

AGENDA

**81st Meeting of the Public Health Agency board to be held on
Thursday 21 January 2016, at 1:30pm,
Conference Rooms 3+4, 12/22 Linenhall Street
Belfast, BT2 8BS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of previous meeting held on 17 December 2015		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update <ul style="list-style-type: none"> • PHA Financial Performance Report 	PHA/01/01/16 (for Noting)	Mr Cummings
8.	1.55	Unscheduled Care Update		Chief Executive
9.	2.05	Lifeline Consultation Response	PHA/02/01/16 (for Approval)	Dr Harper
10.	2.30	Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report 2013/14	PHA/03/01/16 (for Noting)	Dr Harper
11.	2.50	Section 75 (2) Duty to Promote Good Relations: Good Relations Statement	PHA/04/01/16 (for Approval)	Mr McClean

12. 3.00 Patient and Client Experience Standards Biennial Report April 2013 to March 2015 **PHA/05/01/16** Mrs Hinds
(for Noting)
13. 3.15 Any Other Business
14. **Date, Time and Venue of Next Meeting**
Thursday 18 February 2016
1:30pm
Conference Rooms 3+4, 2nd Floor
12/22 Linenhall Street
Belfast
BT2 8BS

MINUTES

**Minutes of the 80th Meeting of the Public Health Agency board
held on Thursday 17 December at 1:30pm,
in Conference Rooms 3+4, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

Mr Andrew Dougal	- Chair
Dr Eddie Rooney	- Chief Executive
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Mr Edmond McClean	- Director of Operations
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mrs Julie Erskine	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mr Robert Graham	- Secretariat
Mr Paul Cummings	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

APOLOGIES:

None

		Action
124/15	Item 1 – Welcome and Apologies	
124/15.1	The Chair welcomed everyone to the meeting. There were no apologies.	
125/15	Item 2 - Declaration of Interests	
125/15.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

126/15 Item 3 – Minutes of previous meeting held on 19 November 2015

126/15.1 The minutes of the previous meeting, held on 19 November 2015, were approved as an accurate record of the meeting.

127/15 Item 4 – Matters Arising

127/15.1 There were no matters arising.

128/15 Item 5 – Chair’s Business

128/15.1 The Chair advised that non-executive members Paul Porter and William Ashe had been reappointed by the Minister to serve for a second four-year term.

128/15.2 The Chair said that he, and the Chief Executive, had attended the PHA Accountability Review meeting with the Permanent Secretary. He said that concern had been expressed regarding the potential delay in the production of the Corporate Strategy, but that there were mitigating factors including the time needed for public consultation and the publication of the next Programme for Government.

128/15.3 The Chair informed members that he had attended the most recent Board meeting of Public Health England, during which there was a session with young people to discuss their public health issues. He also held a series of meetings with the Chief Executives of the Faculty of Public Health; the Royal Society for Public Health; the Association of Directors of Public Health and the UK Health Forum.

129/15 Item 6 – Chief Executive’s Business

129/15.1 The Chief Executive began his business by reporting on the passing of Jeremy Clement from the Health and Social Care Board, who along with Sean Donaghy had delivered a presentation to the PHA Board in March 2015 on the new eHealth Strategy.

129/15.2 The Chief Executive advised members that he had spent time with staff at the Out of Hours service in Dalriada. He said that he had seen different models of OOH in recent visits. In Dalriada

nurses played a key role in patient calls. In relation to unscheduled care, he said that there has been a lot of momentum in this work recently.

129/15.3 The Chief Executive said that he had attended a recent Health Committee session on organ donation. He told members that over the last 12 months more than 50,000 new names had been added to the Organ Donor Register in Northern Ireland.

129/15.4 The Chief Executive informed members that he had met with the Minister and that the meeting had been very useful.

129/15.5 Mr Drew asked whether the increase in the number of names on the organ donation was attributable to social media. The Chief Executive said that PHA was using all forms of media in its campaigns.

130/15 Item 7 – Finance Update – PHA Financial Performance Report (PHA/01/12/15)

130/15.1 Mr Cummings presented the Finance Report and advised that the year-to-date position showed a deficit of £1.28m which is due to an overspend in non-Trust expenditure. He explained that this was a profiling issue, rather than an expenditure issue and that PHA has, this year, been able to issue funding more quickly in relation to some of its contracts.

130/15.2 Mr Cummings advised that there is currently a £290k underspend in the management and administration budget. He said that this showed that PHA has been able to achieve its savings targets, but he noted that next year there is an expectation that PHA will have to meet its full savings from its management and administration budget. He advised that PHA had received funding for VES.

130/15.3 The Chair asked whether the £290k savings could be maintained. Mr Cummings responded saying that he expected this figure to rise. The Chair asked about the expenditure peak towards the year-end. Mr Cummings explained that historically PHA would have spent allocated funding for contracts in the last two or three months, but he paid tribute to the work of managers for ensuring that money was being issued earlier in the year.

- 130/15.4 The Chair asked how the prompt payment performance compared to other organisations. Mr Cummings said that PHA would be one of the top performing organisations in the HSC in this regard.
- 130/15.5 Members noted the Finance Report.
- 131/15 Item 8 – Governance and Audit Committee Update (PHA/02/12/15)**
- 131/15.1 Mr Coulter said that the minutes of the meeting of 14 October were available for members for noting.
- 131/15.2 Mr Coulter gave members an overview of the meeting of 9 December. He began by saying that the Committee had considered the Corporate Risk Register, which has not changed. He advised that four of the five risks remain rated as “high”, these relate to accommodation, Lifeline, reduction in management and administration funding and property asset management. He said that the Committee will continue to monitor these as the risks have remained “high” for some time, however he acknowledged that some of these are outwith PHA’s control.
- 131/15.3 Mr Coulter said that the Committee had considered the Gifts and Hospitality Register, and a recent Internal Audit report on Complaints Management. He added that the Committee had also reviewed the Single Tender Action register and the revised Business Continuity Plan. With regard to the BCP, he advised that this had been updated to embed the learning from an incident which took place on 30 April 2015.
- 131/15.4 Mr Coulter said that the Committee had considered the professional assurance framework for nursing and midwifery which outlines PHA’s role and how it gives assurance to DHSSPS. He advised that the Committee had approved the framework.
- 131/15.5 Mr Coulter moved on to give an overview of the Audit Committee Chairs Forum meeting on 1 December. He said that it was a very structured meeting during which there was a series of presentations delivered by OFMDFM, NIAO, BSO Internal Audit and DHSSPS. He advised that the NIAO presentation had

highlighted that the financial management in place in the HSC over the last 5 years had been the tightest since World War 2.

131/15.6 Mr Coulter advised that in her presentation, the Head of Internal Audit had highlighted the areas which were most common for limited assurances being given. These included procurement, HRPTS, information governance, GP out of hours and complaints. With reference to procurement, he said that DHSSPS had suggested that an early conversation with them could mitigate many of the issues that get raised at a later stage.

131/15.7 Mr Drew commended the work of staff in the preparing the Business Continuity Plan which he said was of an exceptional standard. Mrs Erskine reinforced these views.

131/15.8 The Chair proposed that there should be a Board workshop on risk in the future as this was a matter not solely reserved for the Audit Committee.

131/15.9 Members noted the update from the Committee Chair.

132/15 Item 9 – Service Framework for Respiratory Health and Wellbeing 2015-2018 (PHA/03/12/15)

132/15.1 Dr Harper advised that this respiratory health and wellbeing framework was one in a suite of frameworks that DHSSPS has developed which outlines how patients can expect care. She said that DHSSPS had written to HSCB and PHA asking that an implementation plan be developed and be formally submitted to DHSSPS by 18 December. She went on to say that the priorities for this plan were (1) to fill any information gaps, (2) to establish a baseline position for KPIs and (3) outline the monitoring and reporting arrangements for progress against the KPIs.

132/15.2 Mr Coulter noted that the Framework is for the period 2015/18 and asked whether this means that the implementation will be delayed. Dr Harper assured members that the work was ongoing in parallel and any gaps were being flagged up through the commissioning process.

132/15.3 The Chair said that the Framework was very comprehensive and he asked whether additional funding was required to implement it. Dr Harper explained that the framework looks more at

standardisation, sharing good practice and new ways of working in the current financial climate.

132/15.4 Members approved the Implementation Plan for the Service Framework.

133/15 Item 10 – Personal and Public Involvement (PPI) Update Report (PHA/04/12/15)

133/15.1 Martin Quinn joined the meeting and delivered a presentation to members which provided an overview of recent developments within PPI.

133/15.2 Mr Quinn said that PHA is continuing in its role as the lead HSC organisation for PPI and has facilitated over 50 requests for help and guidance. He referred to the recent PPI research paper that had been published which suggested that there should be a non-executive PPI champion.

133/15.3 Mr Quinn said that PPI continues to be embedded into the work of PPI in areas such as procurement, business plan, corporate plan and contracts.

133/15.4 Mr Quinn advised that a training programme has been developed with a combination of e-learning and taught modules. He shared some of the clips from the site with members.

133/15.5 The Chair asked whether PPI should be included in job descriptions. Mr Quinn said that there had been discussions with the Director of Human Resources regarding this. In response to the Chair's query as to whether existing job descriptions can be amended, Mrs McAndrew said that she did not see that this should be an issue or a problem.

133/15.6 The Chair asked for more clarity on some of the PPI-related issues that PHA has had to resolve. Mr Quinn said that to borrow an analogy from the Chief Executive, PHA wished to mark its own homework before marking others and that PHA had been working to improve its own monitoring and how it captures PPI-related information. He added that this should not be seen as a wholly bureaucratic process. Mrs Hinds added that many staff could be undertaking PPI-type activity in their daily work, but not recognising this. Mr Quinn also said that PHA should ensure

that PPI is more prominent on its website. He added that the e-learning programme should only take 20 minutes to complete.

133/15.7 The Chair asked how people could be motivated to get involved in PPI. Mr Quinn said that this was a challenge, but he said PHA was looking at ideas such as the Knowledge Exchange.

133/15.8 Mr Coulter asked whether there was a specific requirement for organisations who are competing for PHA contracts to demonstrate PPI in their work. Mr Quinn said that it would be difficult to tie down given the vast range of PHA contracts, but it could be built into the monitoring process. He added that within R&D, they have begun to include this in their application forms.

133/15.9 The Chair asked whether PPI could be a component of CPD. Mrs Hinds said that it could be put in every professional's personal development plan.

133/15.10 The Chair thanked Mr Quinn for the presentation.

133/15.11 Members noted the update on PPI.

134/15 Item 11 – Any Other Business

134/15.1 There was no other business.

135/15 Item 12 – Date and Time of Next Meeting

Date: Thursday 21 January 2016

Time: 1:30pm

Venue: Conference Rooms 3+4

2nd Floor

12/22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair: _____

Date: _____

Public Health Agency

Finance Report

2015-16

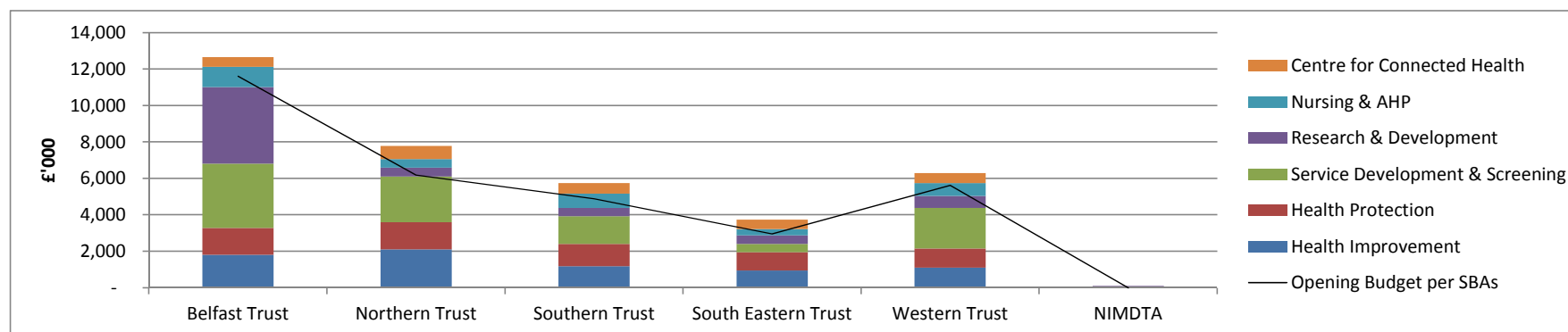
Month 8 - November 2015

Public Health Agency
2015-16 Summary Position - November 2015

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	Non-Trust			Trust	Non-Trust		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
Adjusted Departmental Allocation	36,351	48,389	21,755	106,495	24,234	25,054	12,879	62,167
Income from Other Sources	-	671	571	1,241	-	645	356	1,001
Total Available Resources	36,351	49,059	22,326	107,737	24,234	25,699	13,235	63,169
Expenditure								
Trusts	36,351	-	-	36,351	24,234	-	-	24,234
Non-Trust Programme	-	48,809	-	48,809	-	25,785	-	25,785
PHA Administration	-	-	21,976	21,976	-	-	12,879	12,879
Total Proposed Budgets	36,351	48,809	21,976	107,137	24,234	25,785	12,879	62,899
Surplus/(Deficit)	-	250	350	600	-	(86)	356	269

The year to date financial position for the PHA shows an underspend against profiled budget of £269k. This is caused by an underspend on Management & Administration budgets, combined with a small year to date overspend on Non-Trust Programme activity, as explained on pages 3 and 4 of this report. It is currently anticipated that the PHA will generate a full year surplus of £600k, and the Agency is continuing to look for in-year opportunities to invest this surplus on Public Health initiatives.

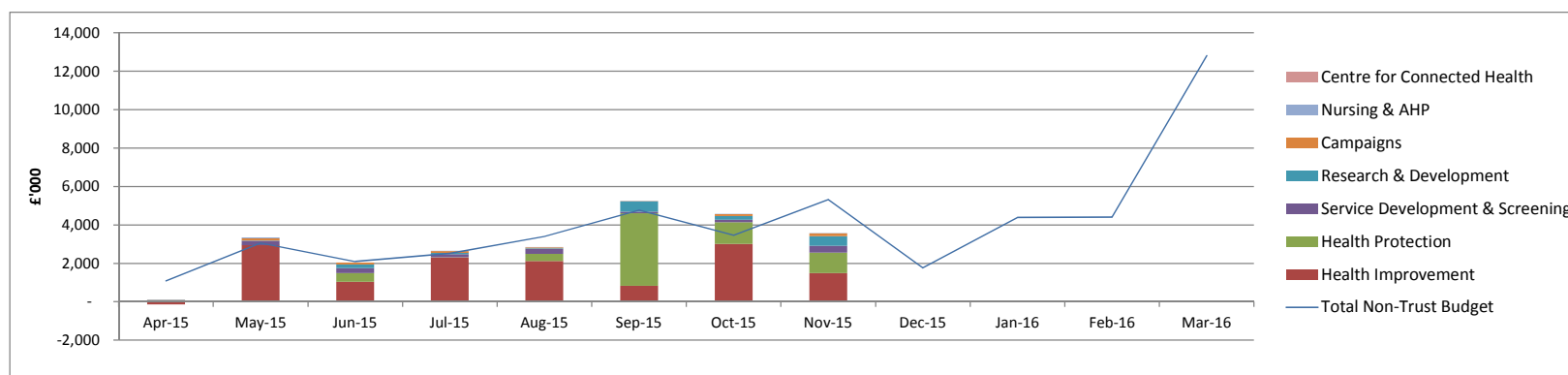
Programme Expenditure with Trusts



	Belfast Trust £'000	Northern Trust £'000	Southern Trust £'000	South Eastern Trust £'000	Western Trust £'000	NIMDTA £'000	Total Current Budget £'000
Current Trust RRLs							
Health Improvement	1,818	2,117	1,187	951	1,102	-	7,175
Health Protection	1,469	1,474	1,218	999	1,058	-	6,217
Service Development & Screening	3,520	2,520	1,520	460	2,227	-	10,246
Research & Development	4,204	482	454	465	657	107	6,369
Nursing & AHP	1,119	465	785	347	697	-	3,412
Centre for Connected Health	536	732	590	525	549	-	2,932
Total current RRLs	12,665	7,790	5,753	3,746	6,289	107	36,351
Opening Budget per SBAs	11,604	6,183	4,887	2,950	5,626	-	31,250

As part of a service improvement project the Finance Directorate has coded the Trust Revenue Resource Limits to their budget area, as shown by the summary above. During November a net retraction of £175k was made to HSC Trusts which primarily related to a reduction in the amount given by R&D to the Belfast Trust.

Non-Trust Programme Expenditure



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total	Budget (YTD) £'000	Expenditure (YTD) £'000	Variance (YTD) £'000	Projected Full Year Expenditure £'000
Budget																	
Health Improvement	719	2,378	919	2,006	2,190	627	1,190	3,146	743	2,447	1,654	5,374	23,393	13,176	13,608	(442)	24,293
Lifeline	292	292	292	292	292	292	292	292	292	292	292	292	3,500	2,334	1,562	772	2,400
Health Protection	-	15	418	12	460	3,026	1,494	375	385	787	605	1,388	8,966	5,800	6,845	(1,045)	8,966
Service Development & Screening	83	368	85	83	368	93	127	290	123	106	253	325	2,304	1,496	1,493	3	2,054
Research & Development	-	-	237	60	45	501	185	1,120	113	219	1,181	4,635	8,295	2,148	1,562	587	8,495
Campaigns	-	1	131	58	32	230	180	95	85	290	230	414	1,746	727	585	143	1,746
Nursing & AHP	-	3	3	-	3	-	-	8	23	239	186	158	624	18	92	(74)	624
Centre for Connected Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	230	230	-	30	(30)	230
Total Non-Trust Budget	1,094	3,056	2,085	2,511	3,390	4,768	3,468	5,327	1,764	4,380	4,401	12,815	49,059	25,699	25,775	(86)	48,809
Actual Expenditure	233	3,506	2,306	2,681	3,109	5,292	4,815	3,841	-	-	-	-	25,785				

The Non-Trust Programme budget decreased by approximately £0.170m since the last report mainly due to a reduction in the amount of EITP funding anticipated for Nursing.

The financial position to date shows expenditure is £86k ahead of profile. This is due to the combined effect of some Health Protection payments for vaccination costs being made earlier than anticipated, some delays in invoicing on R&D contracts and the continuing underspend on the Lifeline contract. The Programme position is being closely managed and a full year surplus of £0.25m is anticipated, as shown on page 1 of this report. This surplus is the result of the continuing reduction in activity on the Lifeline Contract, offset by additional approved in-year Health Improvement and R&D opportunities.

A significant portion of the budget is currently profiled in the last quarter which Budget managers have confirmed will be utilised in 2015-16. Budget managers have been asked to pay particular attention to the associated investment plans to ensure that financial breakeven targets are achieved.

PHA Administration
2015-16 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,868	3,480	10,160	287	318	475	17,587
Goods & Services	227	1,421	557	(121)	82	442	2,608
VER Scheme				2,055		76	2,131
Total Budget	3,095	4,901	10,716	2,222	400	993	22,326
Budget profiled to date							
Salaries	1,878	2,319	6,721	179	209	349	11,655
Goods & Services	141	891	342	(3)	55	154	1,581
Total	2,018	3,210	7,063	176	265	503	13,235
Actual expenditure to date							
Salaries	1,902	2,313	6,655	162	215	349	11,596
Goods & Services	76	787	202	51	13	154	1,283
Total	1,978	3,101	6,857	213	228	503	12,879
Surplus/(Deficit) to date							
Salaries	(25)	6	66	17	(6)	(0)	58
Goods & Services	65	104	140	(54)	43	(0)	297
Surplus/(Deficit)	40	109	206	(37)	37	(0)	356

The Management & Administration (M&A) budget for the PHA was reduced by the DHSSPS in 2015-16 by 15%, or £2.8m. However, after discussion and liaison with the DHSSPS, it was agreed that, for the current year only, a total of £1.3m will be generated from within M&A budgets and the balance of £1.5m will be managed across the total PHA budget. This process allowed a more strategic review to be completed in order to deliver a recurrent 15% reduction in future years.

Total recurrent budgets allocated to Directorates have been reduced by the actual 2014-15 surplus and a 20% travel saving, totalling £1.1m. The remaining balance of £0.151m against the £1.3m savings target is currently held in the PHA Board cost centre and is being managed centrally through Scrutiny and other measures. While cumulatively to date a surplus of £0.356m is shown, this has largely been generated from Goods & Services budgets which may be required later in the year. PHA must therefore continue to manage discretionary expenditure and savings plans to ensure savings targets for the year are achieved. At this point a full year surplus of £350k has been estimated and reported on page 1.

The PHA has received a ringfenced allocation of £1.840m to fund a Voluntary Exit Scheme in 2015-16, from which one VES package has been funded in November 2015. The remaining allocation is currently held in the PHA Board cost centre, profiled at the end of the year so as not to impact year to date figures. It is currently anticipated that VES costs could amount to £2.131m in 2015-16 if all requests are approved, and it has been assumed in this report that the Department will fund the balance of £0.291m if required. These funds will be monitored and reported on separately, with greater detail provided in this report as the year progresses.

PHA Prompt Payment

Prompt Payment Statistics


	November 2015 Value	November 2015 Volume	Cumulative position as at 31 November 2015 Value	Cumulative position as at 31 November 2015 Volume
Total bills paid (relating to Prompt Payment target)	£4,717,284	489	£34,109,458	3,847
Total bills paid on time (within 30 days or under other agreed terms)	£4,635,514	452	£32,858,274	3,506
Percentage of bills paid on time	98.3%	92.4%	96.3%	91.1%

BSO Shared Services have now produced a comprehensive prompt payment report for PHA. A regional review of the accuracy of the BSO calculation, supported by legal advice, has resulted in a cumulative positive adjustment to the PHA figures for 2015/16. This has been reflected in the figures in the table above and the BSO report has been used to calculate the published figures from September 2015 onwards.

Prompt Payment performance to the period ending November 2015-16 shows that on value paid (96%) the PHA is meeting the 30 day target of 95%, while the volume of invoices is below the target at 91%. Generally PHA is making excellent progress on ensuring that high value invoices are processed promptly, supported by the November value performance of 98.3%.

In addition, 10 day prompt payment performance was 85.9% by value for the year to date, which significantly exceeds the 10 day DHSSPS target for 2015-16 of 60%.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	21 January 2016
Title of Paper	Lifeline Consultation Response
Agenda Item	9
Reference	PHA/02/01/16
Summary	
<p>The current Lifeline Crisis Response Service contract was due to end in March 2015. The PHA undertook a consultation between April and June 2014 to help inform the future service model. After a review of consultation findings, evidence of need, learning from the current contract delivery and models elsewhere a Strategic Outline Business Case (SOBC) on a future model was developed and approved by the PHA Board to go out for further consultation.</p> <p>The second consultation process, based on the proposals in the SOBC, took place between 27 August and 19 November 2015. The findings from that process have now been analysed and assessed against the evidence and recommendations of the SOBC. The attached report is the response to the consultation with recommendations on the future design of the Lifeline Crisis Response service and delivery model.</p> <p>Members are asked to consider the attached for approval.</p>	
Equality Screening / Equality Impact Assessment	N/A
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Public Health
Date	15 January 2016



Lifeline Crisis Response Service

**Public Consultation Report
and PHA Recommendations**



21 January 2016



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1.0 Introduction

The Northern Ireland Lifeline suicide prevention helpline and associated crisis support service was established in 2007 to provide a 24/7 free to call regional confidential telephone helpline for people experiencing emotional crisis and at immediate risk of suicide or self-harm, with the provision for relevant follow on support services where appropriate.

The service provides additional support to people at immediate risk of suicide or self-harm across Northern Ireland, thereby helping to reduce the levels of suicide and self-harm incidents, as part of a range of measures to tackle suicide under the 'Protect Life' strategy.

The Lifeline service was retendered in 2011 and the current contract awarded initially for a three year period, April 2012 to March 2015, with the potential for a further 18 months extension, to September 2016.

