Cheshire and Mersey
Critical Care Network

Patient and Public Involvement Strategy 2019-2021 Cheshire and Mersey Critical Care Network (CMCCN)

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Cheshire and Mersey timescales:

Time	Action
December 2019	Share draft as with Clinical Effectiveness Task Group
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Cheshire and Mersey Critical Care Network (CMCCN

The Cheshire and Mersey Critical Care Network is clinically led, and has developed out of a strong history of clinicians working collaboratively. CMCCN aims to build on the strengths and skills available across the traditional clinical and organizational boundaries, recognizing that the opportunities available for improvement and development can be greater collectively than those available to a single organization.

The CMCCN's vision is set out in six gold standards (Table 1) all of which aim to share best practice across clinical and service improvement priorities. One of these standards is to have a Patient and Public Involvement strategy.

Cheshire and Mersey Critical Care Network Gold Standards
Patient and Public Involvement Strategy in place
Hospital wide approach to critical care
Network workforce strategy in place
Network wide guidelines and protocols in place
All transfers carried out according to Intensive care Society guidelines
Improved information to support the commissioning cycle.

Table 1: Gold Standards of the Cheshire and Mersey Critical Care Network

INTRODUCTION

This strategy aims to cover the period 2019-2021, and progress will be reviewed by the Critical Care Network Board on a 2-yearly basis. Implementation and outcomes from this strategy will be included in the Network's annual plan.

This document is designed for use within Cheshire and Mersey Critical Care Network (CMCCN). It lays out commitment to drive forward patient and public involvement in relation to critical care services across the 12 Trusts that the Network serves (Table 2).

Hospitals Included in our Network boundaries (formal Trust names)		
Aintree University Hospital (Aintree University Hospital NHS Foundation Trust) Now known as Liverpool University Hospitals NHS Foundation Trust (Oct 19)	**Macclesfield Hospital** (East Cheshire NHS Trust)	**Royal Liverpool Hospital** (Royal Liverpool & Broadgreen University Hospitals NHS Trust) Now known as Liverpool University Hospitals NHS Foundation Trust (Oct 19)
Liverpool Heart and Chest Hospital (Liverpool Heart and Chest Hospital NHS Foundation Trust)	**Liverpool Women's Hospital** (Liverpool Women's Hospital NHS Foundation Trust)	**Whiston Hospital** (St Helens & Knowsley Teaching Hospitals NHS Trust)
Countess of Chester Hospital (Countess of Chester Hospital NHS Foundation Trust)	**Leighton Hospital** (Mid Cheshire Hospitals NHS Foundation Trust)	**Southport Hospitals** (Southport & Ormskirk Hospital NHS Trust)
The Walton Centre (The Walton Centre NHS Foundation Trust)	**Warrington and Halton Hospitals** (Warrington and Halton Hospitals NHS FoundationTrust)	**Arrowe Park Hospital** (Wirral University Teaching Hospital NHS Foundation Trust)

Table 2: Hospitals within the Cheshire and Mersey Critical Care Network.

To be included in addition to the above trusts is Nobles Hospital, Isle of Man.

CMCCN is aware that each Trust has its own responsibilities for ensuring that Patients and the Public are able to actively contribute to the care that they receive. The strategy has been developed to help individual Critical Care Units identify and meet the needs of those patients, members of the public and users who access their services. This strategy is not intended to supersede any existing Trust-wide PPI strategies, but instead is designed to complement them, by addressing some of the very complex needs of the Critical Care patient, carer or user.

A Patient and family experience group was set up in 2019 by CMCCN to review and update this policy and to provide a forum for critical care patients and families to provide feedback and suggest improvements to critical care service delivery in Cheshire and Mersey. CMCCN have developed close links with the local ICU Steps patient and family support groups who also send representation to the patient and family experience meetings.

CMCCN will provide audit tools, against which each Trust can audit themselves and provide a focus for change in their area, for example: Relatives Satisfaction Survey

BACKGROUND

This strategy has been produced to provide direction to the Network's development of patient, public and staff partnership. This document reflects the Network's recognition that patient, public and staff partnership is an essential part of its work, and is reflected as being one of the 6 gold standards. The national drivers identified during the development of this strategy are listed in Table 3.

