

**NHS Lothian Draft Strategy:
Involving People, Improving the People's Experience of our Care**

Draft Action Plan 2009- 2013

The draft Action Plan is divided into two sections: Involving People and Improving People's Experience of Care, which reflects the two sections of the draft Strategy. The action plan has begun to set out some possible actions in order to aid discussion on how we might meet the ten aims set out in the two sections. Feedback from patients and members of the public on the initial draft strategy indicated that people would find a draft action plan with some key possible actions to comment upon helpful. Feedback received to date on the draft Strategy and Action Plan will be collated and analysed together with further comments before reporting to NHS Lothian Board. Leads and timelines will be set following that analysis. The finalised Action Plan will be sent out to all respondents.

Reporting of progress on the implementation of the finalised action plan will be to the Involving People Group and the Healthcare Governance and Risk Management Committee of NHS Lothian.

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

1. Involving People			
Aim	Actions	Lead	Date

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

Aim	Actions	Lead	Date
<p>2. Build more – on what works using evidence/expertise and feedback – supporting local leadership potential and skills in our local leadership potential in our communities.</p>	<p>2.1 develop the capacity of local communities to engage with NHS Lothian in particular with public health and health promotion to address health inequalities and health improvement.</p>		
	<p>Health promotion requires the co-operation of schools and the health education programme: but this may be beyond the scope of this Action Plan. However, there are close links between clinics in or near schools and health education: there needs to be joined-up thinking here.</p>		
<p>3. More ways - develop plans for people to engage with us about what they are interested in by becoming a member of NHS Lothian Involving People network to help broaden the involvement of people in the public partnership forums (PPFs).</p>	<p>3.1 research and cost plans for developing an Involving People Network</p> <p>3.2 if approved set up the membership database</p> <p>3.3 evidence how membership has provided greater opportunities for informing and engaging.</p>		
	<p>The involvement of people in the PPFs is a big issue. Unfortunately the 're-design' of the SEPPF Co-ordinating Group has been done on 'top-down' principles, undemocratically, where members have been selected and appointed rather than emerging from the grass roots and voted for. This has meant that representation from deprived communities has been from staff of organizations rather than actual representatives of those communities (as in the previous PPF). If the involvement of people is to broaden then this policy has to change.</p>		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

Aim	Actions	Lead	Date
<p>4. More accountability and openness in how NHS Lothian does things – put in place better systems to make sure the Lothian Board gets assurance it needs that we deliver public involvement to a high standard and meet our legal duties.</p>	<p>4.1 reporting and reviewing evidence of how service users, carers and the public including from diverse groups, have been involved in service redesign, planning and development of strategies and what difference this has made</p>		
	<p>A good example of involving patients and carers in redesign has been the DCN reprovision project.</p>		
	<p>4.2 monitor progress on the disseminating of information to public and staff on the participation standard</p> <p>4.3 report progress to the Board and to patients, carers and the public on how NHS Lothian is meeting the participation standard and any actions required to support implementation.</p>		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

<p>5. More inclusive - create new and different ways for people to work with NHS Lothian</p>	<p>5.1 establishment of new Faith and Belief Forum</p> <p>5.2 work with voluntary and community groups to ensure engagement from people from the range of diverse groups.</p> <p>5.3 work with partners to improve joint working in engagement in community planning</p> <p>5.4 put in place development plans for the Public Partnership Forums</p>		
	<p>We are not very impressed with what we have seen of the proposal to involve Neighbourhood Partnerships in the development of the PPFs.</p>		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

2. Improving people's experience of care			
Aim	Action	Lead	Date
1. More person centred – we will build and roll out work which focuses on for example: Compassionate care and values based care Safe care and reducing accidents Modernising the charge nurse/ward sister role	1.1 spread and promote the learning from the Compassionate Care Programme and other initiatives to our staff and inform patients and carers of the benefits from such approaches		
	Compassionate care should include sensitive handling of patients with dementia, particularly in A and E, where communication is difficult and misunderstandings can occur. Accompanying carers should be carefully listened to.		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