In keeping with Departmental and other requirements, a Strategic Outline Business Case (SOBC) was prepared focused on identifying a Lifeline service model beyond 2015 that would best meet the needs of those at immediate risk of suicide or self-harm, preparing the way for the re-tender of the service. This SOBC took account of the monitoring and evaluation of the existing service, evidence in relation to service models elsewhere, Departmental policy direction and, importantly, stakeholder engagement.

1.1 Development of the Strategic Outline Business Case (SOBC)

The SOBC development was informed by:

- an initial consultation exercise was carried out between 1 April and 24 June 2014
- consideration of data on evidence of need
- a review of relevant policy and strategy
- a review of the current service model structure, activity and performance information
- the identification and examination of relevant models elsewhere.

The SOBC presented a preferred option for the future of the Lifeline Crisis Service which retained many of the key elements of the current service, together with a number of changes. These can be summarised as:

- separation of the telephone crisis helpline from the follow-up support crisis intervention services
- re-focusing of the service on de-escalation, enablement and empowerment

- 'commissioning' the telephone crisis helpline directly from the Northern Ireland Ambulance Service (rather than 'procurement' from non-statutory providers as at present through a public tender process)
- procuring follow-up services through separate contracts serving the five Local Commissioning Group/Trust geographies
- enhancing follow-up services to expand capacity for psychological therapies, and introducing complementary therapies and face-to-face de-escalation.

As the SOBC proposed a future model for the Lifeline Crisis Response service changed from the current and importantly one moving, in part, from a service which has been procured through public tender to one which is commissioned directly from within the HSC family of organisations, it was appropriate for the PHA to undertake formal public consultation to garner the views of service users, interested organisations and the wider public on the merits or otherwise of this approach and the proposed model in general. A copy of the SOBC is available at http://www.publichealth.hscni.net/sites/default/files/LL%20SOBC%2027%20Aug%202015_0.pdf

2.0 Consultation Process

The consultation process included:

- Formal notification via a range of media outlets and network databases containing over 600 organisations to publicise the consultation process
- series of consultation events, which were facilitated as a two-way flow of information and opinion exchange
- participation, facilitating the public to input both verbally through public workshops and in writing through a formal consultation response form
- careful review of all consultation responses, including PHA board consideration.

A total of 26 workshops were facilitated by the PHA, attended by over 300 participants. A copy of the consultation papers is available at: <http://www.publichealth.hscni.net/consultation-future-lifeline-crisis-intervention-service-now-closed>

The workshops were a mix of public meetings and a series of focused events that targeted specific communities of interests including, service users, staff from the current service provider, young people, Black Minority and Ethnic community, LGBT group, Irish Travellers, deaf community etc., a summary of the equality breakdown is available in appendix 1.

The consultation also attracted significant media attention, initially proactive media from the PHA promoting the consultation and various events and then coverage related to the current service provider, Contact NI, lobby campaign “Protect Lifeline”. Social media played a significant part in the campaign with 506 people, tweeting 3,077 tweets with the #ProtectLifeline hash tag, which was viewed by an estimated 3,278,250 people. The lobbying messages led to some misleading headlines which impacted on the discussions at the workshops and subsequent responses to the consultation proposals.

A note taker was in attendance at each of the workshops to record the views expressed as part of the process. A total of 159 written responses were subsequently received, 135 in questionnaire format and a further 24 in letter form. The written responses and along with the workshop notes were subsequently coded into three key areas for analysis, they were:

- Responses in support of the proposed service model
- Responses which raised concerns about the proposed service model
- Responses which suggested enhancements to the service model

It should be noted that analysing points raised during the consultation workshops and the submitted written responses cannot be regarded as a “pure” science. The method used for analysis involved reviewing the notes of each workshop and reading each individual response, transferring the relevant feedback into a structured framework of the key points raised and relating them to the relevant question highlighted in the consultation process. It should also be acknowledged that analysing responses was not a simple matter of counting views.

As the future service model for Lifeline has generated significant public interest, the Minister for Health Social Services and Public Safety, Simon Hamilton, has indicated that he wished the PHA to consider its proposals in the light of the consultation responses and submit for his determination a ranked list of viable options as to how the Lifeline service might be shaped and delivered.

The remainder of this paper addresses the consultation proposals, the responses to these from the consultation process, the PHA’s consideration of these and recommendations as to how this should influence the shape of Lifeline. Following the Minister’s decision, the PHA would prepare a Business Case which would inform the commissioning and/or procurement, as appropriate, of the new service.

3.0 Summary of Consultation Proposals, Responses and Recommendations

This section describes each element of the proposed Lifeline service model, a brief description of the main themes from the consultation responses, and recommendations to PHA Board. Individual responses and a detailed analysis of those responses are available on the PHA website.

3.1 The Telephone Crisis Lifeline Service Model

What was proposed?

The Lifeline telephone crisis helpline would continue as a free 24 hour service provided by staff with experience and qualifications to de-escalate callers in crisis, assess their care needs, and depending on their needs, arrange appropriate follow up care.

It was recognised that some callers would require direct, immediate referral to emergency services eg crisis mental health teams. Others would receive appropriate help in accessing follow on services (termed 'enhanced signposting'); and others at lowest or no risk would be given information on support services in their area (termed 'signposting').

It was also proposed to have a greater emphasis on empowerment and enablement and refocusing the Helpline service as an immediate crisis intervention service. Empowerment and enablement is a recognised part of mental health care and is appropriate in certain low risk circumstances.

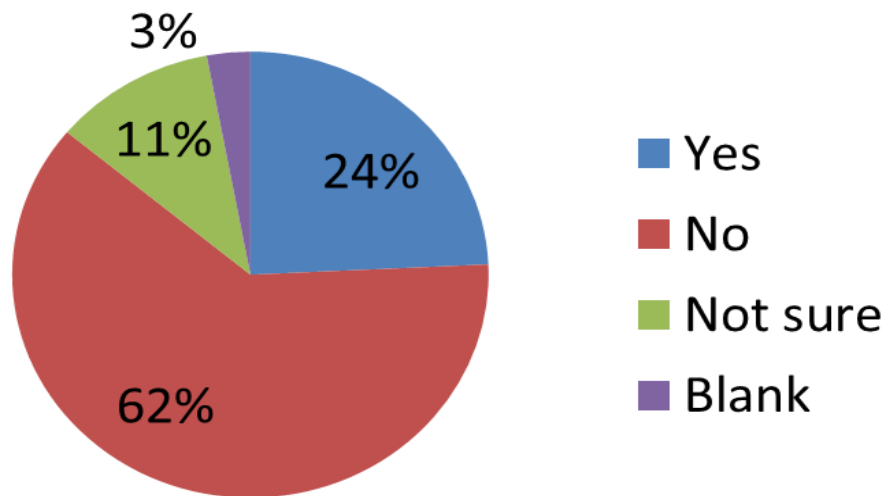
It was further proposed that Lifeline would continue to take calls from people of all ages, including children and young people. Lifeline staff would assess each caller and their further needs and refer or signpost each to an appropriate service. Children and young people assessed as being at minimal risk would be signposted to other services. Those at:

- low risk would be offered enhanced signposting to other services
- high risk would be referred to existing Gateway services
- immediate risk would be referred to emergency services.

What did the consultation responses say?

Of the 135 that were submitted in the questionnaire format, 62% said that they did not agree with the proposed model, while just over 24% supported the proposal (see figure 3 below).

Figure 1: Summary of Responses on Telephone Crisis Helpline Model



While there was broad support for retaining the free 24 hour Lifeline service as a crisis intervention service which can handle calls from people of all ages, many respondents wanted more clarity and reassurance on the skills of the staff who would provide the service. This was particularly an issue for respondents who were concerned that the service would be commissioned from the NI Ambulance Service given that the Ambulance Service does not currently provide that type of service.

Many respondents welcomed the emphasis on person-centred care, and a greater role for empowerment, but there were also significant concerns that some callers may not follow through to contact those services. Many respondents supported the current service model which includes safety check-ins whereby the Lifeline staff call clients back to check on them and how they are managing.

Consideration of the responses

As was proposed, Lifeline would remain as a free 24 hour service focusing on short term support for people in crisis.

To reassure concerns regarding the skills of staff providing the telephone service, the PHA would specify the staff qualifications and experience required to ensure that calls are handled sensitively, appropriately and safely.

To address concerns raised, we would propose to require the presence of more senior staff (supervisors) who can support and provide advice to call handlers, when needed.

In response to concerns regarding the empowerment model and to provide reassurance on the quality of care provided through the future Lifeline service, we would enhance the service by including a requirement for regular independent clinical audits of the service. These audits would include assessment of the appropriateness of care to minimise the risk of over, or under use of follow-up services.

We would also include safety check-in calls as part of the future service to ensure that any caller who needs a safety check-in call would receive it.

The PHA acknowledges the concerns raised in respect of the risk assessment and care pathway for onward support. Accordingly, we would include in the service specification a requirement to ensure that callers who need follow-on counselling would be referred directly to that support rather than being 'signposted'. Protocols would be developed to ensure safe handover to follow-on counselling.

Lifeline follow-on counselling may not always be the most appropriate service depending on the presenting issue. Some callers would not need direct referral to follow-on counselling and instead, may be given information on support in their area (signposted to that support). The provider of the telephone service would therefore be required to have knowledge of and working relationships with a range of other statutory, community and voluntary service providers. They would also need to demonstrate partnership and collaborative working.

Taking account of the above, the PHA has identified two options for the follow-on support care pathway for consideration. These are:

- **Option 1:** To signpost callers to relevant follow-on Lifeline Crisis Service support dependent on their level of need and, in exceptional circumstances, the helpline provider could directly refer the individual into the appropriate Lifeline Crisis follow-on support; or
- **Option 2:** Following clinical assessment and, dependant on the level of need, the helpline operator would refer the client directly into the relevant Lifeline follow-on support service. For those of low or no-risk of suicide or self-harm, they would then be signposted into other appropriate community based services. The Lifeline Crisis Helpline would also include the provision for check-in/safety checks if deemed clinically appropriate.

Recommendation

The PHA recommendation is that the preferred model proposed in the SOBC should be amended. **Option 2** therefore is now recommended as a first preference, with option 1 as a second preference.

This option would ensure that:

- Lifeline would continue as a free 24 hour telephone crisis intervention service provided by skilled staff with specified experience and qualifications in de-escalating people in crisis, assessing their needs and arranging appropriate follow-on support
- Follow-on counselling or other support would be arranged by direct referral or, where appropriate, by signposting the caller to services in their area.
- Lifeline staff would provide safety check-in calls for callers who need that interim support
- Regular (at least annual) independent clinical audits of the quality and appropriateness of care provided
- Telephone helpline staff have the necessary qualifications and experience backed up by on-site supervision and support by a more senior colleague.

3.2 The Psychological Therapy Service Model

What was proposed?

Psychological therapy should continue to be part of the Lifeline crisis response service and that this should be available in each of the five Local Commissioning/Trust areas.

Access to follow-on psychological therapy would be through the 24 hour telephone crisis helpline service and, following initial risk assessment, available for adults aged 18 years and over. It was acknowledged that the service may also be suitable for some people under 18 years.

It was also proposed that providers of follow-on psychological therapy would undertake a full assessment of each person to determine the appropriate support needed. The service would maintain a clear focus on those at immediate risk of suicide and self-harm and who, following assessment, were deemed likely to benefit from psychological therapy. Appropriate clients would be offered an average of five sessions as part of this service, in line with guidance from the National Institute for Health and Care Excellence (NICE). It was further proposed that such services would avoid duplication of other existing services and use Clinical Outcomes in Routine Evaluation (CORE) measures to assess outcomes with clients.

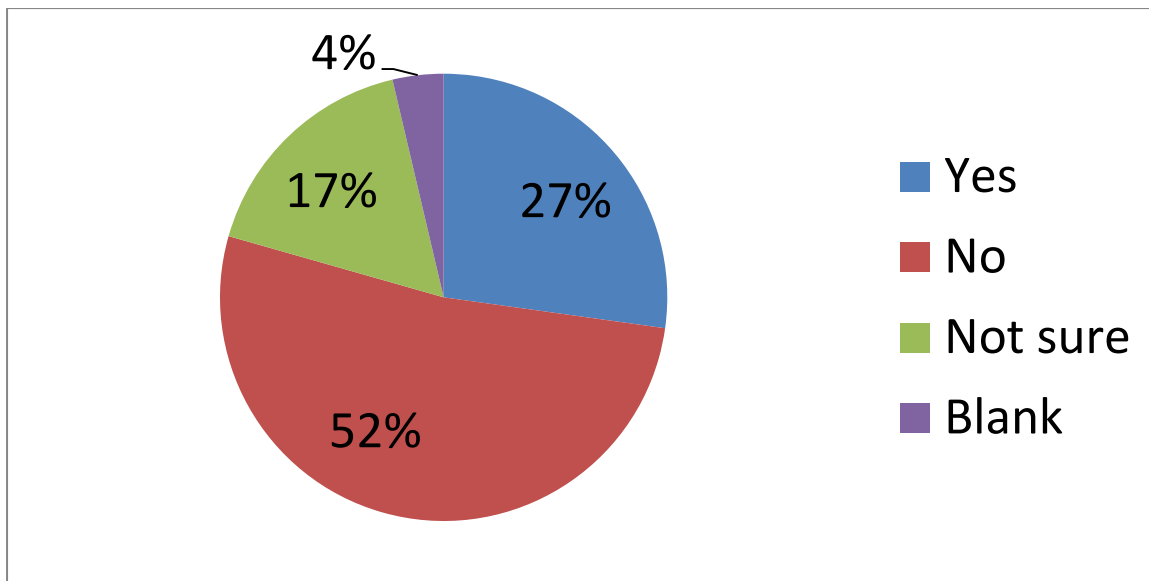
Clients for whom psychological therapy was deemed to not be appropriate would be signposted on to other support services.

Lifeline follow-on psychological services would not be offered to clients already receiving psychological therapy from other providers, or to those on a waiting list for such services unless they were deemed to be in immediate crisis.

What did the consultation responses say?

Of those who submitted responses using the questionnaire format just over half, 52% (n=71) did not agree with the proposed model for psychological therapies, while 27% (n=37) supported the model (see figure 4).

Figure 2: Summary of Responses to the Proposed Psychological Therapy Model



While there was support for the continued provision of psychological therapies as part of the Lifeline crisis response service, many respondents were concerned about a risk of duplication of assessments, and questioned whether five sessions would be adequate. They also highlighted a lack of follow up support and check-ins in the proposed model.

There was concern that a focus on those at immediate risk of suicide and self-harm could risk overlooking those assessed at low or medium risk, but who remained suicidal.

There was also concern that those clients already on a waiting list would not be eligible to access the service.

Many respondents wanted greater clarity about the psychological therapy and they highlighted the need to have effective handover and onward referral arrangements in place. Some wanted support to also be offered to families/carers of clients.

The need for appropriate information systems to monitor services effectively among all providers was also raised by respondents.

Consideration of responses

As proposed, psychological therapy would remain part of the Lifeline crisis support service. There would be an initial assessment through the telephone helpline to support the service user and deal with the immediate suicide or self-harm crisis risk. The professional providing the follow-on psychological service would complete an

assessment of each client to determine how they can best meet the needs and expectations of the service user and achieve the best outcomes with the client.

In response to concerns regarding the number of psychological sessions, we estimate a requirement for an average of five sessions per client (which is slightly more than the current average number of psychological sessions of 4.1/client) with a maximum of twelve sessions in line with guidance from NICE.

In response to feedback during the consultation, we would also propose to enhance the service by including an additional session for family/carer support, if circumstances deemed this beneficial.

Again with regard to comments made through the consultation process, PHA can confirm the importance of protocols to ensure safe handover and referral arrangements. We would also set clear Key Performance Indicators to ensure that follow-on support is provided within a specified time period.

With regard to clients who are on existing waiting lists and who ring the Lifeline crisis service, PHA can confirm there would be an assessment of their immediate needs. Where an increased risk is identified, the relevant service provider would be alerted immediately so that they can effectively manage the person's care pathway. As mentioned earlier, safety check-in calls would be included as part of the future service. Use of Clinical Outcomes in Routine Evaluation (CORE) to monitor services closely would be specified, with appropriate IT support.

Having reviewed the feedback from the consultation, it is considered that the retention of follow-on support in the form of psychological therapies is critical to supporting people at risk of suicide or self-harm. However, a suggestion that Lifeline might become a long-term intervention service has not been recommended as it goes far outside the primary purpose of the crisis service and also the NICE guidelines on counselling provision.

Accordingly, two main options in terms of psychological therapies have been identified:

- **Option 1:** As proposed in the SOBC, a crisis intervention model with an average of 5 sessions per client (maximum 12 in line with NICE guidelines); or
- **Option 2:** A crisis intervention model with an average of 5 sessions (maximum 12 as per NICE guidelines) plus an additional session for family/carer support.

It is recommended that the Lifeline service must remain focused on those at immediate risk of suicide and/or self-harm. The service should not address waiting list pressures in other service areas. Lifeline is a short-term intervention mechanism

to support people through crisis. If clients require longer term support, this should be provided in the most appropriate clinical setting. The current average number of psychological of sessions in the Lifeline service is 4.1 per client. An average of 5 sessions, as set out in the SOBC, would appear reasonable. Furthermore, there is provision for up to 12 sessions for any individual if clinically necessary, however it is proposed that the average for the service model would remain as 5 sessions per client.

The valuable support that families and carers can provide to someone at risk is acknowledged as is the need for families and carers to look after their own wellbeing. Therefore, it may be appropriate on occasions for family/carers to access psychological support. However, it is important to note that family/carer support is not family therapy. Family Therapy should be provided as part of other support services which are commissioned by the Health and Social Care Board in collaboration with the Health and Social Care Trusts.

Recommendation

The recommendation is that the model as proposed in the SOBC should be enhanced and that **Option 2** should represent a first preference, with option 1 as a second preference.

The recommendation would mean that the psychological therapy model:

- is a crisis intervention model including psychological therapy with an average of five sessions (maximum of twelve as per NICE guidance) plus an additional session for family/carer support if required
- has specified handover and referral arrangements to manage a person's care pathway effectively
- is premised on monitoring and management of the performance of the service using CORE and other relevant measures
- is subject to regular (at least annual) independent clinical audits of the quality and appropriateness of the care provided.

3.3 The Inclusion of Complementary Therapies as part of Follow-On Support

What was proposed?

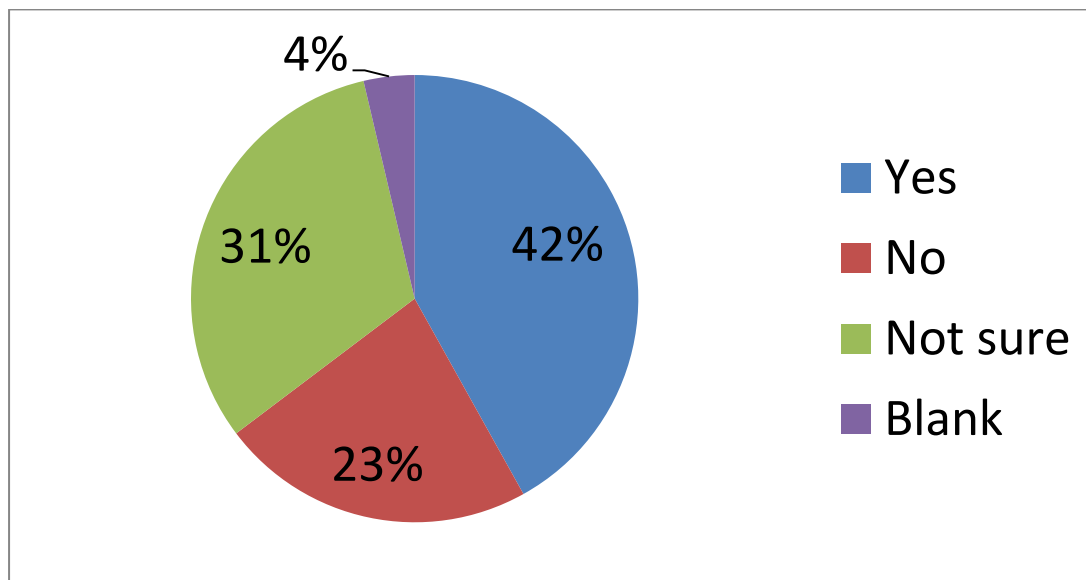
Complementary therapies (in this context body massage, reflexology and aromatherapy) should form part of the follow-on psychological support services. The consultation document proposed a maximum of two sessions, if deemed appropriate, to support an individual in dealing with their distress and anxiety and enabling them to commence psychological therapy.

We also proposed that complementary therapies would be accessed via the psychological therapy provider and that they would be offered in each Local Commissioning Group/Trust area to the agreed PHA quality standards.

What did the consultation responses say?

The majority of completed questionnaires were in favour of the proposed model 42% (n=57) with 23% (n=31) against the inclusion of complementary therapies in the model, however, almost a third 31% (n=43) were unsure (see figure 5).

Figure 3: Summary of Responses to the Inclusion of Complementary Therapies in the Model



Whilst some respondents highlighted the lack of robust evidence for complementary therapies, the feedback from service users, in particular, noted the value of complementary therapies in helping them deal with crisis. Many respondents also supported their value in empowering individuals, and as part of self-care.

There was also significant concern raised about the lack of regulation and the effectiveness of complementary therapies in a crisis situation. Some respondents also questioned whether two sessions were sufficient to bring benefit to service users.

Consideration of responses

The PHA recognises that there were mixed views about the role of complementary therapies in suicide and self-harm prevention. However, service users indicated that they found them helpful in dealing with crisis and in preparing to access other psychological therapy. Whilst we recognise that the evidence base for complementary therapies is limited, we also acknowledge that many patients report that they found them helpful in managing anxiety and depression and that local experience has also highlighted their benefit in helping people engage in other services.

In response to concerns, however, we would require service providers to meet the agreed PHA standards for such services, and manage the interventions as part of an overall care pathway rather than as a standalone service. We acknowledge that a maximum of two sessions may not be sufficient for someone with high anxiety to enable them to access psychological therapy, and to address this issue, we would specify two sessions as an average to allow for some flexibility.

Having regard to the above, two main options arise. These are:

- **Option 1**: A Lifeline service model that includes the provision of service user evidence informed non-invasive complementary therapy services (average of 2 sessions per person) for those with high anxiety to help them access talking therapies; or
- **Option 2**: A model that provided only clinically evidence based interventions such as psychological therapies as part of the Lifeline service and therefore excludes complementary therapies.

Recommendation

It is recommended that the model proposed in the SOBC for the inclusion of complementary therapies as part of the follow-on support service model should be retained. **Option 1** therefore is recommended as a first preference, with option 2 as the second preference.

This recommendation would ensure the new service model has the following:

- The provision of non-invasive complementary therapies (average two sessions) for clients with high anxiety to help them access psychological therapy;
- Specifying adherence to the PHA standards for the provision of complementary therapies;
- Complementary therapies as part of the care pathway rather than a standalone support service;
- Complementary therapies should be targeted at the most vulnerable and that this service should be part of a Lifeline service model where this element can be managed, evaluated and outcomes assessed
- Evaluation of the impact of complementary therapies as part of suicide and self-harm prevention services.

