:

Local Engagement Partnerships (LEPs) were introduced in 2016 as part of revised governance arrangements to support a more decentralised approach to Stage 2 delivery of the Social Work Strategy. They are intended to be a mechanism to enable social workers and people with lived experience to work together to improve social work in Trust areas. The LEP in South Eastern Trust (SET) is co-chaired by a co-production intern with lived experience of the Care System, and a Senior Social Work Manager for Workforce and Quality Improvement (SET). Membership includes carers and service user representatives, third sector organisations, social workers and managers. The focus of the LEP in the last year has been to campaign for awareness of co-production in social work.

What you did; the nature of the activity:

The LEP have co-produced an animation which has been successful in raising awareness of co-production. It was launched on in social media during Co-production week in July 2018. It was viewed over 5,000 times on Twitter, and includes sign language to ensure accessibility to the Deaf community.

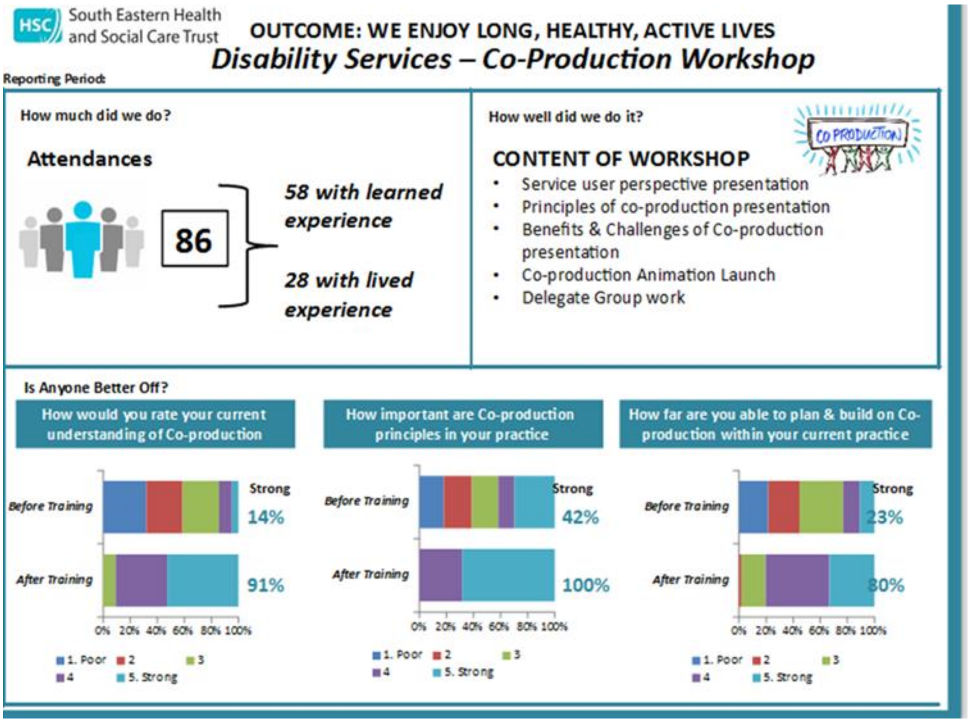
The LEP hosted a conference in the Trust Disability Services, bringing staff and service users and carers together to review how services could be strengthened through co-production.

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

The LEP also hosted a series of Engagement Events in March 2019 and these were attended by service users and carers and focused on strengthening social work services through co-production. Eighty-six people attended the LEP conference (58 with learned experience, 28 with lived experience).

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

Attendees at the conference (staff, service users and carers) reported that they had a better understanding of co-production after the workshop. A greater number of staff also said that that co-production principles were important in their work after attending. Finally, attendees said that they felt better able to plan and build on co-production within their current practice after the workshop compared to before. The image below illustrates these findings.



South Eastern Health and Social Care Trust

OUTCOME: WE ENJOY LONG, HEALTHY, ACTIVE LIVES

Disability Services – Co-Production Workshop

Reporting Period:

How much did we do?

Attendances

86

58 with learned experience

28 with lived experience

How well did we do it?

CONTENT OF WORKSHOP

- Service user perspective presentation
- Principles of co-production presentation
- Benefits & Challenges of Co-production presentation
- Co-production Animation Launch
- Delegate Group work

Is Anyone Better Off?

How would you rate your current understanding of Co-production

How important are Co-production principles in your practice

How far are you able to plan & build on Co-production within your current practice

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

Membership in the LEP and attendance at the conference has equipped staff with increased knowledge and experience of co-production.

With regard to the engagement events, a number of carers attended have expressed an interest in joining the LEP to further support improvement work.

How did you measure the change?

Change was measured through the distribution of surveys before and after the co-production conference.

What did you learn?

The work undertaken by the LEP has increased staff and service user knowledge about the different ways to co-produce and how meaningful engagement underpins co-production.