Aim	Action	Lead	Date
<p>2. More measures – we will use different ways to measure patient feedback and improve what we learn as a result.</p>	<p>2.1 Participate in the National Patient Experience programme (Better Together)</p> <ul style="list-style-type: none"> • disseminate the results of the annual inpatient survey • will produce an action plan to address areas for improvement <p>2.2 implement simple ways for all our patients (including from diverse groups) to tell us about their care experience (e.g. on discharge from our services)</p>		
	<p>We hope that GP's services are included.</p>		
	<p>2.3 evidence how we have improved care and treatment as a result of capturing the patient experience (e.g. the Quality Improvement Programmes)</p>		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

Aim	Actions	Lead	Date
<p>3. More learning and listening –</p> <ul style="list-style-type: none"> • we will improve how we deal with complaints and suggestions and how we learn • meet the needs of people for information • quality of our clinical documentation, e.g. letters 	<p>3.1 Establish a single point of contact and team.</p>		
	<p>3.2 Continue to disseminate the NHS Complaints leaflet and posters. Encourage the use of posters and suggestion cards to encourage people to feedback compliments, suggestions and complaints.</p>		
	<p>NHS Complaints leaflet may need revision, to ensure that it makes clear that any comments are welcome, not just complaints: feedback of any kind should be welcome - suggestions, compliments etc. as well as complaints.</p>		
	<p>3.3.Ensure NHS complaints are responded to in accordance with targets, guidance and good practice and service audited with evidence of acting on lessons learned.</p>		
	<p>3.4 staff awareness and training on NHS Complaints Procedure to be provided</p>		
	<p>There needs to be some staff training on listening – if the patient is telling a member of staff that something runs in a family for example, then the member of staff must not simply continue with a given protocol – they should check out what the patient is saying</p>		
	<p>3.5 Following establishment of patient information centres – evaluate their performance in meeting the needs of patients</p> <p>3.6 Roll out system for information on illness and treatment being downloadable at all consultations</p> <p>3.7 Implement Clinical Information Group, Framework and Action Plan</p>		

RESPONSE FROM SOUTH EDINBURGH HEALTH FORUM

Aims	Actions	Lead	Date
<p>4. More responsive – we will involve people, patients, relatives, carers and communities in the planning and assessment of our services to make sure they are responsive to people’s needs. Ensure patient experience evidence drives improvement in services.</p>	<p>4.1 patients and carers involved in the monitoring of ward environment against standards</p> <p>A wider panel of patient/public reps could be involved in PEAT audits.</p> <p>4.2 involvement in hand hygiene audits and other initiatives to monitor performance on health acquired infections.</p> <p>4.3 involvement in the monitoring of Quality Improvement Programmes.</p>		
<p>5. Grow influence – we will develop and grow our patients and family councils and networks to better represent and influence.</p> <p>We will also involve communities and people in volunteering to help improve their sense of well-being</p>	<p>5.1 expand the hospital forums (e.g. Western General Hospital)</p> <p>5.2 provide training and support to ensure engagement, including from diverse groups, and consistency of opportunity and influence in the improvement of care and treatment</p> <p>Training is needed for CHPs as well as members of the public to help them engage with 'lay' members: 'patients' may have a wide experience of the world of work, and have valuable insights to offer. CHPs need to remember that they are not just 'patients'.</p> <p>5.3 promote opportunities for volunteering in a variety of settings</p> <p>Hospital forums could be most valuable in advancing the health promotion agenda: see for example yesterday's report in the Evening News that at St John's Hospital in Livingston volunteers have established a stall to encourage visitors, staff and patients to wash their hands, installing 'a UV light to detect dirt and germs'.</p> <p>5.4 ensure NHS Lothian meets Investors in Volunteers and deliver the Framework for Volunteering</p>		