3.4 The Inclusion of Face to Face De-escalation as part of Follow-On Support

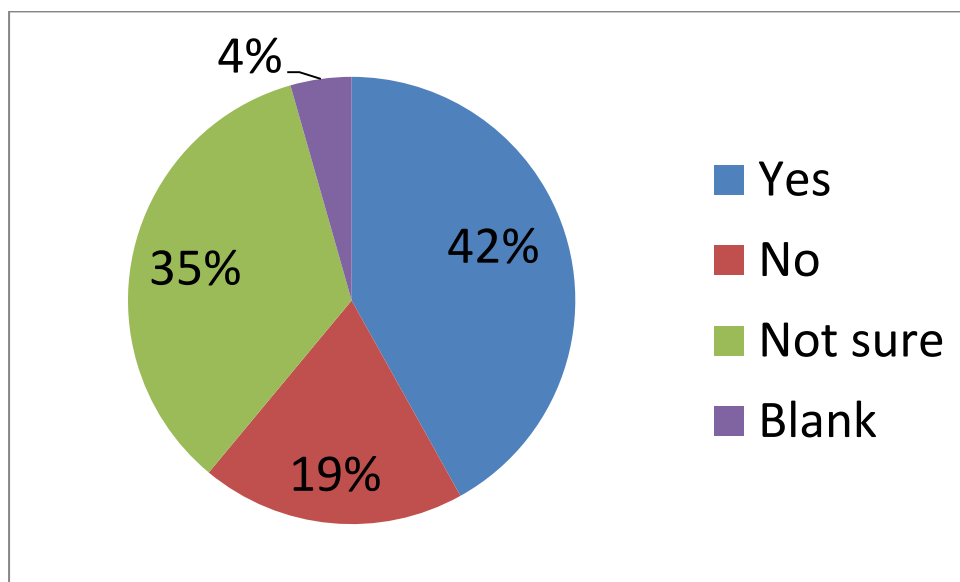
What was proposed?

The consultation paper proposed a face to face walk-in service as part of the Lifeline follow on support service. Some people may have difficulty addressing crisis support telephone and other services. Local experience has also highlighted that service providers occasionally provide face to face de-escalation for those at immediate risk of suicide and self-harm. We proposed that the service would provide a means of making direct contact with the NI Ambulance service or Trust based crisis response team. We also proposed that if the individual needed support from the Lifeline psychological therapy service that they would be signposted or a referral made on behalf of the individual, to the telephone helpline for an appropriate assessment.

What did the consultation responses say?

The majority of respondents, 42% (n=57) were in favour of the proposed introduction of the face-to-face de-escalation element, almost one in five, 19% (n=26) were against the proposal, however, over a third 35% (n=47) were unsure (see figure 6).

Figure 4: Summary of Responses to the Face- to – Face De-escalation Element



The PHA recognises that there were mixed views about the proposal to include face to face de-escalation as part of the service model. Whilst many respondents welcomed the proposal as a further enhancement and as a means of improving

access to existing services, there were also many who questioned the evidence base, clinical governance and regulation of such a service.

There were also concerns about the potential cost of the service and a risk of duplication, since some service providers already provide elements of a de-escalation service. There were significant concerns about the interface between the proposed service and other services, in particular, crisis response teams.

Some respondents also questioned the rationale and how the service could be made accessible, particularly to rural areas, as well as the need to refer through to the Lifeline telephone service for further follow on support which could cause undue stress.

Consideration of responses

The primary challenges identified in terms of this element of the proposal focused on clinical appropriateness, management of demand, care pathway, location and operational hours, affordability and value for money.

The PHA acknowledges the concerns raised about the governance, accessibility, cost and the difficulty of estimating demand for the proposed service. In response to these concerns, we would focus efforts on de-escalation and assessment through the telephone helpline only, and support community based services to recognise and respond using the Lifeline service.

The consultation indicated that the care pathway might be difficult to manage within the proposed model; there is difficulty in reliably ascertaining the level of demand for this type of service or ensuring that a service could be safely provided in a manner that was flexible and had equity of access. It was noted that many groups indicated that they already provided this type of intervention as part of their core business, and

The PHA considers there to be two primary options to consider in respect of this service element. These are:

- **Option 1**: A service model that includes community based walk-in de-escalation, with on-ward signposting to the helpline to access psychological therapies if appropriate; or
- **Option 2**: A model that focused the funding available for de-escalation and assessment by the telephone helpline only and excluded funding for community walk-in de-escalation in Lifeline as this could not demonstrate additional benefit.

Recommendation:

Having considered the consultation responses, it is recommended that the SOBC model should be amended to remove this element from the Lifeline Crisis Intervention service model. The associated funding should be invested in the telephone helpline crisis service to ensure the provision of the proposed safety check-in element. **Option 2** is therefore recommended as a first preference. There is no second preference proposed for this service element.

This recommendation would result in:

- A service model that focuses funding on the de-escalation and assessment by the telephone helpline only;
- Action to support existing community services to recognise and respond appropriately to people who present to them in crisis; this could include contacting crisis mental health teams, calling Lifeline, or other actions appropriate to the person's needs.

4.0 Options for Delivery of the Service

This section describes the options for delivery of the service, a brief description of the main themes from the consultation responses, and recommendations.

4.1 Separation of the Delivery of the Telephone Crisis Helpline from the Delivery of the Follow-on Support Services

What was proposed?

We proposed that the management of the Telephone Crisis service should be separated from the management of the follow on support services.

What did the consultation responses say?

There was a varied response to the proposals. Many respondents suggested that the separation of the management of the telephone helpline from the follow-on support was appropriate as it would remove the potential for a conflict of interest between the provider of the telephone service and follow-on support services, and help to ensure that no one organisation could dominate the sector.

There was also a view that the model would reduce the risk of service failure and promote professional standards and boundaries.

However, there were also many respondents that expressed concerns which centred on a risk to the continuity of care and fragmentation of the service currently in place, as well as concern about having to make a second call if assessed as requiring follow-on support.

Concern was raised about data management and efficient information systems which could cause delays and diminish the quality of service. Other concerns included the potential for an increase in costs.

Consideration of responses

There is a responsibility on the PHA to ensure that we addresses ethical risk through the procurement process and contractors should acknowledge the particular responsibilities they bear when delivering public services, paid for by public money.

The PHA acknowledges the risk that having a single provider for the telephone element and follow-on support services could create a monopoly of provision in the sector, which, over time, could stifle competition, lead to inefficiencies and reduce sustainability of the service.

There are potential economic inefficiencies in a monopoly situation, with for example lack of competition keeping prices artificially high. This is a particular risk where the monopolist provider fails to meet operational standards of the service, KPIs or faces financial difficulties and can no longer operate. There is little or no capacity for the commissioner to activate contingency arrangements in such circumstances.

From the consultation there was no challenge to the idea that the PHA must ensure that delivery of the Lifeline service are within arrangements that are free from the potential for the provider to refer callers to other often costly follow-on support services to increase its income rather than meeting a defined service user need. The service provided currently is a combined telephone and support arrangement, this has some potential for “conflict of interest” of this type.

Consideration has been given to revising the current contract structure to address this potential risk and still allow for the procurement of an integrated service model. However, having regard to extensive governance requirements, clinical monitoring and contract management costs, this was, on balance, was not considered a sufficiently satisfactory approach.

PHA acknowledges the concerns raised about data management. To address these concerns we would include in the service specification a requirement for clinical and information governance standards, including data exchange and the sharing of sensitive information, as well as agreed timescales for access to follow-on support services. Protocols would be put in place to ensure safe handover to follow on psychological therapy.

The PHA consultation had only two options for consideration in respect of this element of the service model, they were:

- **Option 1**: A fully integrated service model which was procured through public tender; or
- **Option 2**: A model with separated service elements which could be either procured or directly commissioned.

Recommendation

The recommendation to the PHA Board is to retain the model as set out in the SOBC and select **Option 2** as the preferred choice. There is no second preference in this instance.

The recommendation would result in:

- A separation of the management of delivery of the Telephone Crisis Helpline from the management of the follow on support services;

4.2 The Commissioning of the Telephone Crisis Helpline from NIAS

What was proposed?

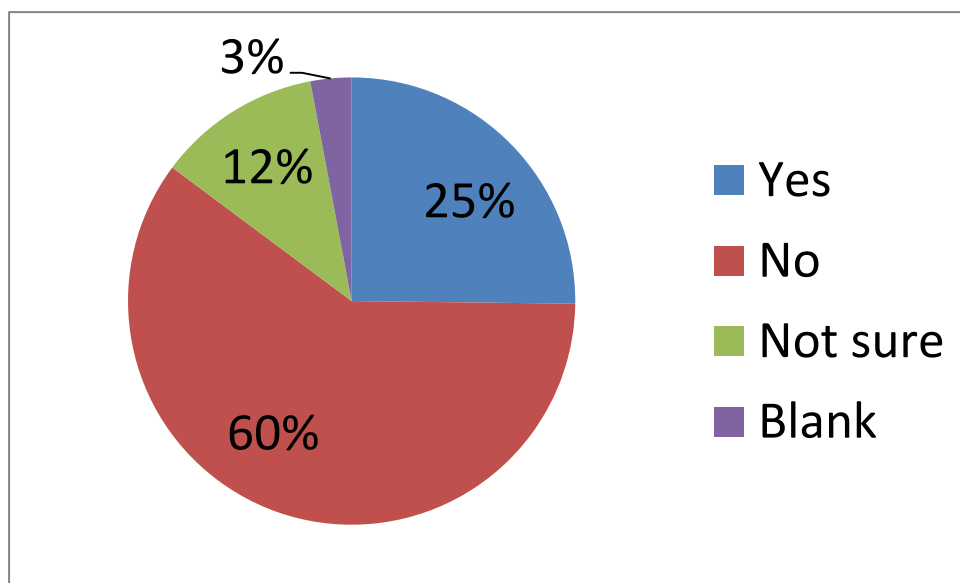
The consultation paper proposed that the Lifeline Crisis Helpline would be directly commissioned from the NI Ambulance Service (NIAS), but separately staffed, operated and branded as Lifeline. Management of the service by NIAS would provide a fully integrated service with other emergency and statutory services, enabling immediate handover and support for those in need of urgent care including mental health crisis teams, emergency departments and primary care.

A further factor was that NIAS, as a statutory provider of health and social care, could also bring robust clinical, information and corporate governance standards and had existing protocols in place with the Police Service for Northern Ireland and HSC Trusts. We proposed that the service within NIAS would be provided by staff with appropriate qualifications and experience, including skills in supporting people in crisis. NIAS also brings considerable strengths in terms of contingency planning and support, being part of a UK National Health Service network.

What did the consultation respondents say?

The majority of respondents, 60% (n=81), were against the proposal to commission the telephone service from NIAS. A quarter (n=34) were in favour of the proposal, while 12% (n=16) were not sure (see figure 7).

Figure 5: Summary of Responses to Proposed Commissioning of Telephone Service from NIAS



Concerns were expressed about the ability of NIAS to undertake management of a service focused on emotional wellbeing. Some service users may also perceive stigma associated with NIAS as a statutory provider which could act as a barrier, rather than a community based service which may be perceived as being more accessible.

There was concern highlighted over potential confusion on which telephone number service users would ring, the loss of confidentiality and loss of expertise, investment and networks created by the current service model.

Some respondents expressed concern about the service moving from the community and voluntary sector to the statutory sector and the attendant risk that this would act as a barrier for those needing to access the service.

There were also concerns about whether NIAS had sufficient experience in suicide prevention to manage the service. Respondents also raised concerns about the future of staff employed with the current service provider.

Consideration of responses

The PHA is satisfied with the capacity of NIAS to deliver a service such as crisis telephone helpline for those at risk of suicide and/or self-harm. NIAS has a regional and national reputation, recognised by the public at large. They have established management and governance support structures which ensure the proposed service model could be delivered if commissioned to do so.

The PHA recognises, however, that overall there was limited support for the proposal to commission the telephone crisis service from NIAS. In particular is the concern that having the telephone service housed within a statutory body could run the risk of reducing public confidence in the service and could also be perceived as a potential barrier for service users.

The options in respect of this element of the service are:

- **Option 1**: Directly commission the telephone service from NIAS as outlined in the SOBC; or
- **Option 2**: Procure the telephone helpline service via public tender

Recommendation

Having regard to the consultation responses, it is on balance recommended that the model proposed in the SOBC should be amended. **Option 2** therefore is recommended as a first preference and Option 1 as a second preference.

This recommendation would mean:

- The procurement of the Telephone Crisis Helpline service through public tender, rather than commissioning of the service from the NI Ambulance Service.

4.3 The Delivery of Follow-on Support Services

What was proposed?

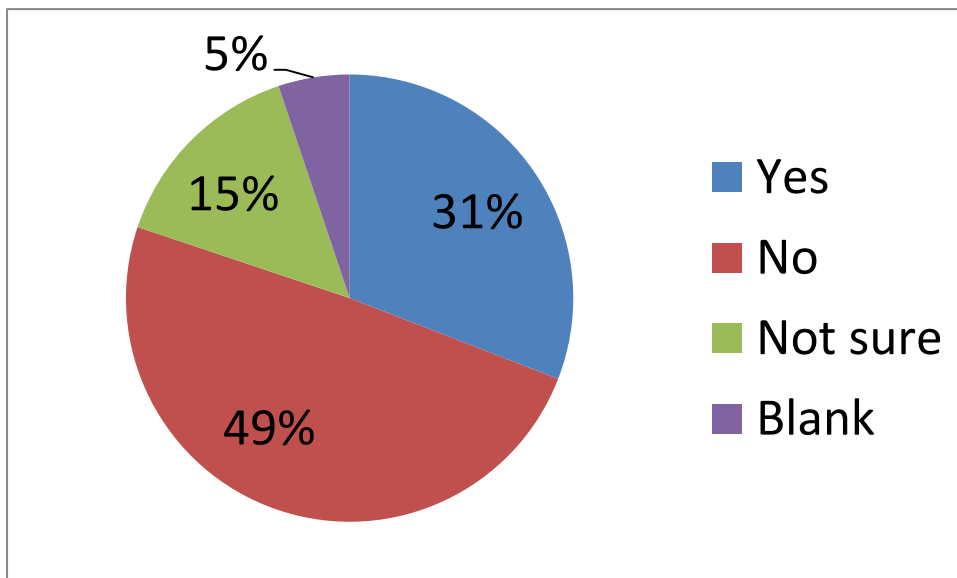
The consultation paper proposed that the follow-on support services would be provided by non-statutory providers procured through a public tendering process.

It was also proposed that support services would be available across Northern Ireland based on the five local Commissioning Group/Trust boundaries. We suggested that developing sustainable, community-based Lifeline support services procured through five separate local contracts would promote choice, competition, build capacity and sustainability within the sector. We proposed that this arrangement would relate closely to local needs, allow for maximum local access to services and build collaboration and integration with other relevant services.

What did the consultation responses say?

Just under half of respondents 49% (n=67) were against the proposal to procure the follow on support services at locality basis. Almost a third, 31% (=42) were in favour of the proposal while 15% (n=20) were unsure, see figure 8.

Figure 6: Summary of Responses to the Procurement of Support Services at Locality Level



Some respondents highlighted the benefit of having a provider who knew the locality, local needs and importantly could build relationships with other service providers to build a more integrated approach to addressing need. Respondents also suggested that access to services would be more equitable and improve local flexibility and responsiveness.

However, many respondents also expressed concerns about the risk of inconsistency of service provision across all five geographic areas, in particular, rural areas. There was also concern about a risk of fragmentation in the care pathway and of the impact that this could have on client outcomes, governance and information management.

It was suggested that evaluation and research would be more difficult through this arrangement. There was concern that the branding of the service would be diluted and that there could be job losses in the current provider.

Consideration of responses

The PHA concludes that whereas a single regional provider for the telephone crisis service demonstrates an effective and efficient means of providing this service, that model would not be necessarily appropriate for follow-on services.

A single provider for follow-on support services might reduce the strength of, and potential for, local integration and interaction with local service providers, health and social care Trusts, GPs, and other local organisations.

Locally available follow-on support services are a key aspect of the Lifeline service. To address concerns about inconsistency, we would develop a common specification for services to PHA-agreed standards across all five geographic areas with key performance indicators which would be monitored closely using the Clinical Outcomes Routine Evaluation (CORE).

PHA would also specify that service providers need to develop close working relationships with other relevant service providers to build a collaborative approach to the care pathway at local level. They would also be required to share learning, skills and experience across the region. There would be clear protocols for information governance and sharing of sensitive data.

In response to concerns about research and evaluation and to provide reassurance, we would specify the contribution to research and evaluation as part of service contracts. In addition, funding has been identified for monitoring and evaluation.

We would also specify that all Lifeline-related services are delivered under the Lifeline brand to consolidate public understanding of the service as a whole. We would require regular independent clinical audit of the service, including the public's perception of the telephone service and follow-on support services.

The options proposed in consultation were to either:

- **Option 1**: Procure the follow-on support services as a single regional contract; or
- **Option 2**: Procure the follow-on support services as five local contracts reflecting the HSC Trust boundaries.

The administration associated with one single contract would be more straightforward for the PHA to undertake and it would also aid data collection in terms of outputs and outcomes. It would also reduce potential risks associated with loss of information sharing and communications breakdown with the provider of the telephone helpline service.

However, ensuring that local people have ease of access to local services is important. Locality based services are also easier to ensure close cooperation with local trusts and other providers in the locality. Having local providers would ensure that the Lifeline branding can be rolled out at a community level and in particular enhance the opportunities to increase access to the service from rural dwellers. This option does pose challenges for the PHA in terms of internal administration but it provides a unique opportunity to benchmark performance across the region, stimulate competition in the local market place and drive forward service improvements.

Recommendation

It is recommended that **Option 2** is seen as first preference and option 1 as second preference.

The recommendation would mean:

- The procurement of the delivery of follow on support services from non HSC organisations based on five local Commissioning Groups/Trust boundaries.

4.4 Lifeline Communications/Marketing and Evaluation

What was proposed?

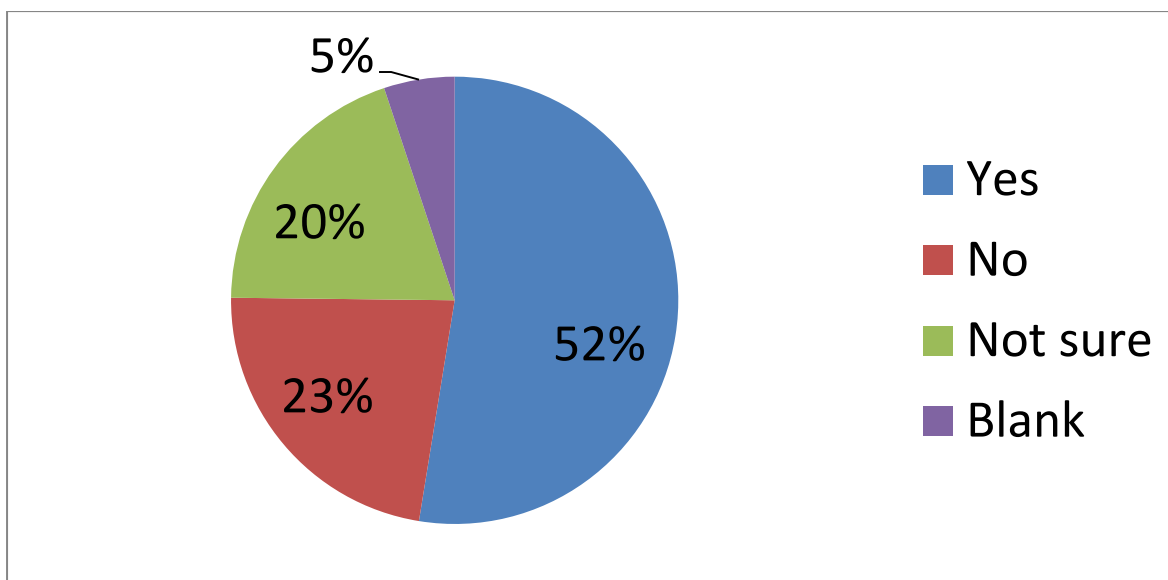
The consultation proposed that the Lifeline brand should continue to apply to all elements of the proposed future service. Key elements would include: distinct public communication/awareness raising and evaluation; providers working closely with PHA communication team to ensure consistency and appropriateness of messaging, linking with other elements of suicide prevention and the implementation of the Protect Life Strategy; and a requirement that the Lifeline brand is used within strict branding guidelines only.

We also proposed that the Lifeline services are evaluated robustly to assess impact, effectiveness, efficiency and value for money of the service which would include regular performance monitoring and specific service evaluation.

What did the consultation responses say?

Just over half, 52% (n=72) agreed with the proposed approach to the marketing/promotion and evaluation elements of the model. Some 23% (n=31) were not supportive of the approach while one in five (n=27) were unsure, see figure 9.

Figure 7: Summary of Responses to Proposed Marketing/Promotion and Evaluation Approach



There was broad support for maintaining the Lifeline branding as it is recognised and well established, and that the branding should be applied to all aspects of the Lifeline

service. There was also support for previous advertising campaigns, website information and suggestions about how these could be strengthened in the future, for example, using social media. There was support for clear and consistent messages and in particular the need to engage more with certain groups.

Many respondents mentioned the importance and need for independent evaluation of the service and of the communications and marketing elements. There was some concerns expressed about the indicative amount (£40,000 per annum) set against this purpose.

Respondents also commented on the 'Protect Lifeline campaign' and expressed concern that misinformation and reputational damage had been caused to the Lifeline brand.

Consideration of responses

The PHA acknowledges the growing recognition of the Lifeline brand and would support the need to continue to raise awareness generally and to engage particular groups. As proposed, the Lifeline brand would apply to all elements of the Lifeline telephone service and follow-on support service.

In response to concerns about the level of funding set aside for evaluation, the PHA does not consider the indicative budget to be excessive (1% of total budget). We would give consideration to the procurement of this element and, irrespective of the mechanism, would focus the evaluation on clear output and outcome measures. In addition, we would encourage academic research wherever possible and appropriate.

In a totally integrated model the inclusion of the Comms/PR element is technically straightforward, as with the current model, a separate funding stream is made available to cover this element of the service provision. However, in the proposed service model the Comms/PR process needs to be more robust and tightly monitored in order to ensure that, even with a revised service model the branding and promotion of Lifeline remains focused and consistent.

Four options have been identified for this element, these are:

- **Option 1:** The provider of the telephone helpline service would be manage the Comms/PR for the whole service
- **Option 2:** The budget would be split between the various providers to work collectively the promotion of the service
- **Option 3:** The Comms/PR element is brought in-house to the PHA and made part of the wider Protect Life Strategy Comms/PR service

- **Option 4**: An independent provider is procured to provide the Comms/PR work

It is critical that the branding remains unchanged and that service users have confidence in the service that they are using and, perhaps more importantly, that those in need should not be aware of any structural changes that have taken place. Given the relatively small amount of £150k pa (4% of the total budget) it is critical that any commissioning of the service needs to ensure additionality and value for money.

There are also a number of challenges in the proposed service model regarding the Monitoring and Evaluation (M&E). The feedback from the consultation was clear about the need for robust and regular monitoring and reporting on the Lifeline service. There are opportunities to promote benchmarking to drive excellence in the service, improve outcomes for clients and impact on the rates of suicide and self-harm. It is also important that the Lifeline service is not seen as standalone and the M&E needs to integrate with other activities which are commissioned under Protect Life, and related strategies such as that for Alcohol and Drugs . There is also the requirement for a separate clinical review process of both the telephone service and the follow-on support service.

Recommendation

On the basis of the above considerations, it is proposed that Comms/PR work should be brought into the PHA as part of the wider Protect Life communications strategy.

Option 3 therefore, is recommended as a first preference, with Option 4 as a second preference, and Option 1 as a third preference.

M&E needs to be accounted for in the full business case with specific resources identified to include the need for regular clinical review during the lifespan of the contract.

The recommendation would mean that:

- Communications, Marketing and Public Relations should remain a core element of the Lifeline service;
- The communication service should be brought into the PHA to integrate it more fully with work on the wider Protect Life Communications Strategy;
- Independent evaluation should be procured as part of the Lifeline service.