The Carers Conversation Wheel

Directorate: Children's Services and Social Work (Social Work Learning Development & Research)
Department: Social Services Development Team

A brief outline of the activity:

Carers have a legal right to an assessment of their needs. Since 2012 there have been significant issues identified, with low numbers of carer assessments completed in South Eastern Trust (SET). Barriers to uptake reported by both carers and staff included the excessive paper work. In 2016 the Department of Health gave permission to the Trust to step down from the regionally agreed Northern Ireland Single Assessment Tool (NISAT), and to co-produce an alternative approach with staff and carers. It was agreed that both Disability and Mental Health Services would be involved in the project.

What you did; the nature of the activity:

The model of improvement was used to co-design and test the new approach and a number of Plan, Do Study Act (PDSA) cycles were undertaken. The project team reviewed the carer experience as part of the PDSA cycles and made changes to reflect their feedback. This resulted in an approach which significantly reduced paperwork from almost 20 pages to 4 pages and has been called the Carers Conversation Wheel. The project has been driven by a commitment to ensuring the carers voice was heard, to co design, co-produce and improve services for carers. The project much more than simply consultation with carers, the project team were committed to hearing the voice of the carer and not just paying lip-service. The carer’s voice helped the group to ensure the alternative approach would fully encompass all aspects of the carers’ role at a personal level.

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

A project team was established which included a carer, the SET Carers Development Officer, a Quality Improvement Manager and staff working in Mental Health and Disability. The carer brought lived experience to the group which challenged staff/group members to question culture and custom that had evolved around recording practices and highlighted the need for a more person-centred approach. Listening to both front-line staff and the people who use the Trust’s services was central to this project to improve the Trust’s approach to carer assessments. The carer who joined the project team was representative from a number of other carers networks and brought the lived experience to the group. This ensured the carers voice informed the planning of the alternative approach at every stage of design and delivery. The carer told the group “My involvement empowers carers”. The ‘fresh eyes’ approach from the carers challenged the team to strip back bureaucracy to co-design a more relationship based approach.

The carer who was part of the improvement project reported - *“I felt like I was being brought from the outside in and that I was valued and listened to…involvement with the group shows me that bottom up change works”.*

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

Paperwork has been significantly reduced from a Carer’s Report of over 16 pages to just 4 pages. There has been an increase in the number of carers assessments offered and completed in the services using the Carers Conversation Wheel. The project has been spread to Older Peoples services in SET and to a Disability Team in the Southern Health and Social Care Trust. All other Trust’s have expressed interest in the approach which suggests potential for a regional review of Careers Assessment.

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

- Staff report that the tool allows them to engage in a more meaningful way with carers and promotes relationship based working rather than a reductionist tick-box approach.
- The project has improved carers' experience of assessment. The experience is viewed as supportive and non-judgemental, rather than a form filling bureaucratic tick-box exercise.
- Paperwork for carer assessment has been reduced substantially allowing staff more face to face time with carers.
- Without the support of family carers many people could not remain in their own homes. One outcome of the project has been better support for carers, and the evaluations from carers below illustrates how their capacity to continue caring has been strengthened:

Feedback from Carers:

"The whole experience of the Carers Conversation Wheel was excellent. When she left, I felt elated".

"The conversation made me realise how stressed I felt and the impact it was having on me personally".

"It was a conversation…I was a bit teary because I realised how stressed I had become".

"I felt a sense of relief in talking about the situation and it helped me to believe I could continue to cope".

How did you measure the change?

Baseline data about numbers of carer assessments offered and completed was explored at the beginning of the project. A baseline of staff attitudes towards the NISAT process was also taken.

The effects of the change were measured through:

- Monitoring of carer assessments offered and completed (there were an increased number as a result of the project)
- Feedback from carers
- Feedback from staff
- Uptake of carers supports

Based on the results, the Department of Health have given permission for scale and spread to Older People's services in SET and Disability services in SHSCT.

What did you learn?

The project has reinforced the value of frontline staff engaging with carers to plan and design services. Working across directorates presented challenges with regard to different working practices, however, good team working was established through a common aim of improving services for carers. Staff were energised by the opportunity to take ownership of improvements. The challenge is now to scale-up and spread this work to Older Peoples services in SET and Disability in SHSCT in a way which allows for the same sense of ownership of change.

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

The project team would welcome involvement of more carers in the work.

Staff in Mental Health Services learning about the Carers conversation Wheel from Joan Stangeland Carer (3rd from left)

Adult Services and Prison Healthcare

Apple Group

Directorate: Adult Services and Prison Healthcare (Adult disability)
Department: Sensory Support

A brief outline of the activity

This activity is an ‘Apple group’ that provides technology support for those with significant sight loss. The group meets monthly in Bangor.

What you did; the nature of the activity

A technology support group was set up by the Sensory Support team for those with sight loss who are using apple products. The group explores accessibility functions of iOS products, look at new apps and helps those new to technology.