NHS Drivers for Patient, Public and Staff Involvement
NICE CG138 (Patient experience in adult NHS services: improving the experience of care for people using adult NHS services).
Department of Health and Social Care: NHS patient experience framework.
NHS Long term plan 2019
The Health and Social Care Act
The National health Service reform and health care professions act
The Clinical Negligence scheme for trusts
Standards for Health
Choose and Book
The Kennedy Report of the Bristol Royal Infirmary Inquiry
Guidelines for the National Institute for Clinical Excellence
Now I Feel Tall

Table 3: Hospital external drivers for patient, public and staff involvement

There are also a number of items that drive forward which are specific for critical care. These items are listed in Table 4 below.

National Drivers for Critical Care
GPICS V2 2019 (Guidelines for the provision of Intensive Care services version 2).
DO5 – Adult critical care 2019
ICUsteps (ICUsteps.org).
Comprehensive Critical Care
Quality Critical Care Beyond Comprehensive Critical Care
Critical Care Minimum Data Set
Payment by Results for Critical Care
Intensive Care Society- Crit Pal
Getting it right first Time (GIRFT) critical care review

Table 4: Drivers specifically for Critical Care

"What is PPI?"

PPI stands for Patient, Public and User Involvement. The patient aspect of the title is self-explanatory; the public and user aspects represent relatives, carers or anyone who has access to health service provision. Patient and Public Involvement can be defined as active participation in treatment, making choices and involvement with the development of new or existing services.

"Why do we need PPI?"

Today's modern NHS is striving to make a service that has the patient and user at heart. Listening to what patients and the public wish for in the NHS - quality of care, information, communication and allowing patients to make informed choices, are integral to the holistic approach that professionals are adopting throughout the Health Service. Further to this, there is now a legal requirement, since January 2003, for NHS Trusts to consult patients and the public with regard to provision of services (Health and Social Care Act 2001, section 11).

On an individual basis, PPI can enhance patient experience of their health service provision, by offering more freedom of choice, with greater information and understanding of treatments and conditions.

Collectively, groups of patients, carers or the public can influence care provision or delivery via many routes. For example, patient satisfaction surveys can drive quality changes in communication or hospitality provision. On another level, patient or public representation on Delivery Groups / Network Forums can help shape service development through the experiences of the user rather than solely the providers, as has previously been the tradition.

BENEFITS OF PPI TO PATIENTS AND PUBLIC

- Increases understanding of conditions and treatments amongst patients, carers and their families.
- Improves communication in all its forms between patients, public and health care professionals.
- Facilitates patients and public in influencing service provision to their own needs
- Enhances the patient and public's feelings of being valued and listened to.

BENEFITS OF PPI TO NHS TRUSTS AND STAFF

- Provides evidence of good practice.
- Provides information related to areas for improvement or new ways of working.
- Provides benchmarking of good practice with opportunities to share experience and innovation.
- Encourages a dynamic approach to quality service provision, through audit processes, evaluation and change management where indicated.

STRATEGY LAYOUT

This CMCCN PPI strategy lays out a framework of subject areas or *Domains.* Within each domain there are Network recommended areas of best practice plus action plans, along with recommended evaluation or evidence of implementation methods. CMCCN recommends that Critical Care Units start by working towards areas within each domain.

The framework domains included are:

- Information
- Communication
- Psychological Support
- Hospitality
- Consultation
- Diversity and Equality
- Spirituality and Religious Care

The framework offers examples within each domain, to help individual Critical Care Units stock-take their existing provision from a PPI stance. The framework is not exhaustive, and individual Critical Care Units may wish to add other services or ideas to their local needs. It is also advised to link the Network PPI into Trust PPI forums.

Most Critical Care Units will find that they are already achieving some of the recommended best practices. It must be remembered that, as well as staff time, there will be varying degrees of necessary financial investment and support, depending on the complexity of the practice being adopted. This should not be underestimated, especially as time and other resources will continue to be needed to evaluate and provide on-going services. The Network will be able to offer advice to individual units as required.