Summary of Equality Monitoring Returns

Total forms returned 181		
Gender		
Male	59	33%
Female	122	67%
Other (please specify)	0	0
Is your gender identity the same as the gender you were originally assigned at birth?		
Yes	179	99%
No	1	0.5%
Prefer not to say	1	0.5%
Age		
16 - 20	9	5%
21 - 30	17	9%
31 - 40	41	23%
41 - 50	53	29%
51 - 65	49	27%
66+	5	3%
Prefer not to say	7	4%
What is your country of birth		
Northern Ireland	154	85%
England	9	5%
Wales	0	0
Scotland	3	2%
Republic of Ireland	6	3%
Ireland	4	2%
Elsewhere (please state)	5 Nigeria Poland Australia Malta Berlin	3%
Prefer not to say	0	0

What is your ethnic group		
White	177	98%
Black African	1	0.5%
Bangladeshi	0	0
Chinese	0	0
Irish Traveller	1	0.5%
Pakistani	0	0
Indian	0	0
Black Caribbean	0	0
Mixed Ethnic Group	1	0.5%
Black Other	0	0
Roma Traveller	0	0
Prefer not to say	1	0.5%
Any Other Ethnic Group (please specify)	0	0

Disability		
<i>In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. Under this definition, do you consider yourself as having a disability?</i>		
Yes	54	30%
No	124	68%
Prefer not to say	3	2%
If yes, please indicate which type of impairment applies to you		
Physical impairment	5	
Sensory impairment	4	
Mental Health condition	42	
Learning disability	9	
Long standing illness	15	
Other (please specify)	Autism Fibromyalgia	
Prefer not to say	3	

Sexual Orientation		
Gay	4	2%
Heterosexual	155	86%
Lesbian	4	2%
Gay Woman	0	0
Bisexual	4	2%
Other (please specify)	2	1%
	<i>Comments</i> Not orientated really none	
Prefer not to say	12	7%
Caring responsibilities		
None	77	43%
Yes	104	57%
Child(ren) under 18	77	
An older person	19	
A person with a disability	19	
Other (please specify)	Mental health illness	
Prefer not to say	5	
Please indicate your religion		
Protestant	60	33%
Catholic	83	46%
Jewish	0	0
Hindu	0	0
Muslim	0	0
Sikh	0	0
Buddhist	1	0.5%
Other (please specify)	19	10.5%
	None 7 Christian 3 Celestian Born Again Christian Aetheist 4 Bahai	
Prefer not to say	18	10%

Please indicate your marital status		
Single	71	39%
Married/civil Partnership	91	50%
Other (please specify)	11 Widow 4 Separated 4 Divorced 3 Co-habiting	6%
Prefer not to say	8	5%
How would you describe your political opinion?		
Broadly Unionist	27	15%
Broadly Nationalist	55	30%
Other (please specify)	32 <i>Comments</i> Liberal / left wing Green Liberal / humanist No favouritism Democratic socialist Past nationalist Not applicable None 8 Neither 3 Holy God is the only position I trust, follow and genuinely always vote for Middle of the road Cross-community Alliance Party Very Alliance Socialist Marxist Republican No preference Neutral British / Irish Equality for all Centrist	18%
Prefer not to say	67	37%

Equality Impact Assessment

The SOBC presented a high level EQIA based on the service model presented. The consultation process focused on key areas for which the PHA sought further views about gaps and opportunities.

Feedback from the consultation Suggested Areas of Concern in the EQIA

The respondents focused externally on particular population groups which need to be considered within the context of any service model, and internally on the existing staff of Contact NI as the current providers of the Lifeline service. Key areas raised included:

- Concerns raised about pathway for children and young people;
- Concerns raised about lack of involvement of families/carers and family interventions;
- Concern about that a signposting approach will disadvantage those who are less articulate or of lower educational/socioeconomic status, disabled and so forth;
- Homeless people with no fixed address – follow on services based on a postal address would exclude them;
- The model does not provide specific services for LGB&T community;
- The proposed model could potentially disadvantage men;
- Concern re those in rural/isolated areas with limited access to transport and feasibility of a service model providing for them;
- The need to consider carers in the proposed model;
- There is major challenge in ensuring the needs of the BME communities are met through the existing Lifeline model and any proposed new model;
- EQIA does not mention victims of historic institutional abuse or those effected by the legacy of the troubles;
- Clients who consume Alcohol and Drugs are falling through the loop within the service and do require more support as alcohol can be a real risk to someone at risk of suicide.
- The issue of barring regular users could create inequalities and affect the more vulnerable citizens.

Feedback from the consultation that Suggested Enhancements for the EQIA

To address the issues that were raised, a number of potential actions were suggested. Many of them focused on training and awareness raising and would be closely aligned to the proposed work on Communications and Marketing of the service and branding. The key points suggested were:

- Recruitment of staff from or with experience of working with minority communities;
- Use of minority groups in advertising, and targeted promotion;
- Increased funding for at risk groups/areas;
- Ensure accessibility and that people can access services somewhere they feel safe and do not have to undertake excessive travel to get to;
- Staff training on EQIA issues, although recognise that training alone may not be enough;
- Suggestions for CYP included a dedicated, specialist provision – not just seen as an exception; family support hubs are deemed important; consider what therapies work well for CYP e.g. Complementary, art/music therapies; use new technologies e.g. texting/online;
- Suggestions for those with ASD to address their specific needs;
- Need to address cultural and language barriers and ensure callers can talk in their own first language;
- For homeless people, consider an outreach element to increase engagement rather than using an address as a means of tracking;
- Commission distinct LGB&T follow on services regionally to complement proposed locality provision;
- Consideration regarding Lifeline staff – must have flexibility and accessibility for them if new provider;
- There should be evaluation of the equality impact of the service changes;
- Suggestions for those in prison/PSNI systems to be supported;
- Information should be passed on to Traveller and Traveller support groups;
- Offer follow on services to all risk levels including low and moderate – not just those at high/immediate risk – cannot ration right to life;
- Regular review of 'barred' numbers required.

What the PHA is recommending in light of consultation

The PHA will undertake a separate review of the EQIA for the full business case as part of the commissioning/ procurement process.

The issue of children and young people and the engagement of family support will be reviewed as part of the final service model. There is no change in access to the service for children and young people but there is a need to ensure that there is a clear focus for the service as a crisis response.

The revised service model, with direct referral into support services, will address many of the concerns raised by stakeholders about the care pathway for more vulnerable users.

Lifeline is a universal service for the population as a whole, rather for specific population groups. Separate funding has been made available to target support for more vulnerable groups such as BME, LGB&T, Travellers and so forth as part of the implementation of suicide prevention more generally. Nevertheless, the service provider will be required to ensure that such groups are able to access the Lifeline service.

The service specification will address how new technologies can be used to engage with people where English is not their first language. Suggestions such as ensuring that all those who deliver the service would be proficient in a range of foreign languages, sign language etc. is not affordable within the current budget. However, potential bidders would be asked to outline how they would address these issues in their proposed service delivery model.

Engaging and working with a range of vulnerable groups will be a key area to be addressed as part of the tender specification. The budget for the Lifeline service will be directed towards the provision of a universal service, however, the Lifeline provider(s) will have to collaborate with other services commissioned by the PHA to ensure that they are engaging with and providing services to vulnerable groups.


Lifeline must remain a crisis response service for those at risk of suicide or self-harm and cannot be used to replace or duplicate other services. The delivery of the service must work with other service providers to ensure better outcomes for service users.

The proposal for outreach services is not within the responsibility of the PHA, nor would there be capacity within the budget of Lifeline, but we propose to raise this issue with the Health & Social Care Board.

Support services for prisoners will be provided by NI Prison Service (NIPS) in collaboration with SEHSCT. Whereas it is envisaged that prisoners will be able to access the Lifeline Telephone Helpline service, they will not be able to access community based psychological therapies. NIPS will be required to address the psychological needs of prisoners as part of the prison health care service.

There are no specific recommendations required to the PHA Board on this matter. Any issues will be addressed as part of the full business case.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	21 January 2016
Title of Paper	Northern Ireland AAA Screening Programme Annual Report 2013 / 2014
Agenda Item	10
Reference	PHA/03/01/16
Summary	
<p>This is the second annual report for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme since it was successfully introduced in June 2012.</p> <p>All men in Northern Ireland are invited for screening in the year they turn 65. Men over the age of 65 are encouraged to self-refer by contacting the screening programme office on 02890 631828.</p> <p>Following on from a successful first year, the programme experienced major consolidation and development throughout 2013-14. In the 2012-13 Annual Report the programme set out a number of core objectives. These objectives have either been met in full or are on target, as evidenced throughout this report.</p> <p>Overall performance of the programme remained high, as follows:</p> <ul style="list-style-type: none"> • almost 9,500 men were invited to attend for screening • 447 men over 65 self-referred into the programme and were screened • uptake remained high at 82% • 132 AAAs were detected, which is approximately 1.6% of those screened (a considerable increase from 74 in 2012-13) • 16 of these men had large aneurysms and were offered surgery • 113 men had small or medium-sized AAAs and are now being monitored under the surveillance programme 	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 1 December 2015.
Recommendation / Resolution	For Noting
Director's Signature	

Title	Director of Public Health
Date	14 January 2016

Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme

Annual Report 2013-14



**Abdominal Aortic
Aneurysm Screening**

 **Public Health
Agency**

 **Belfast Health and
Social Care Trust**

Version: 03/04/2015

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Section 1:

Summary and Highlights for 2013-14

This is the second annual report for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme since it was successfully introduced in June 2012.

All men in Northern Ireland are invited for screening in the year they turn 65. Men over the age of 65 are encouraged to self-refer by contacting the screening programme office on 02890 631828.

The Belfast Health and Social Care Trust is responsible for the management and delivery of the programme, whilst the Public Health Agency (PHA) is responsible for commissioning and quality assuring it. The two organisations work closely together to provide an effective, safe and accessible service.

Following on from a successful first year, the programme experienced major consolidation and development throughout 2013-14. In the 2012-13 Annual Report the programme set out a number of core objectives. These objectives have either been met in full or are on target, as evidenced throughout this report.

Overall performance of the programme remained high:

- almost 9,500 men were invited to attend for screening
- 447 men over 65 self-referred into the programme and were screened
- uptake remained high at 82%
- 132 AAAs were detected, which is approximately 1.6%¹ of those screened (a considerable increase from 74 in 2012-13)
- 16 of these men had large aneurysms and were offered surgery
- 113 men had small or medium-sized AAAs and are now being monitored under the surveillance programme

Significant progress was also made with regard to a number of other programme objectives. These included:

- Greater **promotion of the programme** across the general population of Northern Ireland:
 - promotion of AAA screening programme at the Balmoral Show – over 50 men self-referred following the publicity at the Show
 - publication of AAA screening articles included in local newspapers and the Belfast Telegraph

¹ Refer to table 2 on page 14 for detailed data

- contributing to community health events, including local health events in Derriaghy Day Centre and Dairy Farm Centre in Dunmurry.
- Greater **engagement with men** who had attended for screening, potential service users and stakeholders through delivery of talks to various men's groups and supporting organisations.
- **Increasing the number of screening clinic venues** available within local areas - two new venues were identified and quality assured, bringing the total number of venues across Northern Ireland to 19 (see Appendix 2 for a map of current screening locations).
- Progressed work on **equality monitoring** – an equality monitoring questionnaire was piloted in two clinics in November 2013. The two clinics were Grove Wellbeing Centre (Belfast) and Lurgan Hospital. A total of 43 questionnaires were returned out of a total of 49 (88%).
- **Greater engagement with primary care, particularly GPs**
 - Three programme newsletters distributed to every GP surgery in Northern Ireland
 - Self-referrals to the programme following primary care promotion has been significant, e.g. one GP practice sent information on the programme to all men over 65 registered to their practice, resulting in over 90 self-referrals to the programme
- Official launch of the **programme's website** – www.aaascreening.info

Section 2:

Introduction

I am delighted to present the 2013-14 annual report for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme.

2013-14 has provided the NI AAA Screening Programme with a great many more opportunities for continuing to improve on an already high standard of service.

Since the Programme began in June 2012, over 16,000 men have benefitted from this quick, simple, free and potentially life-saving scan. This is thanks, in no small part, to the hard work and professionalism of the screening team at the Belfast Trust and a wide range of other individuals and partner organisations at both local and national level.

I would also like to pay tribute to the contribution made by our service users to the improvement of the Programme. It is thanks to their feedback and engagement with the service that we have been able to develop and refine programme delivery to best suit users' needs. This has been particularly evidenced in the production of a draft post-surgery/discharge leaflet as requested by the men who had undergone surgery.

I hope you find this report helpful. If you have any comments on it, or on AAA screening within Northern Ireland I would be delighted to hear from you at: adrian.mairs@hscni.net.

Dr Adrian Mairs
Consultant in Public Health Medicine /
Public Health Lead
NI AAA Screening Programme



As Clinical Lead for the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme, it gives me great pleasure to introduce our second annual report.

I am pleased to say that the programme continues to meet the key quality standard around treatment and intervention with 93% of men diagnosed with a large AAA being operated on by a vascular specialist within eight weeks. This requires significant support and co-operation from clinicians and other health care professionals and for this, I am very grateful. I would also like to thank the NI AAA Screening Programme staff and the Public Health Agency for their hard work and support of the programme which has undoubtedly led to an improvement in the quality of care for those diagnosed with an AAA.

Nationally, work is continuing to look at future developments of the programme. Details of this are still being considered but possibilities include further analysis of cardiovascular risk factors in men just below the current threshold for AAA. More details on this will emerge over the coming months.

Thank you for your interest in the programme and taking the time to read this report.

Mr Paul Blair
Consultant Vascular Surgeon / Clinical
Lead
NI AAA Screening Programme



Section 3:

Background and Programme Objectives

What is an AAA?

An abdominal aortic aneurysm (AAA) is a swelling of the main artery in the body as it passes through the abdomen. The walls of the artery weaken, causing it to balloon out. AAAs are more common in men aged 65 and older. Other factors known to increase the risk of developing an AAA are smoking, high blood pressure and high blood cholesterol. Close relatives of someone who has been diagnosed with an AAA are also more likely to develop one.

AAAs usually cause no symptoms, therefore most people who have one will not feel anything. As the aneurysm grows so too does the risk of it rupturing if left untreated. Rapidly expanding or ruptured aneurysms do produce symptoms (typically severe abdominal, back or flank pain, low blood pressure or shock and a mass in the abdomen which pulsates; however only a minority of patients have all of these features). Patients with a ruptured AAA have a very low chance of survival, while those who undergo planned surgery for a non-ruptured AAA have an excellent rate of survival.

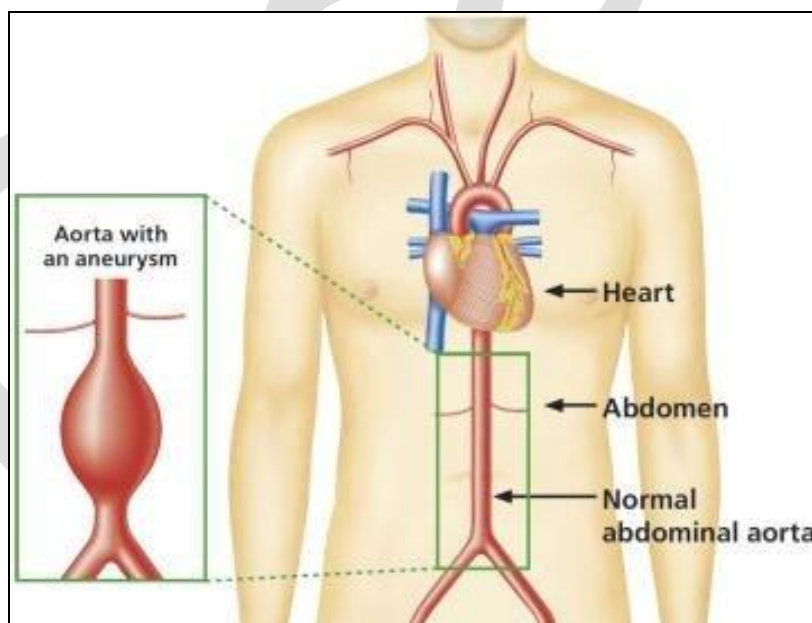


Image courtesy of English NHS AAA Screening Programme

Aim of the Northern Ireland AAA Screening Programme

The overall aim of the Northern Ireland AAA Screening Programme is to reduce deaths from ruptured abdominal aortic aneurysms through early detection, monitoring and treatment.

Research has shown that women are six times less likely than men to have an AAA and, on average, women tend to develop AAAs ten years later than men. The NI AAA Screening Programme is therefore aimed at men in keeping with the recommendations of the UK National Screening Committee.²

Programme Objectives

The Public Health Agency is responsible for commissioning and quality assuring the programme. The Belfast Health and Social Care Trust is responsible for the management and delivery of the programme. The two organisations work closely together to provide an effective, safe and accessible service. Core objectives for the programme include:

- Monitor delivery of the programme against national quality standards, taking appropriate action on areas where performance is not on target.
- Ensure appropriate failsafe systems are in place at each stage of the screening process.
- Ensure all staff are appropriately trained on all relevant aspects of the programme, including the Health and Social Care organisations' mandatory training.
- Actively engage with stakeholders at relevant events and opportunities, particularly in those areas where uptake rates are lower than the programme average.
- Review information materials, with a particular emphasis on promoting the self-referral process for men aged 65 or over who have never attended for AAA screening.
- Continue to develop and formalise an appropriate quality assurance structure and function in collaboration with the English NHS AAA Screening Programme.

² Abdominal aortic aneurysm: the UK NSC policy on abdominal aortic aneurysm screening in men over 65. UK Screening Portal. Available at: www.screening.nhs.uk/aaa Accessed 10 December 2012.

- Build on existing relations with the other four UK AAA Screening programmes, specifically with regard to: a review and development of current Quality Assurance Standards, updating programme information leaflets and re-tendering for the programme's IT solution.
- Identify and address health inequalities to ensure all eligible men can make an informed decision about whether or not to attend for screening.
- Continue to explore opportunities for Personal & Public Involvement (PPI).
- Identify and disseminate examples of regional and national best practice with regard to all elements of programme delivery.
- Promote and participate in research initiatives.
- Develop the Northern Ireland AAA Screening Programme website, engaging with stakeholders as appropriate.

Draft

Section 4:

Programme Delivery and the Screening Pathway

The programme is run by a multi-disciplinary team of staff. All staff (see **Appendix 1**) play an important role at various stages in the screening pathway.

The programme office is based in the Royal Victoria Hospital in the Belfast Trust.

Seven full-time screening technicians run clinics across Northern Ireland on a daily basis. There are currently 19 clinic locations across Northern Ireland (see **Appendix 2**), including health and wellbeing centres and community hospitals. Two of these venues were set up in 2013-14; they had been specifically identified to address low uptake rates in the areas. The new locations are Beech Hall Wellbeing and Treatment Centre in Belfast and Bessbrook Clinic in the Newry area.

Appendix 3 provides an overview of the whole screening pathway. The key stages within the pathway are:

- Screening Invitation
- The Scan
- The Result
- Surveillance
- Referral and Treatment

Screening Invitation

The programme office sends an initial invitation letter to all men during the year in which they turn 65. All eligible men registered with a GP are invited to attend a local screening clinic; men over 65, who have not previously been scanned as part of the programme or been told they have an aneurysm, can self-refer by calling the programme office (*Tel: 02890 631828*).

Invitation letters are sent together with:

- information on the informed consent process; and
- a leaflet which explains the condition, the screening process and the benefits and risks of screening.

The Scan

At each screening appointment, the screening technician explains both the screening process and the consent process to the man. As part of the consent process, the technician explains that the man's personal information will be retained securely within the programme system and that his GP will be informed of the outcome of the scan. The screening technician is available to answer any questions that the man may have to enable the informed consent process to be completed before the scan takes place.



Image courtesy of English NHS AAA Screening Programme

The screening test involves a simple ultrasound scan of the abdomen. It is quick and painless. The screening technician measures the widest part of the abdominal aorta and saves a minimum of two images per scan. The whole process usually lasts less than fifteen minutes.

The Result

All men will be informed of their results verbally at the clinic. Both the man and his GP will then be sent a letter confirming the result. If a man is identified as having an aneurysm his GP practice will also be informed by telephone the same day.

There are **FIVE** possible results from screening:

- **NORMAL:** **aortic diameter less than 3cm**

Around 98% of men will have a normal result. This means that the aorta is not enlarged (there is no aneurysm). No treatment or monitoring is needed and the man will be discharged from the screening programme. He will not need to be screened again.

- **SMALL AAA: aortic diameter measuring between 3cm and 4.4cm**

Men who have a small aneurysm detected will be invited back every twelve months for a surveillance scan to monitor the size of the aneurysm. Some small aneurysms will grow in size over time and become medium or large aneurysms.

- **MEDIUM AAA: aortic diameter measuring between 4.5cm and 5.4cm**

Men who have a medium aneurysm detected will be invited back every three months for a surveillance scan to monitor the size of the aneurysm. Some medium-sized aneurysms will grow over time to become large aneurysms.

- **LARGE AAA: aortic diameter measuring 5.5cm or over**

Men who have a large aneurysm detected are referred to a vascular surgeon within the Royal Victoria Hospital at the Belfast Health and Social Care Trust for further investigation and to discuss treatment options.

- **NON-VISUALISATION:** sometimes the aorta cannot be fully visualised and a man will be invited to come back on a different day for another scan.

As part of a local protocol, the programme also stores details of men in whom a focal bulge, or localised swelling of the abdominal aorta, is detected. These men will be offered a rescreen by the programme five years after their initial screen.

A record is also be kept of all men who have an aorta measuring between 2.6cm and 2.9cm should further research deem a rescreen in later years appropriate.

Surveillance

As indicated above, if a man has either a small or medium-sized aneurysm he will be invited back for surveillance appointments on a regular basis to monitor its size as follows:

- Men with small AAAs will be invited for **annual** surveillance scans.
- Men with medium AAAs will be invited for surveillance scans every **three months**.

Men under surveillance are also offered an appointment with a vascular nurse specialist for additional support and advice. The nurse will contact every man who has an AAA detected within two working days and offer either a face to face appointment or a telephone consultation. The nurse will explain the significance of having an AAA and offer lifestyle advice (including advice on

smoking cessation) and advice on blood pressure control (if relevant) to help decrease the risk of the aneurysm growing. The man will also be asked to attend his GP to have measurements taken for height, weight and blood pressure and to discuss appropriate medication.

Referral & Treatment

The Northern Ireland AAA Screening Programme refers all men with a large aneurysm to the vascular service within the Belfast Health and Social Care Trust. Vascular units are required to meet national standards set by the Vascular Society of Great Britain and Ireland (VSGBI). The regional vascular service in the Royal Victoria Hospital within the Belfast Trust meets these standards.

All men referred to the vascular service are seen by a consultant vascular surgeon within two weeks of the initial scan. During this period, the man will have a CT scan to confirm the size of the aneurysm. All men diagnosed with a large AAA are discussed at a weekly vascular multidisciplinary team meeting (MDT) and also undergo vascular pre-assessment by a specialist nurse and vascular anaesthetist. The vascular consultant will then discuss treatment options at outpatient review. The two main treatment options are open surgery or endovascular (EVAR) surgery. The consultant will discuss the appropriate options with the man to enable him to make an informed choice. In some men further investigation and optimisation of underlying medical issues may be required prior to treatment of the AAA.

Section 5:

Programme Performance

During its second year, the Northern Ireland AAA Screening Programme invited all men who turned 65 between 1 April 2013 and 31 March 2014 for screening.

The current population of Northern Ireland is just over 1.8 million. Within this, the number of men aged 65 and over in 2013 was 122,968 of which 8,917 were men aged 65.

This report focuses on the performance of the programme for the 2013-14 cohort, the self-referrals and others offered screening through the programme as at end of March 2014³.

The table below shows the total number of men added to the information system for whom screening appointments were generated.

Table 1: Numbers and categories of men offered screening in 2013-14

Category / Men:	Number
Screening cohort 2013-14 - all men who had their 65 th birthday during the year 1 April 2013 – 31 March 2014	9,415
Self-referrals – men over 65 who were screened	447
Transfers into the NI Programme – men over 65 who were screened	20
TOTAL:	9,882

³ Data for the 2013-14 cohort are as at 30/06/2014 to allow time for screening episodes to be completed; all other data are as at 31/03/2014

Overall Performance:

As shown in the table below, the Northern Ireland AAA Screening Programme had a (detection) prevalence rate of 1.6% for the 2013-14, which is similar to other AAA Screening Programmes across the UK.