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

Up to 12 people attend each month, as well as two staff members.

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

Those who were once “afraid” of technology were able to see others using devices and learn from them. The use of technology for a blind person has helped maintain independence. This group also was a way of forging relationships between service users thus reducing social isolation.

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

Staff are kept abreast of changes in technology and learn to effectively use the accessibility functions and apps. Service users are learning from each other and supporting one another. The group meets in a public cafe and members of the public have remarked on the success of the group.

How did you measure the change?

Feedback from users.

What did you learn?

The importance of peer support for those with sight loss was highlighted through this group.

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

The group will be continued, and the team will ensure that other service users engage with their peers when appropriate.

Ken Carson Interview – Patient Experience

Directorate: Adult Services and Prison Healthcare (Adult disability)
Department: Sensory Support

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

This activity describes the positive impacts the involvement of a service user in Adult Disability has had for the service user and the service. Ken Carson lost his sight 3 years ago, and is happy to share the impact of sight loss on all aspects of his life; professional, home life and personal identity, with the view to helping others.

Ken states “Through PPI I feel I have a purpose and as a spin off; it helps me. “With professional support, I met my goal to return to work and did remain in my role within the civil service for one year, but when I lost my residual sight, it was just too tiring to concentrate on reading. Technology; magnification and zoom text, did get me through the year, but it was physically and psychologically exhausting. “I was bumping into things and reading Excel spread sheets was just too challenging to complete accurately.” “I gave up work last year at 50 years of age, considerably earlier than I would have planned, but I don’t miss it. I love meeting people and have had such opportunities through PPI to meet other volunteers, service users and professionals”.

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

Ken is involved with the Royal National Institute of Blind People (RNIB) as a volunteer. He applied for membership of the South Eastern Trust (SET) PPI consultation group June 2017. In March, he signed up with the Regional Sensory Implementation Group (RSIG). Ken recently gave feedback on the Engage website (a PPI website set up by the Public Health Agency and Regional PPI Forum) via the board and has given feedback to SET for example regarding the invaluable benefits of the “meet and greeters” role at the Ulster hospital.

As a member of the local Council Disability Forum, Ken enjoys influencing the council and MLA’s, implementing campaigns, voicing the practical needs of visually impaired people in the public realm such as; road crossings on the Bangor carriageway and “ street furniture” supporting barriers for safer mobility such as outside Greggs Cafe in main street Bangor.

Ken notes his own critical path and the key milestones of his journey; Civil Service Access to work programme, Occupational Health, Sensory Support Team; Social work emotional support service and the Rehabilitation service; providing practical information, knowledge and skills training development for daily living and mobility such as using the white cane as a mobility aid. Ken also identifies attending Voluntary and Trust residential weekends as key turning points for him.

Ken pushed himself to participate in the RNIB Iceland Trek (see photo) and subsequently used this success to challenge himself, thinking- “well it can’t be as bad as Trekking Iceland; I will eat in public, I will travel to Belfast by myself and now regularly, independently catches the plane to watch football matches live in England.

Ken greatly values participation in social groups such as the Men’s group, Apple Group, Walking group, Visually Impaired Bowling, Wider Vision club and through his voluntary work Ken encourages other people to participate, learning by his example.

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

In 2017 Ken participated in two residential opportunities organised by RNIB in partnership with Guide dogs and SET. The residentials were attended by 20 newly diagnosed service users in total. Ken took part in a motivational talk, quoting “three years ago I was where you are today and look at me now….” Ken describes the benefits and support he found critical to his progress, relaying his personal story of his journey from “being in a dark place” to “feeling; engaged, positive and thriving within a whole new community of sight impaired peers and professionals he has met through his PPI.**”**

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

Service user engagement; personal stories of overcoming the many challenges of significant sight loss, has real meaning to all who engage. Ken is aware of his own limits given his very recent loss, he has the skills and confidence to say “no” when too much is asked of him.

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

Ken has motivated our Sensory Support team staff with his positive feedback, evidencing the benefits of a co-production approach to group work. Ken stated "Our Sensory Team just say, we are only doing our job, but I don't think they realise, they are real life changers". Ken's statement of ownership referring to "our" sensory support team is a great compliment indeed indicating; inclusion, partnership and "great place to live" outcome.

He has supported and encouraged his peer service users going through a significant sight loss and together with professional support, has made a real difference inspiring others at their time of loss. Using his personal experience remembering his own feelings of nervousness and low confidence on attending "Finding your feet" and "Mobility" residential, he volunteers for RNIB Connect project, offering face to face contact before and during the residential.

How did you measure the change?

Ken's solid attendance at PPI meetings indicates his dedication and the value he places on this partnership.

What did you learn?

- The importance of skills development and support for service users, enables meaningful partnership with the Trust. Ken reported the value of his Trust PPI induction, we have learned of the mutual gain from PPI.
- Learning from negative feedback, has been a challenging reminder not to be complacent, our remedial actions do not always suffice!
- Feedback supporting Trust and voluntary organisation partnerships has informed service planning and direction.