DOMAIN 1: INFORMATION

NETWORK STANDARD	EXAMPLE	ACTION	POSSIBLE STAFF? BY WHOM	TIME FRAME	METHOD OF EVALUATION OR EVIDENCE OF ACHIEVEMENT
Patients, carers public have access to information both as a group and on an individual basis. Information relates to Critical Care Service provision within region and at Trust level.	Patient information leaflets specific to critical care e.g. visiting, telephone numbers, site maps, disabled access, parking, refreshment areas	Make available relatives information booklets on each critical care unit. Display site maps, information on access to parking/permits in visiting areas. Signposts to critical care clearly marked.	Matrons/Nursing staff. clerical assistants. Trust wide PPI group involvement.	Immediate and ongoing as information becomes available.	Relatives information books in place. Relevant leaflets displayed and updated regularly.
Condition specific information made available where possible. *Include Information on rehabilitation-what to expect after ICU*	Specific condition information leaflets e.g. Meningitis, GBS (available through societies). Information Boards about ICU environment ICU recovery resources on delirium and PTSD after critical care illness	Display public information leaflets from specific charitable organisations e.g. GBS society, Meningitis Trust, BHF, BACUP. Outpatient information on ICU follow up	Matrons/Nurses, Clerical workers, Trust wide PPI group involvement	Immediate and ongoing as information becomes available.	Relatives information books in place. Relevant leaflets displayed and updated regularly.
IT information available for patient access. *Online library available across all Intensive care units*	Internet access. Information on Trust website with web address. DipEx. Computer access within Trust for patients & carers (cyber cafés or in visiting areas)	Propose areas for investment in such areas where currently unavailable, to ensure equity of IT information to all patients & public. Supply useful web addresses & links, hospital site, etc.	Senior managers IT department Trust wide PPI group involvement	Medium/Long term	Introduction/Establishment of Patient & Public IT access within Trust.
Pre- op visits / outpatients	Pre op visits-*Information Leaflets to be available*	Achieve pre op visits to all elective cases.	Critical Care Nursing/Anaesthetic staff, AHP's Outpatient departments	Immediate short term	Audit activity to reflect % of pre op visits in place & satisfaction surveys Critical care units to provide outpatient information on ICU follow up

DOMAIN 2: COMMUNICATION

NETWORK STANDARD	EXAMPLE	ACTION	BY WHOM	TIME FRAME	METHOD OF EVALUATION OR EVIDENCE OF ACHIEVEMENT
To ensure all communication to patients, carers and users is delivered in a timely manner and of a high standard that is understandable and clear.	Elective patients & carers meet member of ICU team, have access to written and verbal Communication Provide information about Delirium to patient relatives and Include information regarding Delirium in patients diaries,	Nursing and medical staff provide patient briefing/debriefing during acute and recovery stages of illness, interviews e.g. patient diaries.	Nursing & medical staff	Immediate & ongoing	Audit of patient & carers to show updates taking place. Update activity. System in place to ensure patients & relatives needs are documented.
	Ensure relatives have frequent updates on condition, treatments, etc., ASAP after admission to Critical care, ideally by a senior doctor. Ensure relatives/carers have opportunity to communicate on behalf of incapacitated patients as their advocate Ensure medical discharge summary is clear and easy to read for patients and families.	Interview/update needs to be incorporated into care plans Senior medics to ensure relatives/patients updated at least once during critical care stay.	Nursing Staff Medical Staff	Immediate and ongoing	Evidence of care planning for relatives and carers communication needs. Audit.
	Deliver effective communication across the MDT throughout hospital stay to discharge, ensuring seamless care.	Use holistic, MDT discharge/transfer plans when patient leaving critical care.	Nursing & Medical Staff, AHPs	Immediate & ongoing	Formalised/standardised discharge summary/pathway in place. Compliance audits
	Pass on new ward details, ext numbers to relatives	Transfer detail slips for relatives/carers with ward number or name; direct dial; visiting times.	Nursing & Medical Staff	Immediate & ongoing	Audit of compliance of discharge or transfer details given to relatives.
	Provision of translators for non English speakers. Signing for hearing impaired and audio Braille for visually impaired. Mental Health/Learning difficulties co-ordinator.	Identify Trust resources for translator's, etc., visible information links on these subjects for public & patients. Documentation available in non English.	Trust wide PPI staff, Community liaison/PCT reps	Immediate & ongoing	Evidence of information in patient/relative areas with contacts available.