Table 2: Programme performance 2013-14

	2013-14 cohort	Other men screened	TOTAL ⁴
Men aged 65 and over	<u>9,415</u> ⁵	<u>467</u>	<u>9,882</u>
Number of men 65 and over screened for the first time	7,460	467	7,927
Aneurysms detected	-	-	132
Prevalence	1.6%	-	-
Number of men added to and remained on surveillance programme	-	-	113
Referrals to the Vascular Unit	-	-	16

All men who turned 65 between 1 April 2013 and 31 March 2014 and were registered with a GP in Northern Ireland were sent at least one screening appointment by the end of March 2014. All men who did not attend their first appointment were offered a further appointment by the end of June 2014.

⁴ A detailed breakdown of some data is not provided to ensure no patient is identifiable

⁵ Of the 9,415 men in the 2013-14 cohort, 121 men died before being offered a screening appointment; 56 men were not eligible for screening as they were either no longer registered with a GP in NI or they informed the programme of (a) a previously detected AAA (b) previous imaging confirming they did not have an AAA; and 100 men had deferred their screening appointment. A further 30 men still required a screening outcome as at the end of June 2014. The total men eligible for screening with a completed outcome therefore was 9,108 – this is the figure used to calculate the uptake rate.

Table 3: Performance against Quality Standards for 2013-14 cohort:

	Programme Performance	Quality Standard - Acceptable	Quality Standard - Achievable
Uptake (initial screening)	82%	≥ 60%	≥ 85%
Uptake (surveillance)	100%	≥ 90%	≥ 95%
Timely referral (subjects with AAA ≥ 5.5cm referred within one working day)	100%	≥ 95%	≥ 97%
Timely intervention (men with aorta ≥5.5cm seen by vascular specialist within two weeks)	79% ⁶	≥ 90%	≥ 95%
Timely treatment (men with AAA ≥5.5cm deemed fit for intervention operated on by a vascular specialist within eight weeks)	93%	≥ 60%	≥ 80%
30 day mortality following elective surgery on screen-detected AAAs	0%	≤ 8%	≤ 6%

Surgery by Type

The Vascular Team within the Belfast Trust performed surgery on 16 men from the 2013-14 cohort and those who had self-referred during this period. Of these, 75% had an elective open repair of their abdominal aortic aneurysm, compared to 25% having endovascular surgery. These proportions are similar to the previous year (2012-13).

⁶ The 21% of men not seen within two weeks all had their cases discussed at a Vascular Multidisciplinary Team meeting within the two weeks and were seen at the next available outpatient clinic (no more than eight working days later)

Section 6:

Personal and Public Involvement (PPI)

Personal and Public Involvement (or PPI) is about people and communities influencing the planning, commissioning and delivery of health and social care (HSC) services. It means actively engaging with the public and, specifically, those who use services such as screening.

The Public Health Agency is the lead organisation responsible for the implementation of PPI policy across all HCS organisations within Northern Ireland.

In 2013-14, the Northern Ireland AAA Screening Programme continued to build upon a number of successful PPI initiatives first introduced in 2012-13 to help tailor the programme meet the needs of its eligible population as follows:

- The second Men's AAA Screening Event was held on 27 March 2014. This resulted in double the number of men and their partners attending compared to the previous year's event. It also generated many more excellent suggestions for potential enhancements to service delivery, including feedback on the draft version of a post-operative/discharge information leaflet.
- Over a dozen service users responded positively to a questionnaire asking them to consider ways in which they would be prepared to support the on-going improvement and development of the programme; this included plans for recruiting patient representatives to sit on the programme's Coordinating Group.
- The programme engaged with health professionals representing learning disabled individuals to embark on a project to ensure that men eligible for screening from this group were helped to make an informed choice about whether or not to attend for screening, and subsequently access screening clinics as necessary.

The programme also continues to investigate and consider short, medium and long-term strategies to facilitate on-going engagement with service users and other key stakeholders. In particular, the programme remains keen to address any real or perceived health inequalities associated with men aged 65 or over being able to:

- make an informed decision about whether or not to be screened.
- attend for screening.

Northern Ireland AAA Screening Programme

Men's Health Event: 27 March 2014



From left: Mrs Margaret Crooks, Dr Adrian Mairs, Mr Thomas Crooks and Ms Diane Stewart

Section 7:

Role of Primary Care

Primary care teams across Northern Ireland have continued to contribute to the success of the AAA Screening Programme during 2013-14. Their considerable contribution and partnership working is invaluable, particularly in the areas outlined below.

Supporting men with a screen-detected AAA

When an aneurysm is detected, the programme informs the man's GP practice by telephone on the same day. This is followed up in writing.

GPs are then asked to arrange to take measurements for height, weight, BMI and blood pressure, and consider commencing the man on anti-platelet and statin therapy (unless contra-indicated).

For men with a large AAA, GPs are also asked to make a standard referral to the Vascular Team for further intervention / treatment, and to arrange an urgent blood test (U&E).

GPs are also the key providers of aftercare for men who have undergone surgical repair.

Promotion of the Programme

It is recognised that people often rely on the advice of the primary care teams when making health decisions. It is therefore important that these teams are well informed about the programme and can discuss the benefits and harms of AAA screening to enable eligible men to make an informed choice.

GPs are informed when a man does not attend a screening appointment. Some practices identify men who do not attend and talk to them opportunistically about screening, whilst others have proactively contacted men who do not attend to discuss screening.

GPs have also been actively promoting the programme to those over 65 and eligible to self-refer. In January 2014, one GP practice sent information to all men registered with their surgery who were over 65. This generated over 90 self-referrals from that one practice alone.

Primary care teams have also displayed information about the programme in waiting areas, etc. Many men who call the programme to self-refer do so

after being advised of the programme by their GP / Pharmacist or after seeing a poster in their waiting area. In particular, GPs have recommended screening to eligible men who have a strong family history of AAAs.

The programme is hoping to build on the success of this kind of promotion by working with other GP practices across Northern Ireland.

Providing information to facilitate screening appointments for eligible men

The programme continually liaises with primary care on a range of issues such as:

- ensuring patient records are accurate – information is downloaded into the programme's IT system on eligible men registered with GPs; the programme liaises with practices on any discrepancies
- seeking information about particular needs of men coming for screening, e.g. a physical or sensory disability, limited mobility or a learning disability – this helps facilitate the screening appointment and allows appropriate arrangements to be made, e.g. extra time for the appointment if required
- organising an appropriate interpreter or signer when required to facilitate an appointment

Healthcare Professionals newsletter

The Screening Programme continued to produce a newsletter three times per year during 2013-14, aimed at healthcare professionals.

This is an important vehicle for the programme to continue to engage with primary care teams.

Section 8:

Governance and Accountability

The Public Health Agency

The Public Health Agency has a number of key functions in relation to screening programmes including:

- Leading on the implementation of screening policy, including the introduction of new screening programmes and any changes required to existing screening programmes.
- Ensuring the delivery of high quality, safe, effective and equitable screening programmes for people in Northern Ireland.
- Supporting continuous quality improvement through programme monitoring and evaluation, and adverse incident investigation and management.

Specifically, the Agency takes lead responsibility for external quality assurance of the programme, focussing on the establishment of a robust QA structure and function to ensure it meets the responsibilities outlined above.

To help fulfil the PHA's core function of monitoring, maintaining and continuously improving upon acceptable standards of service, performance and quality across all elements of the Northern Ireland AAA Screening Programme, the PHA has ensured:

- A formalised process is in place for the timely appointment/re-appointment of a clinical lead and an imaging lead.
- The establishment of an AAA Screening Co-ordinating Committee, chaired by the Public Health lead, including PHA staff and all relevant members of Belfast Health and Social Care Trust NI AAA Screening Programme staff.
- Regular monitoring of QA data is undertaken.
- That appropriate fail-safe mechanisms are in place to ensure screening is offered to all eligible men and that those men requiring surveillance and referral are followed up in a timely and appropriate way.
- There is an agreed programme of equipment monitoring.
- A programme of formal, external Quality Assurance visits will be established in collaboration with the English NHS AAA Screening Programme.

The Belfast Health and Social Care Trust

The Belfast Health and Social Care Trust is responsible for the operational management and delivery of the NI Abdominal Aortic Aneurysm Screening Programme.

The Trust ensures all eligible men are invited to attend for screening in their 65th year and that they are provided with appropriate information, support and advice, particularly those men who have an AAA detected through the programme.

Staff who have responsibility for the operation of the programme are employed by the Trust and carry out all of the scans including rescans and surveillance scans.

The surveillance programme for men identified with a small or medium AAA is provided by the Trust as part of the NI AAA Screening Programme. Similarly, those men who are identified with a large AAA are referred to the vascular surgery team at the Royal Victoria Hospital within the Belfast Trust to discuss potential treatment options.

The Trust also has responsibility for:

- Setting operational policy for the programme.
- Liaising with GPs regarding secondary care, particularly when a man is detected as having an aneurysm.
- Local (internal) quality assurance of the screening process.
- Providing reports on the performance of the programme and data for quality assurance purposes.
- Engaging with stakeholders regarding development of the programme.
- Organising and taking part in promotional activities for the programme.

Audit & Research

Both organisations take joint responsibility for developing and facilitating audit and research activities related to the programme.

Appendix 4 details the PHA's governance and accountability reporting arrangements.

Appendix 5 details the Belfast Trust's governance and accountability reporting arrangements.

Section 9:

Future Developments

The NI AAA Screening Programme is committed to a number of future developments in 2014-15 which aim to build on the achievements of the programme to date, and continue to improve the AAA screening experience for service users.

Whilst delivering on the core objectives of the programme as outlined in section 3 of this report, during 2014-15 the programme plans to:

- Continue to liaise with the NHS AAA Screening Programme to develop robust external QA arrangements
- Further develop Personal and Public Involvement (PPI) work by recruiting service users to the programme's Co-ordinating Group
- Continue the development of the programme website, e.g. inclusion of videos explaining more about the programme
- Produce additional programme information materials, e.g. business cards, awareness leaflets
- Work with appropriate prison healthcare providers to facilitate screening clinics for eligible men
- Continue engagement with GPs and other primary care teams to raise awareness of the programme and continue to promote the self-referral pathway in local areas
- Carry out a full equality monitoring exercise for the programme across all clinic locations
- Identify additional appropriate venues within local areas to enable the screening to be provided as local as possible

Appendices

- 1 NI AAA Screening Programme Staff
- 2 Map of Screening Locations
- 3 The Screening Pathway
- 4 Governance and Accountability Structure: Public Health Agency
- 5 Governance and Accountability Structure: Belfast Health and Social Care Trust

Draft

Appendix 1 – NI AAA Screening Programme Staff:

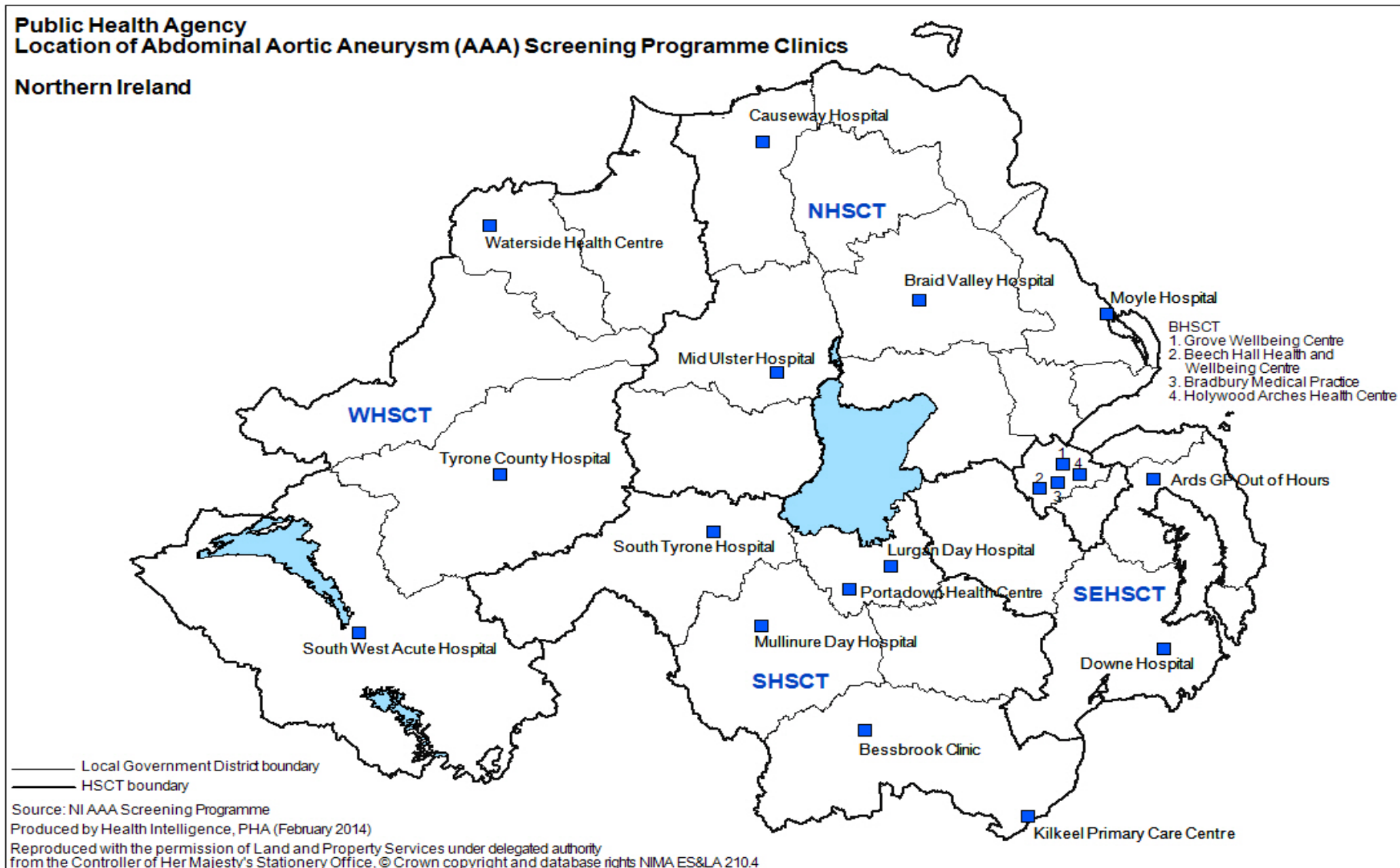
Belfast Health and Social Care Trust

Paul Blair	Clinical Lead
Janet Callaghan	Clinical Co-ordinator
Lisa Campbell	Administrative Assistant
Ciara Conway	Screening Technician
Sarah Davidson	Administrative Assistant
Trez Dennison	Vascular Nurse Specialist
Elaine Donnelly	Screening Technician
Peter Ellis	Imaging Lead
Judith Holmes (until September 2013)	Screening Technician
Sarah Hughes (until March 2014)	Screening Technician
Deirdre Kearns	Lead Screening Sonographer
Pauline McMahon	Screening Technician
Roisin Monan	Assistant Programme Manager
Karen McClenaghan	Specialist Surgery Services Manager
Kathy McGuigan	Vascular Nurse Specialist
Gillian Newell	Screening Technician
Diane Stewart	Programme Manager
Gill Swain	Vascular Nurse Specialist
Linda Wisdom	Screening Technician

The Public Health Agency

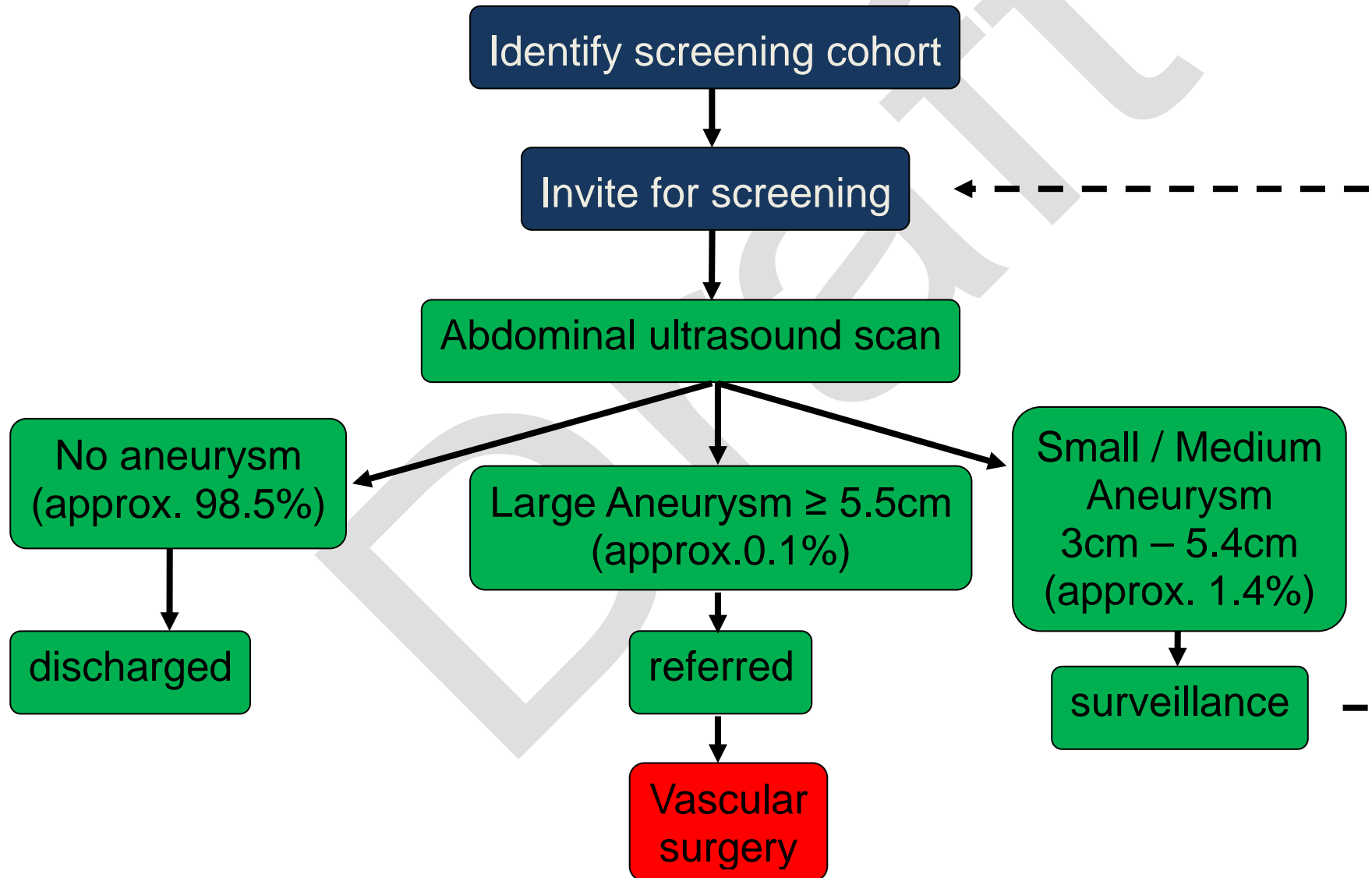
Adrian Mairs	Public Health Lead
Jacqueline McDevitt	QA and Commissioning Support Mgr
Helen McCann	Administrative Support

Appendix 2 – Map of Screening Locations

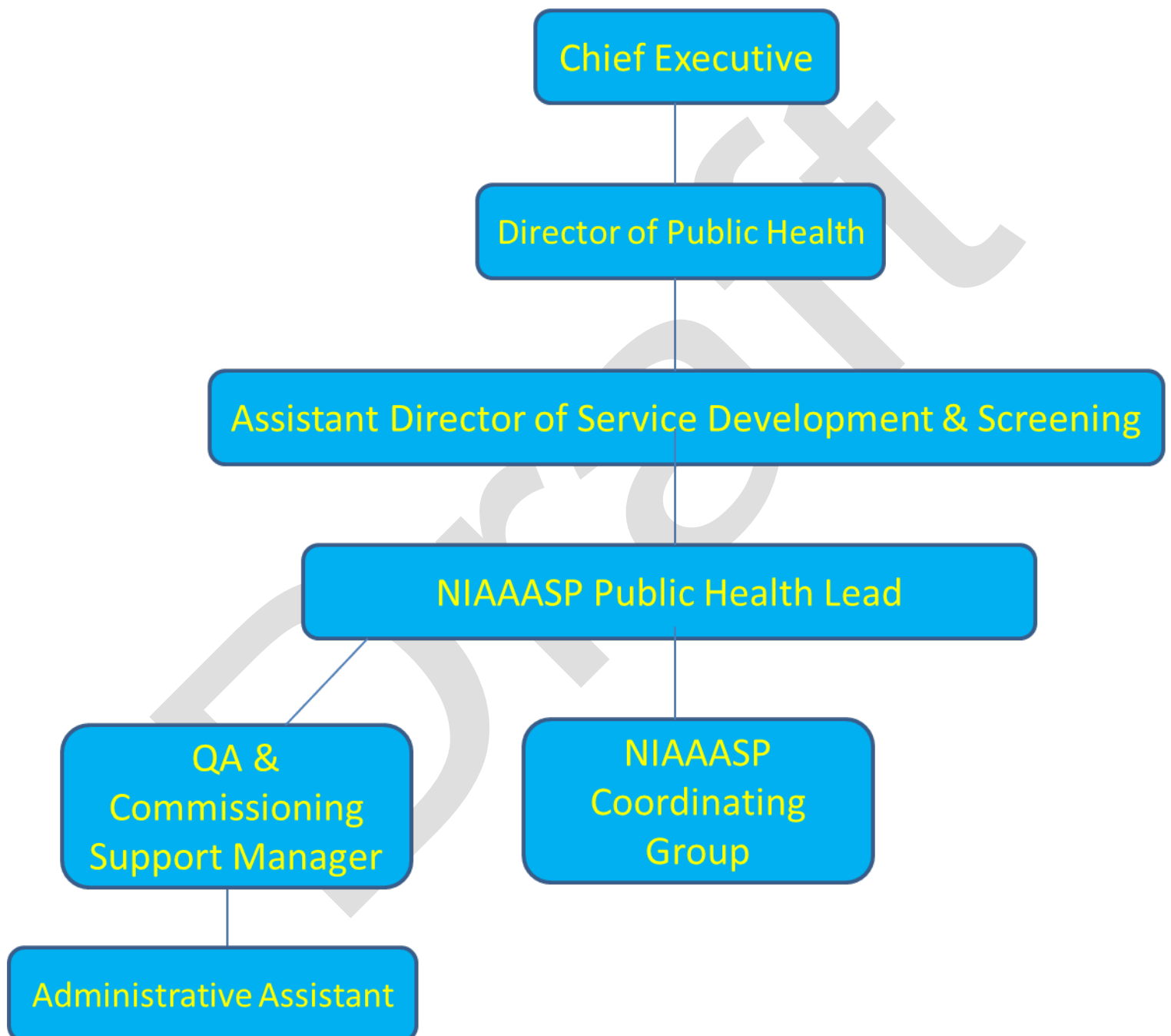


In addition, screening has been provided in Magilligan prison

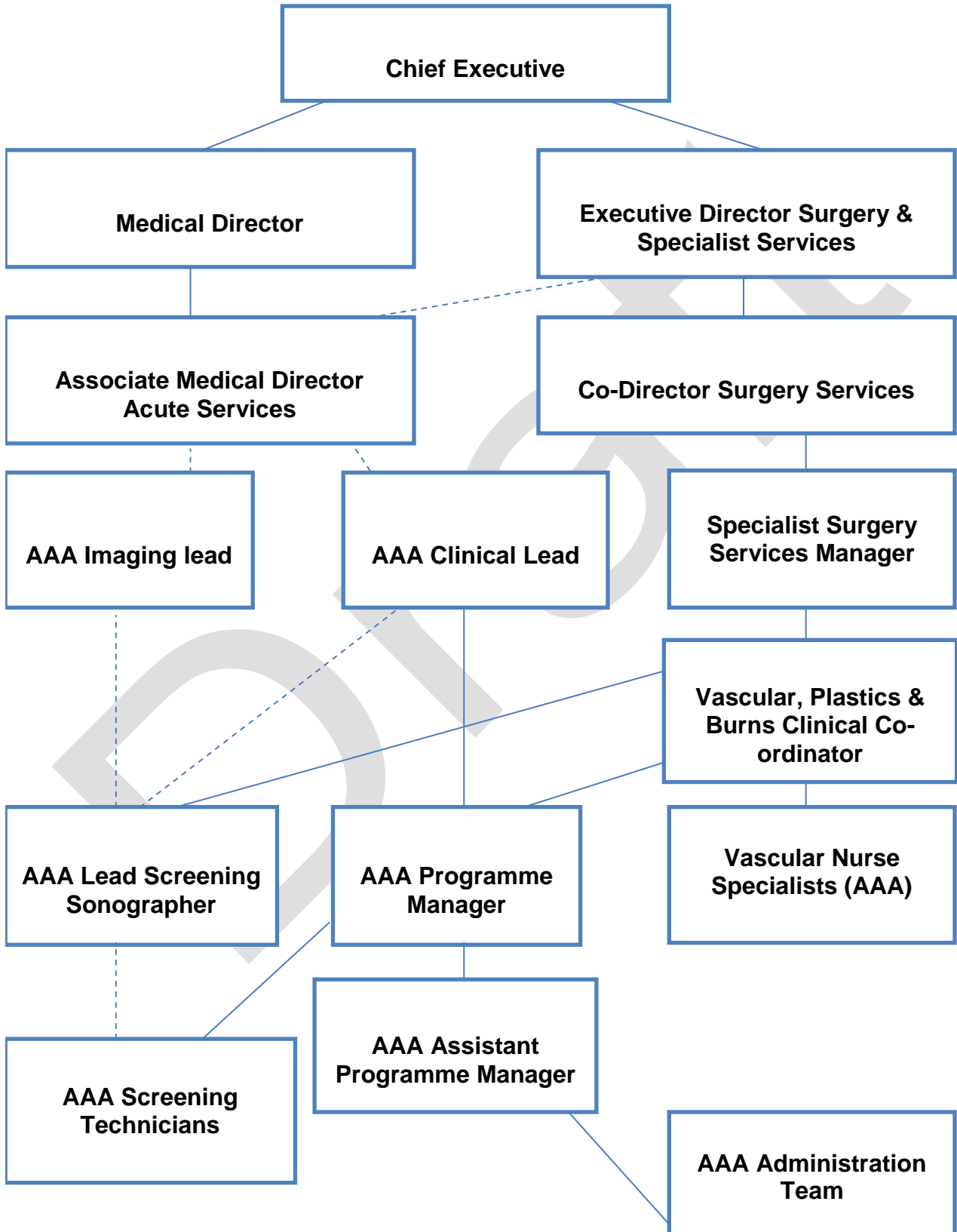
Appendix 3 – The Screening Pathway



Appendix 4 – Governance and Accountability Structure: Public Health Agency



Appendix 5 – Governance and Accountability Structure: Belfast Health and Social Care Trust



If you are interested in finding out more about being screened please contact the Screening Programme Office on 02890 631828.