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

There are numerous service users who could benefit from PPI involvement.

Any other comments?

Many thanks to Ken for all of his enthusiastic ongoing work and for this PPI Interview..

Photo of Ken and his daughter in their Trek IN Iceland, Jan 2016

LARC – Advocacy Groups

Directorate: Adult Services and Prison Healthcare (Adult disability)
Department: Lisburn Assessment Centre and Satellite Services

A brief outline of the activity

Lisburn Assessment and Resource Centre (LARC) and Satellite Services Advocacy Groups:

- Four service user groups meet monthly and bi-monthly across four services, facilitated by staff on site
- Service users discuss their day services, planning activities, report any estates issues and transport arrangements. The Patient and Client Council have visited the group, and service users have completed questionnaires and received information on health promotion. Discussions around suggested quality improvements on the services are held, and complaints and compliments are put forward for the attention of the manager.

What you did; the nature of the activity:

Service users are the offered opportunity to take part in groups on a regular basis. The groups use Makaton, group discussion, signs and symbols to assist with communication. The groups meet monthly and bi-monthly within the services, and requests and queries are shared with the manager and other service users/staff.

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

- 10 service users, 2 staff - LARC, Lisburn
- 14 service users, 2 staff – Rowan day Centre, Lisburn
- 10 service users, 1 staff – Seymour Hill Horticultural Unit, Belfast
- 10 service users, 1 staff – Dairy Farm Day Centre, Belfast

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

Service users were able to be involved in improving the quality of the services, for example, choosing and requesting the purchase of items for their use from Charitable funds. There was a change of menus as requested, increased knowledge of health promotion activities and completion of transport surveys and quality questionnaires.

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

Service users enjoy taking part in the groups and voice their own opinions about the quality of the service. They put forward new ideas/opportunities on their day care.

How did you measure the change?

Change is measured through feedback from service users/carers via an annual questionnaire.

What did you learn?

The success of the group highlights the importance of involving service users in day to day services for their ideas and feedback.

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

Future plans include using social media to advise parents and carers of the group and to share learning with other services across disability services.

Hillhall Community Pensioners Group

Directorate: Adult Services and Prison Healthcare (Adult Disability)
Department: (Lisburn Assessment Centre and Satellite Services)

A brief outline of the activity

Hillhall Community Pensioners Group:

Service users complete cross community work by attending the above group and take part in group outings, social events, arts and crafts at a local pensioners club.

What you did; the nature of the activity:

- Visited and attend the pensioners group weekly
- Visit historical and places of interest
- Take part in social events at the club
- Socialise with pension age members of the public

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

Four service users and one staff member.

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

This provided an opportunity for service users to be involved in cross community work, socialising with, and educating the public on learning disabilities.

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

Service users enjoy taking part in the group and this has been reciprocated by attendees at the pensioners club.

How did you measure the change?

The change was measured through feedback from service users and members of the pensioners club.

What did you learn?

This activity demonstrates the need for further integration and involvement for elderly population with learning disabilities.

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

The group is working very well. Further ways of advertising good practice examples such as this one, both throughout the Trust and to different services within Disability will be explored.

Over 50's Club

Directorate: Adult Services and Prison Healthcare (Adult Disability)
Department: Dairy Farm day centre

A brief outline of the activity

This is a community based activity organised by Sally Gardens community centre for all over 50's who live in the Dunmurry area. The group meets every Friday from 12.30 - 2.30pm, and attendees have lunch and play games.

What you did; the nature of the activity

Contact was made with the centre manager to gain more information about the group and the availability of places.

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

As this is open to the community there is no restriction on how often people attend. Each week, four service users attend with the support of one staff member.

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

- This is a weekly activity within the service user's local community
- It offers the opportunity for service users to mix with those within their community of a similar age
- The group plan and organise different events throughout the year. This offers new opportunities and experiences

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

- Service users mix weekly with new people within the community
- It provides an opportunity for service users to attend other community events – for example, since our service users have joined this group they have enjoyed day trips to Hillsborough Castle, a Christmas dinner, Valentines Ball and a St Patricks day Ceili. Service users are also making plans to attend the Easter Bonnet Fun day and May Ball.

How did you measure the change?

- Service users look forward to going each week (service user feedback). When the centre was closed, one of the service users who lives independently attend the group by himself.
- More activities recorded in weekly progress sheets

What did you learn?

The importance for our service users to feel valued and be part of their community has a huge impact on their self-esteem.

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

The over 50’s club is part of our weekly plan of activities.

* * *

Weekly Gym Session with a personal Trainer

Directorate: Adult Services and Prison Healthcare (Adult Disability)
Department: Learning Disability (Dairy Farm day centre)

A brief outline of the activity

Once a week, eight service users attend their local gym to participate in a one hour intense work out with a personal trainer.