DOMAIN 3: PSYCHOLOGICAL SUPPORT

NETWORK STANDARD	EXAMPLE	ACTION	BY WHOM	TIME FRAME	METHOD OF EVALUATION/EVIDENCE OF ACHIEVEMENT
Critical Care staff to support patients and carers psychologically to ensure best experience in stressful situations / environment	Information for patients and carers re what to see, hear, expect in ICU (e.g. alarms, equipment, tubing etc) Staff introduced to relatives of patients that they are caring for. Follow-up service when stepping down from Critical Care to identify patients with psychological ongoing problems *Post ICU rehabilitation information available to inform and aid recovery* Patient diaries to help support patients and relatives with information and progress, etc.	One to one discussions between staff/patients/carers. Information leaflets about unit, etc. Unit staff to introduce themselves to patients & relatives to patients & relatives as appropriate. Outreach/follow-up staff to see all discharged ICU/HDU patients within 24hrs discharge ** Change to 48hrs* Follow-Up Clinics / Primary Care Follow-Up Access to counselling/psychologists/ Mental Health Services to support patients/relatives with acute anxiety/stress Critical care staff implement guidelines to drive patient diaries for ICU patients.	Critical Care staff Critical Care staff CCOS Follow-up teams, Counselling services/ Psychologists, Caldicott Guardian CMCCN reps, Critical Care staff.	Immediate & ongoing Ongoing Immediate & ongoing Longer term Short term Medium term goal	Evidence of information in leaflets. Written evidence that relatives welcomed to unit in nursing notes. Updates documented Process for follow-up and referral. Audit of % follow-up Visits within 24 hours. Diary guidelines implemented across Network and adapted for local Trust use. Referral pathway evident for patients/carers experiencing psychological distress. Patient diaries established as routine
	Involve carers and patient in discharge planning, rehab programmes, etc. Post discharge follow-up e.g. clinic, telephone update. Inform GP of patients stay in ICU.	Engage carers and patients throughout the discharge planning process Senior follow-up staff/ Medical staff to write to GP re patient outcome +/- bereavement details. Devise follow-up system e.g. clinic, telephone monitors, parent team clinic	Critical Care staff	Medium longer term	Evidence of discharged pathways that include patient & carer involvement Robust follow-up service in place beyond hospital discharge. Survey success of GP letter information re quality etc.
	Bereavement follow-up for relatives or carers where patient has died.	Critical Care Bereavement Follow-up Services established.*Signposting service For counselling*	Critical Care Nursing staff	Medium to longer term	Bereavement Follow-up Service in place.

DOMAIN 4: HOSPITALITY

NETWORK STANDARD	EXAMPLE	ACTION	BY WHOM	TIME FRAME	METHOD OF EVALUATION/ACHIEVEMENT
Patient, public and users cared for in safe, comfortable and fit for purpose environment	Safe, comfortable environment for patients, suitable rest rooms/waiting rooms/overnight accommodation for relatives.	Ensure all patient areas comply with Health & Safety standards, Risk assessed, etc. Emergency exit routes etc.	Trust Service Leads EBME Risk Management Nursing Staff. Critical care Staff Trust PPI Group Senior Managers	Immediate & Ongoing	Evidence of ongoing equipment checks, emergency exit routes assess etc.
	Dining rooms/waiting rooms/overnight accommodation for relatives. Access to refreshments	Provide best possible relatives' accommodation within available resources. Info re dining room, lay out of unit, toilets etc.	Matron	Immediate & Ongoing	Evidence of accommodation satisfaction surveys/ carers/users Suggestion boxes.
	Toilet facilities including disabled access.	Provide suitable, designated area for relatives privacy.		Short-medium term	Privacy area designated
	Access to telephones. Areas for privacy/breaking bad news.	Information leaflets available in waiting areas, included in relatives information book.		Short-medium term	Information available & visible, easy to access
	Details of nearby hotels B&B etc. shops for patients/carers not local to area.			Short-medium term	
	Rapid access parking including parking permits *Not all trusts have this** Involvement in new build, relocation etc.	Liaise with car park attendants re process for short notice/emergency parking arrangements when patients family are called in Provide car park concessions if able	Security Reception staff	Short-medium term	Emergency parking & system for acquiring member of staff to accompany relatives to critical care in emergency situation.