Draft

Date of Meeting	21 January 2016
Title of Paper	Section 75 (2) Duty to Promote Good Relations: Good Relations Statement
Agenda Item	11
Reference	PHA/04/01/16

Summary

Introduction

Public Authorities have a duty under Section 75 (2) of the Northern Ireland Act 1998 to “*have regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.*”

Good Relations Statement

The purpose of this paper is to propose to AMT a good relations statement. The statement below builds on work undertaken in legacy organisations before the Review of Public Administration:

“The Public Health Agency is committed to the promotion of good relations between people of differing religious belief, political opinion and, or racial group. As a health and social care organisation we are committed to promoting respect for diversity and to challenging sectarianism and racism in both employment and services.”

Work has been progressed with the 10 regional HSC partner organisations through the Equality Forum, supported by the BSO Equality Unit, to develop and adopt a common Good Relations Statement for the organisations.

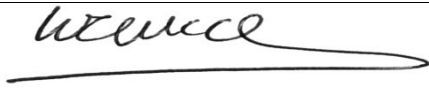
This statement was consulted on with the trade unions and is now being submitted to AMTs/equivalent of all partner organisations.

Conclusion and next steps

Board members are asked to approve the Good Relations statement.

If approved, it is envisaged that the statement is launched during World Interfaith Harmony Week February 1st - 7th.

Equality Screening / Equality Impact Assessment	N/A
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Audit Trail	This was approved by AMT on 12 January.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	12 January 2016

Date of Meeting	21 January 2016
Title of Paper	Patient and Client Experience Standards Biennial Report April 2013 to March 2015
Agenda Item	12
Reference	PHA/05/01/16

Summary

Within Northern Ireland (NI) the Public Health Agency (PHA) is responsible for monitoring the implementation of the “Improving the Patient & Client Experience Standards” which were published by the DHSSPS (April 2009). These standards define what the public should be able to expect from all health and social care staff.

The five core standards relate to: -

- Respect
- Attitude
- Communication
- Behaviour
- Privacy & Dignity

To do this the PHA has worked collaboratively with the HSC Trusts and other relevant Health & Social Care (HSC) organisations to develop a comprehensive Patient and Client Experience programme.

This approach has demonstrated that qualitative information, particularly in relation to narrative story methodology provides a rich source of information which can inform and affect change by driving quality improvements.

This report covers the period from 21 April 2013 to 31 March 2015.

- During the first year (1 April 2013 – 31 March 2014) a number of methodologies were used to gain the ‘patient/client experience’ of health and social care.
- The second year (1 April 2014 – 31 March 2015) concentrated on driving quality improvements based on the feedback from the patient/clients and thus striving to enhance the patient/client experience.

Process

There has been a significant focus by the PHA and HSC Trusts to implement and measure compliance with the patient/clients’ experience standards. The PHA and HSC Trusts use a variety of methodologies to gain the patient/client experience and it is recognised that each method of feedback used by the Trusts has its strengths and weaknesses. This highlights the importance of using a suite of methods to capture and measure patient/client experience with the aim of improving services for

patient/clients, carers and their families.

Overall the feedback has been positive however there are always opportunities for improvement and there was an agreement by the Patient/Client Experience Steering Group that for year two (2014-15), there would be a focus on improvement rather than measurement.

Four regional priorities were identified from patient/client feedback in year one and each of the 5 Trusts were asked to develop an action plan to roll out improvement work as a result of these themes. Trust also agreed to focus on some local improvements based on their individual Trust feedback.

Year Two 2014-15

The feedback from all Trusts relating to the four regional priorities which were identified from patient/client feedback in year one indicates that they have either completed or have a programme in place to achieve improvements against all four of the outlined priorities.

During 2014/15 the emphasis was on local and regional improvement work to address the areas that had been continually identified and it was agreed that the patient/client experience team would integrate the information received from 10,000 Voices to measure the improvements.

The PHA has worked with Northern Ireland Ambulance Service (NIAS) to benchmark the approach taken by other ambulance services within the UK. A bespoke NIAS survey has been developed to focus on the patient/client experience - from the time patient/clients contact NIAS control via '999' through to the treatment and management by crews and to the handover at hospital.

One of the main findings of the patient/client experience feedback has been that there is no "one size fits all" approach to improving experience and that what works really well in one setting might not work so well in another. There are however, some key factors and themes that are important to consider, such as the need for an experience programme to be incorporated across health and social care, the power of stories and the need to make the patient/client experience strategy central to the core goals of each organisation. There is a great deal of work being undertaken across health and social care to engage patient/clients in decisions about their own care, about the running of services and, increasingly, the prioritisation of services. Patient/client experience activities need to focus on understanding the ways in which improving patient/client experience, clinical effectiveness and safety are connected as well as helping people to understand the competing pressures within the health system. Patient/client experience means putting the patient/client and their experience at the heart of quality improvement and placing patient/clients and the public at the heart of everything we do.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This was approved by AMT on 8 December.
Recommendation / Resolution	For Noting

Director's Signature	<i>Mary Hinds</i>
Title	Director of Nursing, Midwifery and Allied Health Professions
Date	12 January 2016

Patient and Client Experience Standards Biennial Report

**April 2013 to
March 2015**

November 2015

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1.0 EXECUTIVE SUMMARY

1.1 Background

Within Northern Ireland (NI) the Public Health Agency (PHA) is responsible for monitoring the implementation of the “Improving the Patient & Client Experience Standards” which were published by the DHSSPS (April 2009). These standards define what the public should be able to expect from all health and social care staff.

The five core standards relate to: -

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To do this the PHA has worked collaboratively with the HSC Trusts and other relevant Health & Social Care (HSC) organisations to develop a comprehensive Patient and Client Experience programme.

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This report covers the period from 21 April 2013 to 31 March 2015.

- During the first year (**1 April 2013 – 31 March 2014**) a number of methodologies were used to gain the ‘patient/client experience’ of health and social care.
- The second year (**1 April 2014 – 31 March 2015**) concentrated on driving quality improvements based on the feedback from the patient/clients and thus striving to enhance the patient/client experience.

Year One 2013-14

There has been a significant focus by the PHA and HSC Trusts to implement and measure compliance with the patient/clients' experience standards. The PHA and HSC Trusts use a variety of methodologies to gain the patient/client experience and it is recognised that each method of feedback used by the Trusts has its strengths and weaknesses. This highlights the importance of using a suite of methods to capture and measure patient/client experience with the aim of improving services for patient/clients, carers and their families.

Overall the feedback has been positive however there are always opportunities for improvement and there was an agreement by the Patient/Client Experience Steering Group that for year two (2013-14), there would be a focus on improvement rather than measurement.

Four regional priorities were identified from patient/client feedback in year one and each of the 5 Trusts were asked to develop an action plan to roll out improvement work as a result of these themes. Trust also agreed to focus on some local improvements based on their individual Trust feedback.

Year Two 2014-15

The feedback from all Trusts relating to the four regional priorities which were identified from patient/client feedback in year one indicates that they have either completed or have a programme in place to achieve improvements against all four of the outlined priorities.

During 2014/15 the emphasis was on local and regional improvement work to address the areas that had been continually identified and it was agreed that the patient/client experience team would integrate the information received from 10,000 Voices to measure the improvements.

The PHA has worked with Northern Ireland Ambulance Service (NIAS) to benchmark the approach taken by other ambulance services within the UK. A bespoke NIAS survey has been developed to focus on the patient/client experience - from the time patient/clients contact NIAS control via '999' through to the treatment and management by crews and to the handover at hospital.

Conclusion

One of the main findings of the patient/client experience feedback has been that there is no “one size fits all” approach to improving experience and that what works really well in one setting might not work so well in another. There are however, some key factors and themes that are important to consider, such as the need for an experience programme to be incorporated across health and social care, the power of stories and the need to make the patient/client experience strategy central to the core goals of each organisation. There is a great deal of work being undertaken across health and social care to engage patient/clients in decisions about their own care, about the running of services and, increasingly, the prioritisation of services. Patient/client experience activities need to focus on understanding the ways in which improving patient/client experience, clinical effectiveness and safety are connected as well as helping people to understand the competing pressures within the health system. Patient/client experience means putting the patient/client and their experience at the heart of quality improvement and placing patient/clients and the public at the heart of everything we do.

2.0 INTRODUCTION

There is increasing evidence that the ‘experience’ that patient/clients, carers and their families have when they use the health services is as important to them as clinical effectiveness and safety¹. Recent studies² have shown that organisations with a strong emphasis on providing high quality patient/client experience have been able to demonstrate links to better health outcomes. This is in stark contrast to the high profile inquiry into the failings at the Mid Staffordshire NHS Foundation Trust³ which demonstrated that the quality of care was adversely affected when the focus was on targets and systems rather than on the patient/client experience.

Within Northern Ireland (NI) we want to ensure that throughout the entire patient/client journey in healthcare people are treated with compassion, dignity and respect. In April 2009, the DHSSPS published the “Improving the Patient & Client Experience Standards”⁴. This highlighted five core standards: -

- **Respect**
- **Attitude**
- **Communication**
- **Behaviour**
- **Privacy & Dignity**

The Public Health Agency is responsible for monitoring the implementation of these Standards. To do this the PHA has worked collaboratively with the HSC Trusts in developing a comprehensive Patient and Client Experience programme which uses a range of methodologies to gain the ‘patient/client’ experience of the health and social care to drive quality improvements and enhance the patient and client experience.

These include:

- patient/client stories
- observations of practice

¹ NHS Institute for Innovation and Improvement, 2012.

² NHS Confederation, 2010

³ Francis QC, Report on the Mid Staffordshire NHS Foundation Trust, Public Enquiry, 2013

⁴ DHSSPS, (2009) Patient and Client Experience Standards

- questionnaires
- 10,000 Voices initiative
- Complaints
- SAIs

This approach has demonstrated that qualitative information, particularly in relation to narrative story methodology provides a rich source of information which can inform and affect change by driving quality improvements. This report covers the period from 21 April 2013 to 31 March 2015.

- The first year (1 April 2013- 31 March 2014) a number of methodologies were used to gain the ‘patient/client experience’ of health and social care.
- The second year (1 April 2014- 31 March 2015) concentrated on driving quality improvements based on the feedback from the patient/clients and thus striving to enhance the patient/client experience.

3.0 STRATEGIC CONTEXT

Patient/client experience is central to many key strategic drivers for innovation and improvement in health and social care services within Northern Ireland.

➤ Quality 2020

Quality 2020⁵ sets the direction for improvement in the quality of health care in Northern Ireland and outlines that safety, effectiveness and patient/client focus will form the basis to determine and improve quality of care. Within the area of patient/client focus, this framework articulates that all patient/clients are entitled to be treated with dignity and respect and should be fully involved in decisions effecting their treatment and support.

➤ Transforming Your Care (TYC)

Transforming Your Care⁶ sets the strategic direction for health and social care delivery and is about ensuring patient/clients are treated in the ‘right

⁵ DHSSPS (2012), Quality 2020 – A Ten Year Strategy to Protect and Improve Health and Social Care.

⁶ DHSSPS (2011), Transforming Your Care

place at the right time by the right person' which includes supporting patient/clients to remain in their own home by providing services in the community setting. It presents a significant opportunity to fundamentally improve the quality of care for everyone in Northern Ireland and places patient/client experience at the heart of these reforms.

Through these proposals the vision is to drive up the quality of care for patients, clients and service users, improve outcomes and enhance the patient/client experience so that people are treated in the right place, at the right time and by the right people. One of the key underlying principles of TYC is to place the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.

4.0 WORK PLAN

During 2013/14 the PHA worked collaboratively with HSC Trusts to identify key areas to monitor patient/client experience. Each of the HSC Trusts carried out a range of audits in various settings including.

- Emergency Departments
- MAU
- Outpatients
- Radiology
- Inpatients

During the 2013/14 monitoring similar areas for improvement were identified to that of previous years. Therefore, it was agreed that during 2014/15 the emphasis would be on local and regional improvement work to address the areas that have been continually identified and the patient/client experience team would integrate the information received from 10,000 Voices to measure the improvements.

Each of the HSC Trusts were required to submit an annual improvement plan and provide regular updates on progress. In addition, the PHA led a regional work plan for improvement taking into consideration the information received from 10,000 Voices.

5.0 ANALYSIS

HSC Trusts are required to submit quarterly reports to the PHA and to develop an action plan which identifies the key issues, implementation strategy, timescales and responsible lead officer. The PHA analyse quarterly submissions and monitor action plans. In addition there is a comprehensive review and analysis of complaints and compliments at Trust and HSCB/PHA level.

*All Tables will be colour coded as identified below for easy reference

Colour coding for HSC Trusts	
BHSCT	Belfast Health & Social Care Trust
NHSCT	Northern Health & Social Care Trust
SET	South Eastern Health & Social Care Trust
SHSCT	Southern Health & Social Care Trust
WHSCT	Western Health & Social Care Trust

5.1 SUMMARY OF KEY FINDINGS IN YEAR ONE APRIL 2013 TO MARCH 2014

This section provides an overview analysis of the HSC Trust patient/client experience comprehensive programme. Including:

- patient/client questionnaires
- observed practice
- patient/client stories

5.2 Questionnaires

Overall the response rate to the patient/client questionnaires was good and ranged from a return rate of 20% in the SEHSCT to 90% in the

SHSCT (table one). Volume of returns ranged from 440 at SEHSCT to 82 at WHSCT. However it should be noted that there are a variety of collection methods; some HSC Trusts used a freepost collection method for the return of questionnaires; whilst others used individual volunteers to assist with the completion and collection of questionnaires.

Table one - Response rate from individual Trusts

Trust	Distributed	Returned	Response Rate
BHSCT	584	335	57%
NHSCT	326	142	44%
SEHSCT	2200	440	20%
SHSCT	160	144	90%
WHSCT	300	82	27%

Overall, the feedback was very positive and it was encouraging that there have been improvements in the responses to many questions. A number of questions also received similar responses to previous years which identifies opportunities for development.

5.2.1 Overview of findings

The analysis of the completed questionnaires have identified a number of trends in the patient/client experience, the positive headlines i.e. those scoring **90% or above** are identified in the following areas:

- Patient/clients felt safe and supported
- Patients/clients being treated as individuals
- Considerations and respect for patients/clients wishes
- Welcoming and approachable staff
- Polite and courteous staff
- Compassionate and caring staff
- Patients/clients feeling they were being listened to
- Staff provided assistance when it was required
- Patients/clients always involved in decision making regarding their treatment

“My concerns were listened to and taken seriously. I was treated with respect, care & compassion. The measures taken to ensure a positive outcome for my condition were weighed up by the surgeon & radiologists in a timely, unhurried way to make sure I received 1st class treatment.”

The trends below were classified as **'Red' < 80%** or **Amber 80%-89%** and therefore require a further focus to improve patient/client experiences:

- Frequency of interruptions
- Reasons for interruptions not being explained to patients/clients
- Staff not introducing themselves or identifying their roles or responsibilities
- Patients/clients being treated in mixed gender areas
- Option to move when cared for in a mixed gender area
- Provision of information leaflets, particularly leaflets pertaining to the patient's/client's condition

"One doctor took blood samples & then another came - continuity would have helped. I had several nurses - again it would have been better with one as some information was duplicated - sometimes I thought it meant different things."

5.2.2 Overview of the analysis of the Questionnaires

All HSC Trusts used the Regional Patient Satisfaction Survey (appendix one) to carry out the local audits.

Table two below shows the regional overview of the responses.

Table two - RAG (Red Amber Green) rating

Green: > = 90%
Amber: 80%-89%
Red < 80%
Blue: Question was not appropriate in the area
Grey: Data was not provided
Dark Grey: Not Applicable

TABLE TWO – Regional Overview		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Respect	Consider your respect and wishes	99%	96%	99%	99%	97%
	Respect your religious and spiritual needs	99%	98%	98%	99%	97%
	Treat you as an individual	98%	98%	98%	96%	97%
	Where there times when you were (NO)interrupted		80%	92%	99%	95%
	Reason for interruptions (IF YES)	64%	73%	49%	100%	100%
Attitude	Staff were approachable	96%	92%	97%	96%	99%
	Staff were willing to help	98%	96%	97%	98%	100%
	Staff were willing to take time to listen to your concerns	95%	96%	97%	98%	97%
	Staff were caring and compassionate towards you	95%	96%	97%	97%	99%
	Staff were aware when you were upset	92%	94%	96%	94%	94%
	Staff were able to provide you with assistance when you needed it	95%	93%	97%	97%	100%
Behaviour	Staff demonstrated politeness and courtesy	98%	98%	99%	96%	98%
	Staff behaved in a professional manner	98%	97%	98%	97%	97%
	Staff made you feel safe and supported	98%	97%	99%	97%	100%
	Staff call you by your preferred name	96%	97%	94%	97%	98%
	Staff provide you with enough information in order for you to understand what you were agreeing / consenting to	97%	95%	95%	98%	99%
	Staff ask for your consent/permission before carrying out treatment and care	98%	96%	96%	98%	99%
Communication	Did staff speak to you in a way which you could easily understand	97%	95%	96%	99%	91%
	Staff checked if you understood what they were telling you	93%	94%	94%	94%	100%
	Staff listen to you	96%	97%	98%	98%	95%
	Staff explained what was happening in relation to your treatment and care	97%	96%	96%	97%	99%
	Staff involve you in decisions which need to be made	94%	92%	95%	97%	97%
	Staff introduce themselves	85%	89%	76%	71%	89%
	Staff provide you with relevant information leaflets (yes)	81%	68%	85%	77%	75%
Privacy & Dignity	Staff provide you with enough privacy when discussing treatment/care and personal matters	97%	93%	96%	96%	99%
	Maintain your privacy and dignity when examining you or providing care and treatment	99%	99%	97%	98%	97%
	Take steps to prevent you feeling embarrassed	98%	99%	96%	96%	97%
	Was your bed in an area of the ward where male and female patient/clients were being cared for beside each other (no)	100%	79%	43%		92%
	if yes, did staff give you the option to move to another part of the ward where male and female patient/clients were not mixed.		48%	42%		100%

5.2.3 Northern Ireland Ambulance Service (NIAS)

During the early part of 2013/14 Patient/ Client Experience of NIAS was gathered using the Regional Questionnaire which was issued by the five HSC Trusts. Feedback on the NIAS patient experience is outlined in the table three below:

"The two ambulance men were very professional in their approach. Took full details, calmed me and assessed me."

Table three - Feedback on the NIAS patient/client experience

DHSSPS PCE Standards	Q1 (April – June 2013)	Q2 (July – September 2013)
Respect treated as an individual respected wishes safe & secure	100%	88.2%
Attitude polite & courteous	100%	88.2%
Behaviour caring and compassionate professional	100%	88.2%
Communication staff introductions easily understood explanations	100% (staff introductions) 98% (explained what was happening)	76.4% (staff introductions) 88.2% (spoke to patient/clients in a way that was easily understood)
Privacy & Dignity Respected and maintained privacy & dignity	100%	88.2%

The patient/client experience survey methodology for NIAS was reviewed in the last two quarters of the year from October to March 2014. It was agreed that during the last two quarters no monitoring would take place to allow for the PHA Patient/ Client Experience Team to work with NIAS in the development, testing and implementation of a survey tool to best meet their needs.

The PHA has worked with NIAS to benchmark the approach taken by other ambulance services within the UK. A bespoke NIAS survey has been developed to focus on the patient/client experience - from the time

patient/clients contact NIAS control via '999' through to the treatment and management by crews and to the handover at hospital.

5.3 Overview of the analysis of the Observations of practice

Observations of practice were undertaken across the HSC Trusts to 'listen and learn' from the interactions of staff with patient/clients.

Trained observers (who are external to the department where the audit is being undertaken) observe practice in relation to the five Patient/Client Experience Standards. This methodology provides independence in the audit findings. A regionally agreed set of indicators were used and a summary of the themed areas of compliance are summarised in table four below:

"The staff were very friendly, professional and I left feeling very happy with my care as it had been carried out very promptly and in a safe, clean environment."

Key areas of **positive responses** with Patient Client Experience Standards were:

- Staff carried out their work in a polite and professional manner
- Staff welcoming and friendly
- Staff ensured patient/client involvement in care and treatment
- Patient/clients nursed in a safe, comfortable and caring environment
- Personal care needs of the patient/client were adhered too

Key areas **requiring Improvement** with Patient Client Experience Standards were:

- Often staff did not introduce themselves or identify their job title
- Patient/clients experienced lack of privacy with personal conversations being overheard by other patient/clients and visitors

"They put me into a bed, no-one explained anything. Different nurses came in. No-one introduced themselves."

This correlates with the feedback from the questionnaires and patient/clients' stories.