What you did; the nature of the activity

Initial contact was made with a personal trainer who worked in the gym, through a staff member who uses the gym on a regular basis.

This opportunity was then discussed with service users who were keen to participate, and letters were sent home along with gym consent forms.

The nature of the activity is to use the gym equipment under the direction and supervision of the personal trainer.

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

Each week eight service users attend the gym supported by one member of staff. A suitable time was agreed that suited the service users and the personal trainer.

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

- Increased physical activity which in turn offers all the benefits for the individual regarding general health and wellbeing
- Service users are using facilities that are within their local community
- This activity is very much part of their weekly routine
- Increased opportunity/new experiences for the service users

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

- Service users are proud of their achievement each week
- Service users are more confident in the gym environment
- Staff participate fully in the session with the service users
- Service users work alongside members of the public when using the different equipment
- Service users are recognised when at the local shops, daily walks by the different gym members
- Gym members often approach staff during the session and praise the efforts that each individual puts in each week
- The manager of the gym recently reported that there is a great buzz and atmosphere in the gym when our service users are there
- One of the service users has purchased some equipment to be more active at home

How did you measure the change?

- Each week the service users are getting fitter and this can be measured by the different weights that they are lifting and the length of time they spend on each equipment
- The personal trainer changes the routines each week to increase physical fitness
- Following the gym session each week it is recorded on individual progress sheets of weights that have been lifted.

What did you learn?

This has reiterated that service users' learning disabilities have no impact on their strength and ability to participate and achieve their full potential in this activity. Each week staff always praise each individual for the effort they put in. Staff often report how proud they are of the group.

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

Social media would enable the sharing of such achievements with family members.

Glider Project

Directorate: Adult Services and Prison Healthcare (Adult Disability)
Department: Learning Disability (Dairy Farm day centre)

A brief outline of the activity:

The Dairy Farm day centre now uses the Belfast Rapid Transit (Glider transport) that has been introduced in the Dunmurry area of Belfast.

What you did; the nature of the activity

Before the Glider system was put into operation there were a number of information sessions for the public and service users, who were supported by staff, to attend.

The information session allowed the service users to sit on the Glider and watch a short video on the routes and how to use the ticket machines.

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

Day centre staff completed 15 Smart Pass application forms to enable the service users to travel on the Glider for free and half fare on other forms of transport.

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

This has had a huge impact on the service;

- It removed time restrictions with regards to social outings
- More choice in terms of places to visit
- The Glider operates within the service users local community

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

- Increases self-esteem for the service user – each person has their own Smart Pass that they use independently to purchase their tickets
- More opportunities for the service users for example, trips to the Continental Market in Belfast, trips to the Titanic Quarter, more choice when going out shopping, and for lunch and coffee
- Service users have also informed staff that they have used the Glider with family members
- The service users completed an art project on the Glider which Translink came to view. Translink shared photos of the art work on their social media account and also gave service users goodie bags.

How did you measure the change?

More outings have been recorded on weekly progress sheets.

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

The Glider continues to be used as part of the service.

Mindlock: A Mental Health Comic Drawn on the Experiences of Service Users

Directorate: Adult Services and Prison Healthcare
Department: Clinical Psychology and Psychological Therapies

A brief outline of the activity

This comic brought together a group of six service users (Adult Mental Health) and six staff from Clinical Psychology, along with a comic book artist. Eight sessions were held to devise the comic. There were two main aims;

1. To produce an interesting, accessible and relevant source of information for people struggling with mental health difficulties
2. To promote hope and wellbeing in the involved service users

What you did; the nature of the activity

At the first two sessions, service users were invited to discuss their experiences of mental illness. These discussions were recorded, analysed and important ‘themes’ were identified. The themes were brought back to the group who rated them in order of importance, according to their own experiences. The next five sessions were spent generating story ideas, developing a character and discussing how to include identified themes in the story. The final planning session was a comic workshop, during which the group was encouraged to try out some of the processes involved in the making of a comic.

Another meeting was held once the comic was produced. At this session, the final printed copies were delivered to the group, ideas about a launch event were discussed and ‘kintsugi’ pots were made (explained below), as keepsake reminders of participation in the project.

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

Six service users and six members of staff participated in the full duration of the project, along with the comic book artist. Service users were identified from the current caseloads of clinicians in the North Down and Ards Sector area.

Of 12 invited service users, two declined, two weren’t able to attend and so dropped out, and two others attended the initial meetings but didn’t wish to participate in the creative sessions.

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

Using the 5 Steps to Wellbeing framework;

CONNECT: The project promoted connection between its members through sharing personal experiences and working together to produce the comic book. Contributors also gave positive feedback about the value of sharing a meal and the social aspect of the sessions in helping them feel connected.

BE ACTIVE: Although the project didn't necessarily result in a significant increase in physical activity, it did energise the members and prompt them to volunteer to help with distribution of the comic. They also reported increased social interaction outside the group setting.

TAKE NOTICE: Service users were invited to reflect on their own experiences, thoughts, feelings, obstacles and resources. Through sharing these in conversations together and through the medium of the comic, many of them described finding a new sense of meaning and purpose.

KEEP LEARNING: Being involved in producing a comic is not something any of the group members imagined doing. The experience of trying something new no doubt contributed to their reports of improved wellbeing. At the comic workshop session, the group 'inked' some of the sketched comic panels and added tags, quotes and symbols with personal meaning, to appear within the comic pages. The 'kintsugi' pots also provided a new experience for group members, in combining an art/repair practice with a tangible symbol of their journeys through pain and suffering.

GIVE: The single most important motivation for the group members has been the desire to help others who might be struggling and suffering with mental health difficulties. Having personal experience of this, group members spoke passionately about their wish to reduce stigma around mental illness, to reach people who might feel alone in their struggles and most to offer them compassion and hope.

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

Service users and staff involved reported a sense of purpose and achievement in being involved in the project. Through their experience of being involved in the project, group members were given the opportunity to feel valued as equals, respected and looked after. They reported various improvements in functioning, mood and self-esteem as a result of their participation and several of them willingly volunteered to share their experiences on camera.

The comic hasn't yet been distributed in the public arena but responses from members of the public in terms of both interest in, and usefulness of the comic will be gauged via a feedback questionnaire. This will potentially lead to a piece of research regarding the use of comics in healthcare.

How did you measure the change?

Service users and staff members completed the Clinical Outcomes in Routine Evaluation (CORE) questionnaire, at each session. This questionnaire measures wellbeing, problems, functioning and risk.

What did you learn?

It makes intuitive sense to involve service users in a project that aims to reach others who might be going through similar experiences, but the reality of being involved in this co-production process was a powerful and meaningful experience for the whole group. The ethos of being ‘in it together’ ensured that the group represented a collection of equals, who each had an important role to play, not just in the production of the comic, but in the experience of building a community with a shared aim.

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

This experience will enable us to get any new project off the ground more quickly. It was new territory and it took a while to establish exactly how to proceed. With future projects, more attention would be given to the start date. Unfortunately, this project began just before summer, which reduced the availability of potential participants.

Shop Mobility

Directorate: HR & Corporate Affairs
Department: Patient Experience

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

The South Eastern Trust (SET) became aware of a mobility issue on the Ulster Hospital site, which affected service users and their carers. People who were registered disabled, or who experienced temporary disability, had difficulty getting from the disabled carpark to the Ulster Hospital main entrance, and vice versa. This highlighted a gap in the service provision, where service users had to make their own way from the carpark to, and from, the main entrance. Previously, on arrival, the meeting and greeting service would sign post service users to the front reception who telephoned the Patient Experience Help Desk, who then contacted Portering Services 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 opening of the Inpatient Ward Block (IWB) at the Ulster Hospital presented additional challenges in terms of mobility access for some service users. Based on this, the aim of this activity was to work in partnership to improve access to the Ulster Hospital for service users with mobility issues.

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

The Lead Chaplain (Don Gamble) of the South Eastern Trust took this project forward. A series of focus group meetings were held with Shopmobility Belfast in order to work together to produce creative solutions to solve mobility issues at the IWB on the Ulster Hospital site. This allowed the Trust to draw upon and learn from Shopmobility's expertise and experience of solving mobility and disability access issues.

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

The focus group membership comprised of Shopmobility employees (including managers, the Director and Marketing Manager, volunteers), the Assistant Director for Patient Experience in SET, Patient Experience Senior Managers in SET and the Lead Chaplain/ Shopmobility Lead for SET. Shopmobility Belfast's expertise, gained from the two years that it has been in operation at the Ulster Hospital, was drawn upon in the focus groups.

To meet the challenges posed by the current building work at Lagan Valley hospital, focus group meetings with Shopmobility Belfast were also arranged to investigate extending the Shopmobility Belfast Contract to include Lagan Valley Hospital. Views on the new service at Lagan Valley were discussed with staff in the Day Procedure Unit and outpatients departments.

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

A benefit of Personal and Public Involvement (PPI) in this project was the expertise, knowledge and skills that Shopmobility contributed to the focus group discussions. This improved the quality of the data produced from the discussions. Drawing on Shopmobility expertise is crucial in providing the Trust with information from service users perspective, that it can use to shape its emerging services in relation to mobility challenges faced by our service users.

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

The Shopmobility “Meet and Greet Service” was extended to cover the whole of the Ulster Hospital site. An Information Point, located in the Terrace Car Park was introduced. Service users who are members of Shopmobility Belfast previously had to 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 new Information Point now means this process is timelier, and the direct link removes any anxiety of being late for the time arranged.