Table four – Snapshot of Positive Responses Recorded by the Observers during observations of practice

Respect	<ul style="list-style-type: none"> • Staff member respected patient/client and his carer when being asked questions about appointment and future appointments. • Receptionist respected the questions a patient/client was asking regarding his appointment and blood results. • Observed ambulance driver checking in an elderly patient/client in wheelchair and placing him where nurses could easily see him. He also informed the nurse that the patient/client was hard of hearing. • Observed nurse being very helpful to a patient/client who was using a walking aid. • Nursing staff apologized for disturbing patient/client to carry out task.
Attitude	<ul style="list-style-type: none"> • Staff member was friendly and chatty to patient/client but remained professional. • Reception staff spoke very kindly and friendly with all patient/clients during observation period. • Nursing staff demonstrated that they were approachable. • All staff had a lovely way of greeting patient/clients and their families. • Support Services staff chatted to patient/clients whilst doing their work • Observed nurse being very understanding while relative explained that she might need access to a wheelchair to get her mother into unit. Nurse was very helpful and kind and dealt with enquiry. Porter arrived very shortly with patient/client and carer was very appreciative. • Demonstrated caring attitude when changing patient/client.
Behaviour	<ul style="list-style-type: none"> • Ward was calm and well organized • Visitors made very welcome • Conversation relaxed • All patient/clients were asked if they needed assistance with positioning/toileting • Patient/clients who required assistance were helped into suitable position for their meal • Staff behaviour was considerate and professional towards patient/clients and each other. • Observed porter bringing in lady in wheelchair. Very friendly and helpful manner displayed to patient/client. • Staff very supportive to family member of patient/client who appeared to have a disability. • Consent gained to undertake nursing procedures. • Observed staff helping elderly patient/client towards the front foyer of the hospital to wait for relatives. • Receptionist very pleasant, helpful and friendly to all patient/clients on arrival at reception.
Communication	<ul style="list-style-type: none"> • Explanation about treatment was given and permission sought • Staff members had clean tidy uniforms on that clearly identified their role • There is easy two way communication between staff and the patient/clients • All patient/clients addressed politely and staff introduced themselves • Staff member used appropriate language to patient/client • Tannoy system for appointments • All staff wore name badges • Good clear signage • Computerised screens displaying number / place of next patient/client appointment at either end of waiting area • Formats for audio/visually impaired • Consultant introducing self to patient/client • Clinic running late by 1 hour- nurse announced delay time, apologised for delay and give explanation for delay • Good communication between staff of all disciplines • Observed all nursing staff introduce themselves to patient/client on point of contact • Good display of patient/client / information leaflets available for patient/clients/families • Posters indicating how to complain available around the ward.

Privacy and Dignity	<ul style="list-style-type: none"> • It was four bedded bay but curtains were pulled fully around bed and window blinds were closed • Call bell left for patient/client using commode • Staff spoke in a lowered tone when talking to the patient/client. One staff member asked the patient/client if they wished to move to a more private area to discuss issues • Confidentiality maintained with use of number and tannoy system for appointments • Door closed during consultations • No conversations audible in waiting room. • Digital check in system in operation. Observed the majority of patient/clients use this without any issues and observed receptionists help and support those who did. Also observed a medical student help some patient/clients to check in – this was done very discreetly. • No raised voices observed between staff • Portable screens available for use. • Bathroom in corridor identified as male / female showers.
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Trusts also record examples of where work for improvement should be targeted as well as compliant practice. This accurately reflects the true work place environment as it addresses the areas where services can be improved. Table five below summarises the themed area, which will lead to identify Improvement work.

Table five – Snapshot of Responses Recorded by the Observers during observations of practice which will lead to identify Improvement work

Respect	<ul style="list-style-type: none"> • Interruptions noted due to staff trying to juggle an increasingly busy environment as the number of patient/clients increased • Interruption to care delivery as a confused patient/client was shouting out but staff member explained to patient/client there was a confused patient/client ‘the poor man doesn’t know where he is’. Patient/client whose care was interrupted was left comfortable and care continued after 5-8 minutes • Door not knocked when entering room despite door being almost closed over.
Attitude & Behaviour	<ul style="list-style-type: none"> • Not very welcoming reception staff • Walking about with apron following direct contact • Patient/clients referred to as bed spaces during meal service and not by name • At one of the nurses’ station phone ringing until it rang off , this was not answered by ward clerk who was sitting at the other nurses’ station • Registered staff did not get involved in meal service, this was carried out by the nursing auxiliary and catering assistant. • It would appear that the nursing and medical staffs gather at the nurses stations to carryout record keeping etc away from the patient/client’s bedside. This can make these areas very crowded, and very busy. • No evidence of protected meal time, medical colleagues and nursing staff continued on as normal

Communication	<ul style="list-style-type: none"> • Visitor stated that she wasn't given a visitor information leaflet but that the visiting times were clearly displayed. She felt this was because she was local and staff thought she wouldn't need one. • Visitor stated it was difficult to get through on the telephone at times. • No signage on the doors of single rooms to indicate room in use and to tell staff to knock when door was closed. • No display on Consultant names. • No names above beds. • Lack of name badges / ID Nursing, Medical, AHP / Ward Clerk Staff. Photo ID difficult to see as name and photo is not always visible.
Privacy and Dignity	<ul style="list-style-type: none"> • All people in waiting area hear patient/client's name, address and date of birth. • Treatment room patient/client brought in for bloods...conversation between staff member and patient/client could be heard in waiting room. • Personal details can be heard at reception desk. • Speaker system at reception desk decreases sense of privacy as your voice is augmented to enable receptionist to hear patient/client. • Curtains not pulled when taking blood.

5.4 Overview of the analysis of Patient/client stories

It was agreed that the stories from the 10,000 Voices initiative would be used to complement the patient/client questionnaires and observations of practice to inform the patient/client experience work plan. These are reviewed on a weekly basis by Trust facilitators and senior staff in the PHA and HSC Trusts and regularly shared with frontline staff. This has established a system that enables 'real time improvements'. Further analysis also identifies themes and trends which are used to drive local and regional improvements in patient/client care.

The analysis of these patient/client stories demonstrates that the majority of patient/clients rate their experience as positive. Feedback indicates that staff were helpful, courteous, kind and caring.

"She was treated with respect and dignity she was kept informed at all times about her management and monitored regularly. I as a visitor was treated with courtesy, never made to feel that I was in the way. Overall it was a good experience for my friend and myself."

All comments and patient/client experiences provide the opportunity for learning and reflection, and the main themes for improvement are characterised below:

- Introductions
- Information/communication
- Food/nutrition
- Management of pain

'She was in A/E for over 24 hours and they said she wouldn't have her pain relief prescribed meds until she went to the

They took me for an X-ray before I went to the ward so I was in A/E from 12md and got the ward at 8am - I had nothing to eat or drink for that whole time '

A snapshot of stories received themed under the Patient and Client Experience Standards headings are summarised below.

Respect:

I'm used to being very independent and having to rely on someone else is hard but nursing staff have been very kind and understanding. The nurses here also take time out to talk to their patients which has made me feel valued as an individual and helps break the bond between 'patient' and 'nurse'.

Respect:

I had to sit on a chair for 5 hours. I was so sore. I felt really embarrassed because I couldn't get comfortable. I am old lady but I have respect in myself I wish others had that same respect in me.

Attitude:

Really positive experience with the nursing team. Team built an excellent rapport and were very attentive to all patients. They really made this stay as pleasurable as one in hospital can be. Any concerns or worries we had were put to rest easily. Team as a whole were extremely understandable and approachable including catering team and porters.

Attitude:

Nurses are good - all their work in general. However can be a difference in nurses' attitudes. There is also a difference between how some nurses treat patients. For example how a nurse treats a dementia patient in comparison with a fully compos mentis patient. I feel nurses are much sharper with dementia patients but I understand they sometimes have to be 'cruel to be kind'..... However most are very kind and it is easy to get pain relief.

Behaviour:

The care was excellent. Staff were incredibly helpful polite and well cared for. Every procedure I had to go through (induction right through to the delivery room) was explained thoroughly and I felt very reassured.

Behaviour:

Midwives were brilliant...they made me feel safe welcome not a burden and as if I was the only person who mattered at that time.

Communication:

Each nurse seemed to have good communication with one another which is important in patient care. I was a little concerned as this was my first operation but all staff eased my worries.

Communication:

I am a staff nurse myself and therefore I know what level of care I should be receiving. This did not always live up to my expectations. Only 3 out of the 8 members of nursing staff (staff nurses) introduced themselves and told me their name.

Privacy & Dignity:

Always drew the curtains at any time they needed to protect my privacy. My privacy and dignity was protected at all times.

Privacy & Dignity:

When I came back from x-ray - left in corridor, people walking past me, actually sat on chair, not in bed for 4.5hrs. Felt embarrassed- asked nurse if I could get into cubicle - surgical doctor had private conversation with me in corridor - didn't feel this was right.

5.5 Overview of Work Plan

Due to internal Trust challenges and priorities there was some deviation from the agreed work plans, as a result the Quality, Safety and Patient Experience Team within the PHA, visited each Trust and developed work plans tailored to meet their local needs.

In addition the PHA has supported the Patient Client Experience Working Group to develop a work plan to implement key areas for improvement. Working alongside the 10,000 Voices Initiative, each of the HSC Trusts have engaged in a number of audits and improvement work in order to enhance patient and client experience.

On reflection of the monitoring information submitted by the HSC Trusts in key areas during 2013-14 the following themes emerged:

- Introductions
- Poor communication
- Frequent interruptions
- Information

These areas were identified as the most frequent issues affecting patients and clients experience. Therefore four key regional priorities were identified for implementation and monitoring in 2014/15.

Table six – Four Regional Priorities

1. Staff introductions to patients/clients

- a) At all team meetings staff will be reminded of the need to introduce themselves to patients/clients
- b) Reinforcement of the Patient and Client Standards
- c) Assurance from HSC Trusts that 'staff introductions' is a key element of the induction process for new staff

2. Name and designation badges for all staff, except where deemed inappropriate

3. Roles and responsibilities for the team and frequent communication with patients/clients

- a) The nurse in charge of the ward (on each shift) will undertake to speak to each patient to reflect on and improve patient experience

4. Improvement in the delivery of patient refreshments

- a) Protected mealtimes
- b) Vacuum flasks (for use by staff) or a suitable alternative for tea and coffee to ensure all patients/clients have the opportunity for a hot beverage

6.0 SUMMARY OF FEEDBACK ON REGIONAL IMPROVEMENT ACTIVITIES DURING YEAR TWO APRIL 2014 TO MARCH 2015

During 2014/15 the emphasis was on local and regional improvement work to address the areas that have been continually identified and the Trusts have fed back to PHA in respect of their on-going patient/client experience work. In addition the PHA led a regional work plan for improvement taking into consideration the information received from the 2013/14 PCE feedback and also feedback from 10,000 Voices. Four regional priorities were identified for each Trust. As the lack of introductions within clinical areas was highlighted by many of the patient/clients in their feedback, a 'Regional Launch' of the "Hello my name is...Campaign" was held on the 4th September 2014.

hello my name is...



The aim of the launch was to endorse the 'Hello my name is...' campaign across HSC organisations in Northern Ireland and to highlight the importance and impact that introductions and first impressions can make on our patients and clients during their care and treatment.

This was a very successful event attended by over 120 staff from a variety of Health and Social Care Organisations and represented a range of staff from ward nurses, senior managers, doctors, chief executives, allied health professionals, directors and support services, administrators.

The 'Hello my name is' campaign has been endorsed regionally by PHA, HSCB, DHSSPS and all HSC Trusts. A series of follow up local workshops has taken place throughout HSC Trusts and many staff have pledged their commitment to the campaign. Feedback from each Trust identified below demonstrates the commitment of each of the Trusts towards each of the regional priorities.

Regional Priority 1: Staff Introductions to patient/clients

"No-one introduced themselves."

NHSCT

- The NHSCT is committed to the hellomynameis...Campaign, there was a local launch of this campaign within the NHSCT in October 2014.
- Many managers and staff have promoted this campaign throughout their service areas, using a variety of innovative approaches e.g.:
 - HSC change day
 - table ' Talker' in Trust restaurants
 - Included in Practice developments across all sites
 - Included in staff safety briefings
 - Included in induction

SHSCT

- #hellomynameis... launched as key improvement initiative. Implementation plan being developed under Nursing Governance
- #hellomynameis....video and posters developed. Official launch 23rd October 2014.
- Customer Care training entitled: Enhancing the Patient Client Experience developed and piloted with 30 staff over 3 sessions August 2014. Evaluation Report completed Sept 2014. Approx 50 staff trained to date. Challenges with release of staff and capacity to deliver exploring other methods of delivery to ensure maximum up-take.
- Roll out Enhancing the Patient Client Experience programme.
- #hellomynameis-desktop campaign January 2015

WHSCT

- #hellomynameis... ~ launched as key improvement initiative throughout the Trust

SET

- The Trust has successfully launched the #hellomynameis campaign.Trust has actively promoted the Hello my name is campaign.
- Introductions will form part of the Nursing and corporate induction programmes.
- All wards attended Hello my Name is training sessions.
- Posters are displayed and there has been participation in poster campaign
- Red name badge is worn by Nurse in charge.
- Stage in Time training is taking place.
- Customer care training in all wards.
- New start induction now includes introduction focus.
- A wardwalk programme led by Service User Forum members will explore compliance with introductions along with other key topics (e.g. meals focus – completed, night-time experience – planned).

BHSCT
<ul style="list-style-type: none"> • The Trust has successfully launched the #hellomynameis campaign. • A series of 'pop-up' and online events have been delivered across hospital and community facilities. Work continues to ensure sustainability.

Regional Priority 2: Name and designation badges for all staff, except where deemed inappropriate

"Staff did not wear name-badges."

NHSCT
Completed
SHSCT
Completed
WHSCT
Completed
SET
Completed - Discussed with all, ward managers Name badges are procured on starting and all staff wear as policy Photographic ID worn and required for car parking
BHSCT
The Trust has endorsed the use of the name and designation badges. All staff have been encouraged to order and wear badges. The Trust has rolled out the 'Nurse in Charge' badge.

Regional Priority 3: Roles and responsibilities for the team and frequent communication with patient/clients

"I did not know who anyone was or know what was happening."

NHSCT
<ul style="list-style-type: none"> • Ward Sisters/Charge Nurses do rounds at visiting times to speak to patient/client and their relatives. Independent audits of care using the 16 step independent audit tool are used in all areas. • The Trust carries out intentional ward rounds every day. These relate to patient/clients being checked using a holistic approach for pressure ulcers, back care, nutrition and hydration etc.
SHSCT
<ul style="list-style-type: none"> • Roll out programme throughout Trust. • Senior/Lead Nurse carries out daily/shift visit to review nursing care and documentation. Commenced in Surgical Non Acute Wards • Ward sisters monitor staff compliance with contemporaneous writing at bedside to include direct communication with patient/client during the process. This is monitored via frequent ward sister walkabouts ,lead nurse walkabouts and HOS/AD walkabouts • Nursing and AHP staff making themselves available at ward visiting times to speak with families and actively seeking out the relatives to do so.

WHSCT

- The Trust has rolled out, Putting People First Ambassador training, and has a Multi-Disciplinary Team taking this forward. Within the Putting People First Training, there is a section on communication.
- Within wards and teams, there are a significant number of patient/client focused rounds carried out which include, information sharing with the patient/clients.
- Staff have been issued with name badges, which have been designed to be Dementia friendly.
- Ward Sisters and Charge Nurses (Nurses in charge) are aware of their role and responsibility in terms of ensuring patient/clients and their relatives are briefed and kept up to date with information.
- Learning events from complaints and SAI's have been held within the organisation, with focus on the need for transparency and openness in patient/client and family communication.

SET

- This has been identified as a Priority for implementation at Nursing and Midwifery Governance Facilitators meetings. Nurse in charge badge worn on all shifts Requirement that nurse in charge is liaising with patient/clients and their treatment plan /care plan Team handovers etc. MDT meetings

BHSCT

- All staff continue to be reminded of the importance of frequent communication with patients/clients and carers.
- A new Ward Entrance Notice Board for Adult Acute In-patient Wards has been developed and piloted by Clinical Teams. The Board highlights key patient/client experience, safety and quality issues/KPIs, including 'meet the team' and nurse staffing, HCAs, pressure ulcers and falls. Detail on the regionally conceived 'Ward Sister/Charge Nurse Commitments' is to be finalised before rollout.

Regional Priority 4: Improvement in the delivery of patient/client refreshments

"Food is awful, needs looked at. Very little choice. Poor selection."

NHSCT

- There has been focused improvement in provision of food and nutrition to patient/clients in all areas the provision of snack boxes has now been rolled out across both Antrim and Causeway Trust sites. There has been a particular emphasis on the provision of food within the EDs

SHSCT

complete

WHSCT

- Improvements introduced as a result of the Patient/client experience feedback and 10,000 Voices Project in Adult EDs (i.e. The provision of food and refreshments 24/7) has been monitored and evaluations indicate improved patient/client experience.

SET

- Protected mealtimes: Current performance examined through PCE Questionnaire. Principles for protected mealtimes agreed but local arrangements appropriate to each area ensures a more person-centred approach
- Options to ensure that all patient/clients get a meal at the right time/temperature and receive appropriate assistance explored – include reorganisation of ward routines to

reduce unnecessary activity and prioritise mealtimes, increased family involvement, internal and external volunteers

- Trust agreed that giving patient/clients a hot beverage would be a priority, the mechanism for which would be agreed locally
- Compliance to be measure through patient/client stories in joint initiative Dietetics, Patient/client Experience and Safe and Effective Care and user satisfaction surveys
- Vacuum flasks: Committed to achievement of outcome. To determine system / proves for doing so.
- Meals-focused interactive wardwalk held during Oct 2014 at LVH. Service User Forum tour of catering facility and processes. Visit to 4 wards held. Discussion of meals-focused aspects (meals service / assisted feeding / protected mealtimes) held at bedside plus discussion with ward staff (OOH meals provision / management of assisted feeding etc.). Questionnaires completed. For feedback to wards, catering manager and clinical Nutrition Sub Committee. Further piece to take place at UHD during Q3.
- To implement night-time experience monitoring Dec 2014 using technology-based approach through bedside monitors. Pop-up question sets to be promoted to patient/clients (meals / OOH / night-time / ED etc). After completing pop-ups, patient/clients will be thanked and offered additional survey completion options.
- An approach has been developed whereby Clinical Nutrition Subcommittee, Catering Service, Ward Managers, Dieticians, Service User Forum reps, patient/clients at bedside will partner to explore a meals-focused quality improvement initiative (meals service, assisted feeding, nutrition, protected mealtimes etc.) over 2014-16. A questionnaire has been drawn up collaboratively and administered across 4 x LVH wards during a multi-professional ward walk. Findings raised focused upon issues of portion size, protected mealtime preferences, and assisted feeding symbol standardisation. Instruction to patient/clients re: bringing food in for consumption / storage etc. A presentation will be made at CNSC on 27.11.2014. Further programme expansion took place across UHD during December.
- A meals focus has been designed for integration into Hospedia bedside system – pop up question set.
- The Trust has initiated development of a patient/client experience feedback app which will have a meals-focused question set included.

BHSCT

- Focused improvement work continues in Belfast City Hospital, and learning shared at the Trust Food and Nutrition Steering Group. Additional work has commenced in the Royal Victoria Hospital, including the development of a roles/responsibilities paper to ensure improved coordination between nursing and catering staff.
- Improvements introduced as a result of the Patient/client experience feedback and 10,000 Voices Project in Adult EDs (i.e. The provision of food and refreshments 24/7) has been monitored and evaluations indicate improved patient/client experience.

6.1 Summary of local improvement activities during 2014/15

The aim of the Patient Client Experience work programme is to drive improvements in the way services are delivered to enhance patient/client, carers and families experiences of the health and social care services. Trusts have engaged in a number of local improvement activities in order to improve the patient and client experience as highlighted below.

Trust	Improvement Initiative	Description
BHSCT	Ward entrance notice boards	A new Ward Entrance Notice Board for Adult Acute In-patient Wards has been developed and piloted by Clinical Teams. The Board highlights key patient/client experience, safety and quality issues/KPIs, including 'meet the team' and nurse staffing, HCAs, pressure ulcers and falls. Detail on the regionally conceived 'Ward Sister/Charge Nurse Commitments' is to be finalised before rollout.
	Patient Client Feedback Tool	During the latter quarters of 2014/15 the Trust will develop a patient/client feedback tool for use by clinical teams. The tool is required to collect 'real time' feedback on the experiences of patients/clients. This will enable clinical teams to plan, deliver and monitor improvements. The Patient and Client Experience Standards Survey used for the focused re-monitoring in Wards/Departments previously surveyed has been rolled out in other Wards/Departments, including: <ol style="list-style-type: none"> 1. Survey of the service provided by RVH Ward 6A (Vascular) to patient/clients with amputations, 2. The Tissue Viability Nursing Service, and 3. BCH Direct.
	HSC Pledge Day	The Trust successfully delivered on HSC Pledge Day by means of a series of 'pop-up' and online events across hospital and community facilities.
	'Nurse in charge' badge	A nurse in charge badge will be piloted in a range of wards across the Trust including Critical Care, Cancer Care and Muckamore Abbey Hospital. The Badge was launched at an event on

		Tuesday 18 th November 2014 and has now been rolled out across the Trusts.
	Communicating Feedback from Patient/client Experience	<p>Patient and Client Experience data have been used in a series of recent initiatives delivered across the Trust. These include:</p> <ul style="list-style-type: none"> • The 'Belfast Experience' DVD • 'Let's Talk, Trust' – a campaign to develop a Trust purpose. • The STEP programme – a quality improvement programme for medical staff.
NHSCT	Peer Review and audit of all in-patient settings	<p>Each week lead nurses / service leads review nursing care in a colleagues area of responsibility the focus is specifically on the nursing components of care delivery and includes an observation of attitudes and behaviours, delivery of a meal service and first impressions on entering the care setting. The work is based on the adaption of the '15 steps initiative' implemented by the Department of Health England. These audits provide validated assurance in relation to care issues, including the overall PCE Standards. They include:</p> <ul style="list-style-type: none"> • Feedback immediately to ward sister / nurse-in charge if there are any concerns with care processes observed / reported by patient/clients. • Verbal report re: overall impressions to professional colleague who holds responsibility for ward • All audits returned to Deputy Director of Nursing for analysis • Monthly report generated for EDoN to share at Trust Board and same presented in Performance Report • Current focus on recurrent themes arising from results – <ul style="list-style-type: none"> ▪ Welcome Sign for Ward ▪ Photograph / Information explaining the different uniforms seen within the clinical setting. • Monitoring through scores from subsequent data sets
	Revision of care planning documentation	<p>The Trust have identified the need for patients and clients to be involved in decisions regarding their care / care management plans – a revision of care planning documentation is currently being piloted in acute inpatient medical and surgical wards in Antrim Hospital. The focus is on a collaborative approach to care planning – the key is to involve patient/clients</p>

		and their family in decisions about their care – one of the indicators of the PCE standards.
	Ward information leaflets	The Trust have identified the need for the provision of written information to supplement verbal information given. As a result, Nursing Teams have developed ward information leaflets for patient/clients and families. The leaflet is left at bed space when it has been cleaned and prepared for the next patient/client. Being adapted for all wards and departments – this augments the information on the trust internet site for patient/clients on ‘Coming in to Hospital’.
	Patient/client Care Rounding	Ward nursing teams conduct intentional rounding every 2 hours in addition, ward sisters conduct a ward round during afternoon visiting to engage with patient/clients and families.
	Real time patient/client feedback	Trust will pilot and implement a real time patient/client feedback tool which will use mobile IT devices to gather patient and client experiences. Currently technology would not work in the in-patient bed areas – inadequate WiFi signal for system to operate.
SEHSCT	Partnering in Patient/client Experience	Actively working with patient/clients, volunteers and Service User Forum to monitor and evaluate patient/client experience and develop suitable tools geared to support improvement in: <ul style="list-style-type: none"> a) Volunteer Patient/client experience role b) Night-time patient/client experience focus (includes developing a training package for volunteer roles) c) Mealtimes, assistance and catering (includes developing mealtime / assistance patient/client experience feedback tool) d) Staff introductions – as per regional priority

	PCE Standards	<p>Reinforcement of PCE Standards: Patient/client story presented at beginning of every Trust Board meeting.</p> <p>Implementation of SET rolling programme in place across inpatient, outpatient and community settings.</p> <p>. Night time experience measured through inclusion in patient/client experience questionnaire – with additional focus on specific night-time / OOH monitoring.</p>
	Areas of Audit – with developed Action plans focused on improvement as a result of monitoring	<p>A group of 7 wards have been audited using the Regional PHA audit tool, observations of practice and patient/client stories and action plans have been developed which focus on local improvements within each of these areas</p> <p>An electronic patient/client feedback system has been introduced with 16 wards included in the pilot phase. Patient/clients provide feedback through the bedside monitoring system.</p> <p>The Trust has developed its patient/client experience monitoring tools in partnership with patient/clients and have introduced two additional key themes (in addition to the 5 x regional themes). The additional themes are:</p> <ul style="list-style-type: none"> - Response to Need – with its sub-elements x 7 referring to timely and effective response to your needs in relation to pain relief, toileting, drink / food, distress, medication and personal care. A further sub-element address feeling safe whilst receiving care. - Your Family / Visitor / Carer – with its sub elements x 3 referring to welcome / courtesy, provision of written / verbal information and inclusion in care discussions. These items have all been introduced after having been deemed important by service users. <p>The Trust is focused on fully integrating Patient / Client Experience Monitoring resources with 10,000 Voices Programme resources to provide a comprehensive system whereby quantitative and qualitative monitoring work together well to (a) support action plans for quality improvement and to (b) best target the use of experience monitoring resources.</p>

	Volunteering in Patient/client Experience	The Trust recruits volunteers to conduct bedside surveys / interviews. Topics include general inpatient / night-time experience / introductions / meals & nutrition / smoke-free sites etc. An induction / training solution is in place and the function operates in partnership with ward managers.
	Service User CONNECT Events	The Trust holds CONNECT events twice-yearly. At each event a group of service users attend and participate in interactive workshops (e.g. (a) questionnaire design, (b) wardwalk partnership planning) aimed at improving patient/client experience. At each event, Trust and external service leads have speaker slots that inform users of latest activity (e.g. (a) ED activity and planning, (b) hospital site security arrangements) and offer users involvement opportunities (e.g. NIAS improvement work, QUB PPI improvement research) relating to user experience.
	Complaints	The Trust monitors complaints / compliments relating to patient/client experience. From such monitoring, a sub-group has been established to explore improving the quality of user experience in relation to mobility issues at hospital sites. The Trust has established a Complaints / PPI / User Experience Monitoring partnership.
	Friends and Family Recommendation Test	The Trust has adopted the Friends and Family Recommendation Test and includes this on user experience proformas.
SHSCT	Improvements in pain management	The Trust has developed a plan to improve patient/client experiences relating to pain management. The Trust undertook a snapshot Audit in June 2014 to provide baseline. Training of nursing staff to prescribe and administer PGD will take place within various areas and triage nurses will be advised that if patient/clients are in pain to escalate to senior doctor in minors to prescribe same. In addition, clinical sisters to undertake audits to monitor progress. The Trust has identified pilot areas and will roll out this improvement activity to further areas throughout 2014/15.
	Review of information leaflets on relevant conditions	Packs to be made available in the pilot ward (4 North) at ward level include the following: <ul style="list-style-type: none"> - DHSSPS, How you can help us prevent and control infection in hospitals, information for patient/clients and visitors - Patient/client and Visitor Information leaflet/Hand washing technique - HSC, Reducing the Risk of a Blood Clot: Your guide to preventing blood clots - We Value your Views

	<ul style="list-style-type: none"> - Patient/client Support Leaflet - Getting Ready to Leave Hospital <p>Condition related leaflets to be added as required which may include: -</p> <ul style="list-style-type: none"> - Falls - Laundry - C/Diff - Norovirus - MRSA - Pressure Ulcer <p>Roll out to other wards within Surgery and Elective Care</p>
Timely discharge preparation with use of HUB and white board meetings.	The Trust plans to establish an Admission and Discharge Steering Group/Working Group to ensure the delivery of improved processes relating to admission and discharge of patient/clients. The groups will identify barriers and areas for improvement and develop action plan to address these – progress will be monitored.
Senior lead nurse / daily ward visits	<p>During daily ward visits by Lead Nurse, patient/clients will be spoken to regarding their experience, issues they have and improvement to their care.</p> <p>5 Charts reviewed weekly in each ward and feedback given to all staff and Ward Sister, corrective action will be taken immediately if required, this will be supported by Ward Sister adopting daily approach with all ward staff.</p> <p>Frequent Senior presence on all wards by Assistant Director and Heads of Service to ensure senior managers are visible and approachable to all staff with a view to continuous improvement.</p> <p>Out of Hours visits by Lead Nurses and Heads of Service to ensure that this equitable with the service delivered in the in hours periods and engage with staff who primarily work in the out of hours period and wouldn't normally have the opportunity to speak to senior management</p> <p>One to one meetings with Assistant Director, Heads of Service, Lead Nurses and Ward Sisters, service development action plans agreed at each meeting and followed up by monthly reviews with Heads of Service, Lead Nurses, Ward Sisters in line with the Trust's view of team work.</p>
Client Activity Plan	This improvement initiative has been adopted for the Bluestone unit in SHSCT. In involves each Ward having a weekly activity Plan covering 7 days and will include activities run by the

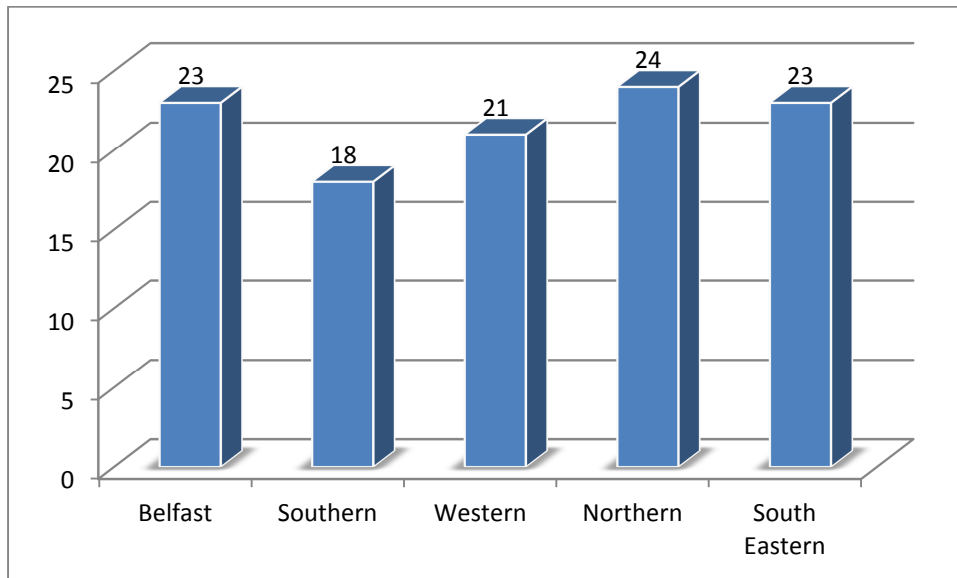
		Nursing and OT Staff. The types of activities will be both recreational and therapeutic in order to improve the patient and client experience. This will be rolled out to all acute Learning Disability units.
WHSCT	Purple Folder project	The award winning purple folder dementia project (recognised at RCN Nurse of the Year 2013) has commenced within the Trust. The staff nurse who developed the programme secured a Martha McMenamain award which has allowed her to work one day per week to roll out the dementia care project in a number of pilot wards. This has included further development work in her own ward (orthopaedics) with a spread to a care of the elder ward on Altnedale site and is currently being spread in two surgical wards. A Trust project group has been established and a spread plan is being developed to ensure there is a systematic approach to the roll out of this programme. Currently volunteers have been supporting the introduction of 'rummage' boxes for the patient/clients and staff to use.
	Pain Relief	A patient/client pain pathway has been developed for the fracture neck of femur patient/clients in the ED to follow through to the ward and post operatively This work is currently being evaluated using patient/client experience and if this is successful then consideration will be given to the introduction of this approach to other areas The Trust will work throughout 2014/15 to introduce appropriate evidence based pain relief score for patient/clients with dementia and cognitive impairment. When this has been evaluated then the work will be spread if there is a positive outcome
	Call back system	Trust is exploring the potential of a call back system which would allow patient/clients and their relatives (especially those with behaviour challenges) to leave the dept and be called back without losing their place in the queue. Technology to support such a plan or system is currently being considered and will be developed throughout 2014/15.
	Provision of information for Patient/clients	Trust has identified the need for good quality meaningful patient/client & family information. The Trusts are looking at information from Design Council England in relation to the provision of information for patient/clients. Presentation has been made to the Trust ED Patient/client Flow reform Board.
	Visiting Policy	The Trust has identified issues regarding visiting time and access to patient/clients outside the stipulated times. A workshop was held with trust patient /client steering group to develop

		the existing visiting policy
	Learning from Complaints	learning event with senior nursing staff and the WHSCT complaints forum where a complaint was shared and the learning and key improvements discussed and reviewed for wider implementation, this presentation was also shared at regional level
	Volunteering	Work is on-going with some of the voluntary bodies who provide on-going support for cancer patient/clients and a video currently being made in partnership with the Trust to highlight their contribution to patient/client care. Volunteering service recently awarded the Queens Award for voluntary service in the Trust

6.2 NIAS feedback during 2014/15

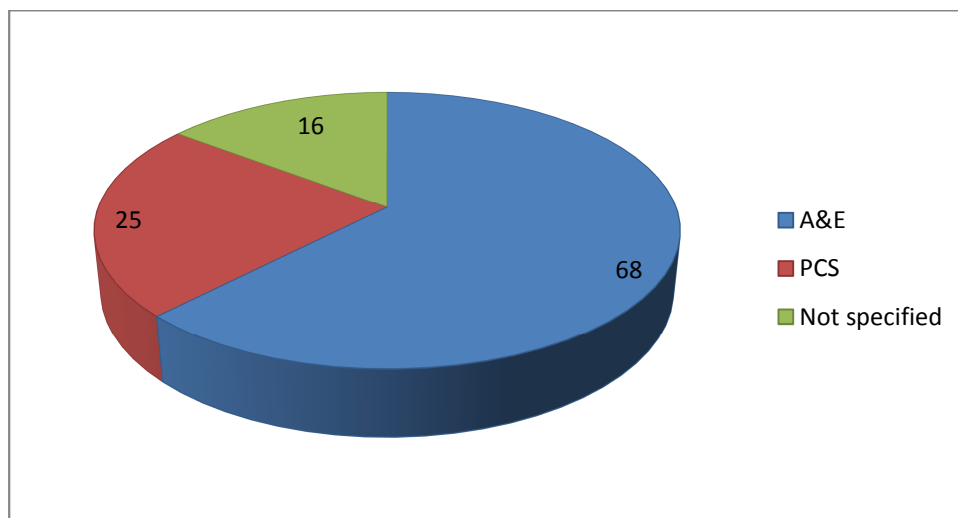
Between April and December 2014, a total of 109 patient/client stories related to ambulance services were collected. Of these, 23 were in the Belfast Trust, 18 in Southern Trust, 21 in Western Trust, 24 in Northern Trust and 23 in South Eastern Trust.

Diagram 1: Patient/client Stories by Trust Area



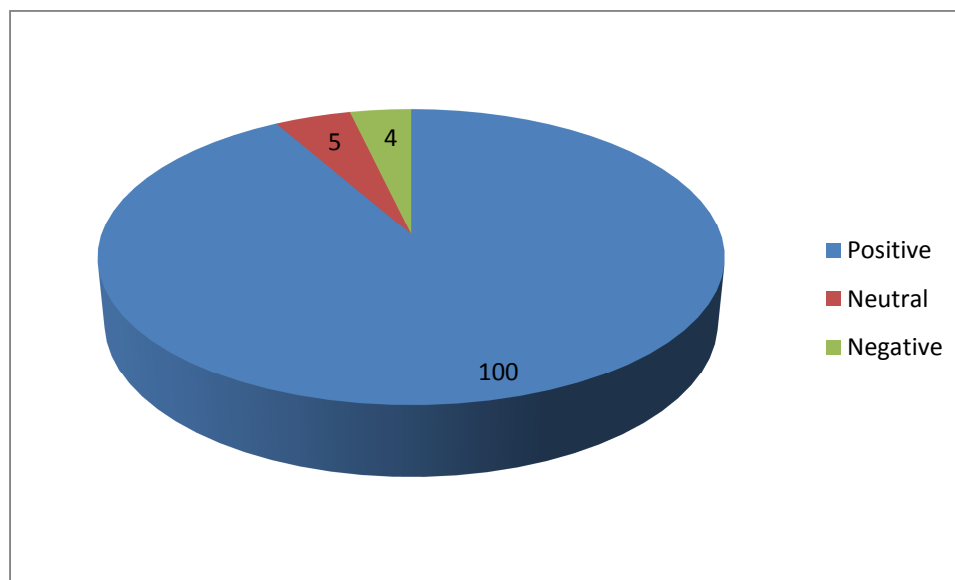
Of the patient/client stories collected, the majority, 68, were related to Accident & Emergency services and 25 were about the Patient Care Service (the remainder were not specific about which NIAS service they had used).

Diagram 2: Patient/client Stories by Service



The vast majority of patient/client stories received by the Trust (100) were positive, 4 contained specific adverse comments (3 of which concerned delayed A&E responses) and 5 were neutral.

Diagram 3: Nature of Patient/client Stories



A further 122 stories were attributed to NIAS before the development of the NIAS-specific survey.

Promoting the 10,000 Voices survey questionnaire among NIAS patient/clients has proved a challenge, but the responses so far have generally been positive. A workshop with the PHA and service users was held on 16 June 2014 with the aim of reviewing the themes emerging from patient/client stories collected up to that point. While it was recognised that emergency response times are critical, the importance of a caring and compassionate approach, proper introductions and the need to keep patient/clients informed were highlighted as major issues for NIAS service users.

The next phase of the 10,000 Voices project is to carry out a survey of NIAS staff on how they are able to deliver patient/client experience. A pilot of the staff survey was carried out in NIAS during December 2014. The aim of the pilot was to test the proposed survey questionnaire among a representative group of staff. The results of the pilot and survey responses from the other Trusts were used to develop the final version of the survey questionnaire.

NIAS has developed a methodology for undertaking observations of practice which is relevant to an ambulance environment. Observations of practice against the patient/client experience standards are undertaken by Clinical Support Officers who are supernumery to the staff they are observing. They are in a position to observe the care and treatment patient/clients receive and support staff in the delivery of best practice and high quality care. Feedback is given to the member of staff observed to inform practice and further enhance the patient/client experience.

During 2014/15, observations of practice were carried out by staff in the Southern Area. Observers were trained in carrying out observations. A total of 33 observations of practice were carried out during the period in a wide range of emergency situations. The observations carried out during the period provide further evidence of positive patient/client experience as well as identifying areas for improvement. Observers have reported that patient/clients are being treated in a way which is in keeping with the patient and client experience standards. Evidence from the observations indicates that patient/clients were treated as individuals, their wishes were respected and taken into consideration and they were made to feel safe and secure. Communication with patient/clients and relatives was appropriate and sensitive to their needs.

The information gathered from observation of practice is used to compliment that obtained through the use of other tools and methodologies such as the review of compliments and complaints. The outcomes of observations will help managers and staff to identify gaps and put in place arrangements to improve practice and deliver more person-centred care

Learning from Results

The NIAS Trust acknowledges the positive feedback received from patient/clients and will continue to focus on the relevant regional priorities:

- Staff Introductions
- Patient/client centred communication skills

In addition NIAS have prioritised addressing staff attitude and will raise awareness of and communicate the patient/client experience standards across all staff groups highlighting this area through:

- Corporate Induction Resource Pack
- Contribute to the development of the HSC-wide Putting People First training
- Clinical training programmes and annual refresher days

NIAS is working to promote the standards and 10,000 Voices project through training, social media and engagement with managers and staff. NIAS is also working with the PHA to develop a multi-disciplinary group which includes service users to analyse results and identify learning and action required. A system is in place to ensure action is taken in respect of issues identified within complaints and patient and client experience work streams. Regular reports on emerging themes and actions taken to demonstrate learning from this feedback continue to be provided to the Senior Executive Management Team and Trust Board. The Trust is aware that attitude, behaviour and communication are continuing themes reflected in complaints and continue to work to address this through internal processes including training. Direct observations of practice enable individual feedback to be provided in a timely manner to crews thus promoting learning and reflective practice. This is further enhanced by individual tutorials with staff to address practice issues promoting learning and a patient/client centred approach.

7.0 ADDITIONAL REGIONAL PATIENT AND CLIENT EXPERIENCE WORK

DHSSPS Patient and Client Experience Survey

During 2014/15 the DHSSPS issued a postal survey to a sample of patient/clients who had been discharged from hospital across the five HSC Trust areas. The survey was focused on the patient/client's experience of their care and treatment whilst they were in hospital and used a traditional 'tick box style' survey methodology. A process will be established between the PHA and DHSSPS to ensure the findings from the DHSSPS Survey and identified areas for improvement will inform and complement the patient and client experience work plan for 2015/16.

Thematic Reviews

Thematic reviews are commissioned through the Regional Quality, Safety and Experience Group (QSE).

The aim of the thematic reviews is to undertake a more in-depth review of issues which have been identified through themes/trends/clusters in the analysis of SAI's, complaints and patient and client experience. All of the thematic reviews undertaken in 2013/15 have taken into consideration the information received from Patient and Client Experience monitoring. During 2013/15 the following thematic reviews were developed:

- Regional Review of HSC Serious Adverse Incidents - Relating to Identifying and Responding to Deteriorating Patients within Acute Services.
- Regional Review Serious Adverse Incidents relating to loss or failure to follow up
- Regional Review of Serious Adverse Incidents relating to falls in hospital
- Regional Review of Serious Adverse Incidents relating to venous thromboembolism (VTE)

The thematic reviews are discussed with HSC Trusts and plans are put in place to implement recommendations.

Two areas where patient/clients have continued to highlight issues are in relation to the management of pain and nutrition. A thematic review will be undertaken during 2015/16 looking at feedback from patient/client stories and complaints.

On-going Work Relating to Nutrition

Nutrition was highlighted as an area for improvement through qualitative feedback from patients and clients and via various other sources e.g. complaints etc.

The regional Promoting Good Nutrition Steering/Implementation Group was established to support the implementation of the Promoting Good Nutrition Strategy. This group provides the strategic direction to issues pertaining to food nutrition across all sectors of the HSC.

Table 10 - feedback from patient/clients in relation to nutrition Examples of good practice;	
WHSCCT	<p>"Genuinely no improvements needed. I would live in it. Food is also excellent, couldn't get better in a hotel – always very hot and plenty of variety. Staff are next to none".</p> <p>"Needed help with eating and drinking. Nursing auxiliary was very good at helping me with this."</p>
BHSCCT	"Most of the menu was far from what I normally eat; just differences in culture, but everyone else enjoyed it".
SET	<p>"There is this one girl I don't think she is a nurse who keeps offering me tea – something like that".</p> <p>"They sort of don't push anything onto you like your meals they don't push it onto you".</p>
NHSCCT	<p>"The food is excellent and you get a lovely hot cup of tea".</p> <p>"Food is excellent – far too much, I don't have a big appetite".</p>
SHSCCT	"I got help with eating and drinking when I needed it"

Table 11 - feedback from patient/clients relating to nutrition examples of areas for improvement;	
WHSCCT	"First time I was brought water on Saturday morning had none on Friday night".
BHSCCT	"Improve waiting area, provide refreshment area maybe".
SET	<p>"Not a big choice between lunch and dinner".</p> <p>"No, yea sorry I think when it comes to the meals it seems like it's a case of a surprise what you are going to eat".</p>
NHSCCT	"Food is horrible – staff will make tea and toast at night which is great. Selection not good – time between dinner and breakfast too long. Not so nice when you have been in hospital as long as me".

SHSCT

"The tea is cold by the time I get to drink it"

"No decaf tea/coffee"

Based on feedback from the monitoring of the PCE Standards, a number of measures have been implemented within HSC Trusts to improve the nutrition of patient/clients. Below is a sample of improvements which Trusts have implemented:

- *Introduction of a 24 hour food service in ED departments for patient/clients who are identified as 'likely to be admitted'. These patient/clients will be offered meals from the time that they attend the ED until they are able to be settled into the ward.*
- *Introduction of a 'Here to help' and a 'meal time support volunteer service'.*
- *A new two week inpatient menu has been introduced to increase the variety and appropriate menu options for patient/clients and discuss feedback regarding quality of food.*
- *A project has been piloted in specific areas in relation to increasing the calorific intake of patient/clients who are at risk of losing when upon admission to hospital e.g. extra butter / full fat butter.*
- *SEHSCT have introduced a meals-associated user experience monitoring programme. A monitoring tool was co-developed with service users and service leads (nursing, catering, nutrition) at a Trust CONNECT event during September 2014 and pilot during October 2014 with 19 patient/client interviews and 4 ward group interviews held. Findings from the pilot informed further tool design and a report made to the Trust Clinical Nutrition Committee. The monitoring tool has since been administered with monthly reporting across 16 wards. The tool has been loaded onto the bedside monitoring system for easy electronic access with automated reporting built-in.*

Complaints

During 2013/15 all complaints reported to the HSCB relating to Patient/client Experience were reviewed by a professional officer. The patient/client experience team (PHA), are currently members of the regional complaints sub-group; a group established to consider complaints arising from the regional HSC services. This group is responsible for the dissemination of regional learning across HSC organisations in relation to complaints to ensure patient and client safety and quality of service is improved. This is carried out in a variety of ways including thematic reviews or articles contribute to a 'learning newsletter' for regional dissemination. Feedback from complaints is regularly given to relevant groups in order to identify links with patient and client experience and improve practice overall.

GAIN Audit

The PHA in partnership with Guidelines and Audit Implementation Network (GAIN) and HSCB carried out a regional audit of the experience of users and carers within mental health services in NI. This was published in June 2013 and gives the experience of over 700 patients and clients. The audit identified that people value being treated with dignity and respect, being listened to by professionals and having continuity of care. Over the next 2-3 years a number of measures will be undertaken in mental health services to take forward action plans to address the audit findings. The action plans will be taken forward by each HSC Trust in partnership with service users and carers, as part of the recovery development process (Implementing Recovery through Organisational Change IMROC). It is anticipated that the audit will be repeated in 2015/16 to measure sustained improvement.

Putting People First

In previous years; through the monitoring of patient and client experience and complaints, 'staff attitude' and 'behaviour' were identified as current themes for improvement by patients and clients. As a result the Patient and Client Experience Working Group worked with the HSC Leadership centre to develop a 'Putting People First' training package for HSC Staff which will incorporate feedback from the Patient and Client Experience as well as complaints.

8.0 CONCLUSION

There has been a significant focus by the PHA and HSC Trusts to implement and measure compliance with the patient/clients' experience standards from April 2013 to March 2014. Overall the feedback was positive however there are always opportunities for improvement. There had been extensive monitoring of patient/client experience in 2013/14 and the years previous to this, therefore the Patient Client Experience Steering Group agreed to focus on improvement for 2014/15 in relation to four regional priorities which were identified as a result of the previous monitoring. In addition Trusts had agreed to focus on local improvement work based on their own individual feedback.

The PHA and HSC Trusts use a variety of methodologies to gain the patient experience and it is understood that each method of feedback used by the Trusts has its strengths and weaknesses. This highlights the importance of using a suite of methods to improve services for patient/clients, carers and their families.

One of the main findings of the patient/client experience feedback has been that there is no "one size fits all" approach to improving experience and that what works really well in one setting might not work so well in another. Feedback from 2014/15 has captured evidence of a wide variety of improvement activities taking place at different speeds within the different Trusts. Whilst there are emerging impacts, the full scale and extent of outcomes will take much longer to manifest.

There are however, some key factors and themes that are important to consider, such as the need for an experience programme to be incorporated across health and social care, the power of stories and the need to make the patient/client experience strategy central to the core goals of each organisation. There is a great deal of work being undertaken across health and social care to engage patient/clients in decisions about their own care, about the running of services and, increasingly, the prioritisation of services. Patient/client experience activities need to focus on helping people to understand the competing pressures within the health system, as well as understanding the ways in which improving patient/client experience, clinical effectiveness and safety are connected.

The commitment from the patient/client experience work is that it is more than a collection of patient/client stories, observations of practice and surveys, it is about:

- *Listening to patient/clients*
 - *Learning from patient/clients and*
 - *Improving the quality of services for patient/clients by involving patient/clients*
-