To highlight the service, Tony O’Hara (Senior Manager, Patient Experience) and Don Gamble handed out advertising flyers/leaflets in the local shopping centres over the Christmas period and Don Gamble completed a postal drop in some of the local libraries and attended their community user groups.

The service has now been successfully operating for two years. The service in its second year steadily improved on the total usage for the first year, despite the challenges to mobility access for service users by the opening of the IWB.

The service continues to have a positive impact on service users. Due to the location of the Main Disabled Car Park remaining at the front of the retained estate, patients can experience visits from family members who have mobility issues which may have prevented them from visiting previously, as the scooters are fitted with access control cards to grant entrance to the IWB.

At Lagan Valley Hospital the news of Shopmobility Belfast coming onsite has had a positive impact on staff, particularly those who work in out-patients and the Day Procedure Unit.

It has also resulted in reduced stress and anxiety of service users and visitors with mobility difficulties who are accessing the site to visit in-patient relatives, or get to appointments.

How did you measure the change?

The change continues to be measured by Key Performance Indicators which measures uptake and usage of service. Complaints, feedback and compliments are also monitored and quarterly meetings are held with Shopmobility management.

What did you learn?

This activity demonstrates the effectiveness of a joint approach, working together rather than in silos. The PPI work enabled us to draw on the expertise and experience of other services and patient experience. The focus group provided an efficient and effective resource to collect data on mobility access. Another key learning was Shopmobility's recommendation to take a joint approach with marketing in conjunction with The RVH and City Hospitals in the Belfast Trust which also have Shopmobility Belfast on-site, as one membership gives access to all hospitals.

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

Use of an informal approach to conducting focus group discussions (i.e. no agenda) as well as using listening and reflecting skills gives individual stakeholders an opportunity to contribute to the discussions more freely 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 SET.

Forget-Me-Not Maternity Bereavement Group

Directorate: HR & Corporate Affairs
Department: Patient Experience

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

The Forget-Me-Not Maternity Bereavement Group is a service improvement by the Chaplaincy Service in the South Eastern Trust (SET) 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 has made available the chaplain's office at Lagan Valley Hospital for these appointments.

Currently due to the suspension of the Paediatric Pathology Service based at the Royal Victoria Hospital in the Belfast Trust, post-mortems of children who have died that require a post-mortem, are now carried out at Alder Hey Hospital in Liverpool. This has an added impact on the grieving parents and the Chaplains provide spiritual and pastoral support to these families and our staff.

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.

The Forget-me-not Group provided a forum for staff to hear about the experiences of bereaved parents consenting for post-mortem in a safe and supportive environment.

This year following a re-structuring of the chaplaincy service, a new post of a specific Maternity and Neonatal Services Chaplain was introduced.

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

The group has a membership of over 40 people, with approximately 20 people attending each of the meetings. Approximately half of those attending are staff drawn from Maternity Services, Nursing Directorate and Chaplaincy Service including the Maternity and Neonatal Services Chaplain. The other half of the group is made up of service users who engaged with the follow–up support service offered by the Maternity Bereavement Midwife, who offers this support appropriately.

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

The Personal and Public Involvement (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 paediatric post-mortem process. 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 that it provided feedback and information to help understand the sensitivities of the process. This included information which may not have occurred to the chaplaincy team (i.e. service user prospective and lived experience).

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

The introduction of the Maternity and Neonatal services Chaplain allows for Chaplaincy resources to target the pastoral needs of families and staff more effectively, in-line with patient experience policy.

This meant that the Chaplaincy service was better equipped to understand the process and to help support bereaved families and staff in a very difficult and demanding situation.

This ensured a higher quality of service provided by a confidential atmosphere where the human dignity of the service user 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 compliments.

What did you learn?

The team 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 in a confidential and supportive atmosphere.

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

Request feedback at all stages of the process and not just at the end stage.

Any other comments?

The team is very grateful for the support of the The Forget-Me-Not Group and admire their courage.

Multi Agency Forum Group – Travel Planning Strategy

Directorate: HR & Corporate Affairs
Department: Patient Experience

A brief outline of the activity:

A Multi Agency Forum Group (MAFG) has been formed at Ards Community Hospital approximately one year ago, and is in addition to the Ulster Hospital MAFG which has existed for three years now. The formation of these groups form part of the Trust's Travel Planning strategy and acknowledge the problems which exist due to vehicle overflow from those sites onto adjacent streets as a result of finite parking space availability, particularly for staff. The groups continue to discuss options to resolve the issues.

What you did; the nature of the activity:

The following activities were undertaken to explore options to resolve travel/parking issues on the Ards Hospital and Ulster Hospital sites:

Ards Hospital

- All potential for further parking development explored
- Identification of an area to construct new car park adjacent to Frederick Street
- Frederick Street car park almost ready for use containing approximately 45 spaces
- Consideration of on-street permit parking for residents (for local council to consider)
- Potential areas explored to enable Park & Ride initiatives to and from the Ards site
- Management of contractor activity on site
- PSNI personal safety visits
- Introduction of electric vehicle charging points
- Consideration of all alternative options to single vehicle occupancy use

Ulster Hospital

- Following the loss of the Dunlady Park & Ride facility due to Belfast Rapid Transit (Glider) introduction, the South Eastern Trust sought further options to replace it
- Negotiation with representatives of Omniplex (Dundonald) overflow car park owners with a view to introducing Park & Ride from there

- Liaison with legal representatives and Omniplex agent to form Licence Agreement to enable Park & Ride
- Use of Translink bus service to enable Park & Ride at Omniplex overflow began on 25th March 2019
- Consideration of Master Plan on Ulster Hospital site to identify options
- Consideration of multi storey car park level extensions
- Considered use of Billy Neill playing fields as Park & Ride option
- Communicated with PSNI in relation to obstructive parking on streets adjacent to Ulster Hospital
- Sustrans update and use of Comber Greenway for cycle use

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

The following participated; Representatives from the PSNI, DRD, Sustrans, Translink, Transport NI, residents from each local community, public representatives from the Alliance Party, Ulster Unionist Party, Democratic Unionist Party, Green Party and Assistant Director Patient Experience, Senior Manager Security, Transport and Travel Planning, the Travel Plan Co-ordinator and the Transport Manager.

The Ulster forum is chaired by Tommy Jeffers, former Alderman and member of the DUP. Ards forum is chaired by Kellie Armstrong, Alliance MLA for Strangford and former Northern Ireland Director of the Community Transport Association.

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

There has been an acknowledgement within each of the groups formed that while the Trust was a contributing factor to the on street vehicle parking pressures, many other impacting factors were at play and the group as a whole had a responsibility to examine the issues and identify solutions to the problem.

The groups collectively examined many potential solutions, and at Ards a significant development has been the formation and building of a substantial additional car park adjacent to Frederick Street.

At the Ulster Hospital the major Park & Ride success achieved through the group from Dunlady continues to have benefit to the Trust, as many staff continue to Park & Stride (i.e. walk) from Dunlady. The excellent work and co-operation of the group have now been successful following lengthy negotiation with Omniplex owners to have the Omniplex overflow car park available for Park & Ride use along with the necessary Translink service provision.

Much advertising and communication work has taken place to try and ensure that this service benefits the overall objectives of what the group is trying to achieve.

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

The Trust believes that the formation and work by these groups has helped foster relations with local residents and communities concerning issues which readily inflame tensions. It has provided our staff with alternative options, has reduced complaints and formed a bond between Trust and forum members.

How did you measure the change?

- By monitoring complaints originating from local elective representatives acting on behalf of constituents from residents and those businesses located nearby
- Through measuring the use of Park & Ride facilities
- Through liaison with the PSNI who have reported less enforcement required by them

What did you learn?

Now that the Trust have experienced how successful these Multi Agency groups are, it is considered essential that any future car parking management development schemes are accompanied by the formation of such groups, and as such plans are in place to introduce a group which will be more closely associated with the Lagan Valley Hospital traffic management introduction.

The creation of additional space on our sites is neither possible in many instances, nor an effective solution to the regional and nationwide problem of an increasing vehicle use on general road networks, and the requirement to occupy those vehicles on our sites becomes less possible. The Trust strategy of enhancing our Travel Planning initiative is very strongly believed to be the way forward with a view to reducing single occupancy vehicle travel and to provide real and attractive alternative options.

Working alongside the various disciplines within these groups has provided a better understanding for all including those with neighbours, residents and businesses. A combined approach is needed to resolve the obvious congestion and over parking in the areas where Trust sites have become very congested.

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

The success of such a liaison group has proved very beneficial and is a useful way forward for the future.

9.0 Future Plans for PPI

~ PPI Action Plan 2019-20 ~

In conjunction with service users, carers, Trust staff and partners, the Trust's PPI Sub-Committee has developed an Action Plan for 2019-20. Key priorities from the action plan are illustrated below:

TOPIC AREA/ OBJECTIVE	ACTION
Training	Inform staff of the availability of the e-learning package and continue to monitor uptake. Develop PPI Peer Training tool for SET using Regional Engage Training tool. Develop Engagement and Involvement Training session for SET, available to all staff. Review training available to service users and carers undertaking involvement work with the Trust and explore development opportunities.
Raise the profile of PPI	Raise the profile of PPI through various learning and development events and planned communication and training with staff, the public and other relevant groups. Review literature and online information available in relation to PPI within the Trust, including enhancing the profile of PPI on the new Trust website (currently being developed). Regularly monitor, update and promote the Trust's Register of Involvement Opportunities.
Monitoring, reporting and sharing	Review the monitoring and reporting of PPI activity within the Trust. Develop a centralised resource for the sharing of best practice examples of PPI and PPI tools and resources.