DOMAIN 5: CONSULTATION

NETWORK STANDARD	EXAMPLE	ACTION	BY WHOM	TIME FRAME	EVALUATION METHOD/EVIDENCE OF ACHIEVEMENT
Non Executive Director Patient representative/a patient representative as Network Board member	Invite PPI rep to meetings on complaints/new services/builds etc.	Pro-active approach to inclusion of patient / public representation at appropriate meetings.	Chairperson / group / panel members	Immediate and ongoing	PPI reps on group circulation lists.
Process of recording positive feedback from patient, public & users.	Log all positive feedback or compliments e.g. cards letters etc. Display on a designated Board for staff & users to see	Report "good news" etc at local & Trust level. Publicise good outcomes/experiences e.g. Trust newsletters, CMCCN newsletter media if appropriate and with consent	Critical care staff, PPI group. Critical care staff, Network, PPI Group Trust wide Press Officer	Short-medium Short-medium	Evidence of feedback via various mediums.
Improve service by actioning changes following complaints or negative feedback.	Log all complaints as per complaints policy Form links to and from PALS	Robust complaints procedure in place to ensure mistakes are learnt from route cause analyses, etc	Governance dept Trust wide, Managers, Matrons, all staff PALS Complaints dept	Immediate & ongoing	Evidence of complaints analyses handling & strategies to reduce occurrence of such complaints.
		Local rep from staff as link to PALS. Information in waiting areas/information books for patients carers & users.	Critical Care staff member/clerical staff/ PALS/PPI	Immediate and ongoing	Suggestion box in situ & system in place to feedback via CCDG/Network/Unit Meetings.
	Suggestion boxes in relatives areas	Provide box for regular analysis and identify themes, etc, for change.			

DOMAIN 6: DIVERSITY/EQUALITY

NETWORK STANDARD	EXAMPLE	ACTION	BY WHOM	TIMESCALE	EVALUATION/EVIDENCE OF ACHIEVEMENT
Involve everyone, whatever their ethnic origin, social background, disability, employment status	PPI representatives from varying back grounds. Questionnaires/surveys in different languages	Advertise need for PPI representatives from both executive and non- executive backgrounds via consultation meetings to reach wide audience via media etc.	Network leads, local Critical Care Manager. Trust Boards PPI at Trust level.	Medium to long term.	Evidence of diverse range of PP representation at consultation meetings etc. (may be Trust already)
Involve users from hard to reach groups e.g. non English speaking, young people, housebound.	Target groups for surveys/suggestions e.g. Teenagers/young parents/housebound relatives.	Patient forums/groups to discuss experiences Design multi-lingual questionnaires.	Critical Care staff Local PPI groups	Medium to long term. Medium to long term	Systems in place to target identified niches for ongoing feedback/ opinions
Create easy to understand information for people who cannot read/experience learning difficulties	Picture card information. Access to learning disability co-ordinator	Obtain views/satisfaction surveys from specific groups. Collect “booklet” of picture cards.	Critical Care staff, students with research remit. PPI groups, mental health groups or charities	Short to Medium term.	Systems in place to support needs of patients or carers with learning difficulties. Systems in place to learn from experiences of those with learning difficulties. Communication that is easy to understand for illiterate.

DOMAIN 7: SPIRITUALITY AND RELIGIOUS CARE

NETWORK STANDARD	EXAMPLE	ACTION	POSSIBLY INVOLVE	TIME FRAME	EVIDENCE / EVALUATION
The provision of access to multi-faith chaplaincy or spiritual needs resources, whether of a religious origin or otherwise. Provide places for relaxation, peace or reflection for patients, carers and users.	Available lists for multi-faith ministers. Staff aware of how to contact ministers. Multi-denominational chapel on site. "Reflection" / "Quiet" rooms for non religious users. *Outside space* or relaxation accessible.	Ensure up to date lists of ministers located with switchboard. Incorporate minister calling into pathways or care plans. Signpost places of worship / places for relaxation & include in information leaflets. Business plan for commissioning of such areas in the absence of facilities	Critical Care staff Matrons Site Managers Switchboard staff Religious Ministers PPI representative Voluntary organisations Local sponsors / businesses Senior Managers Estates Staff	Immediate and ongoing Long term	Updated lists of ministers available. Evidence of religious / spiritual needs being addressed in care plans. Trust / Unit providing chapels / places to relax / meditate / quietly reflect. Satisfaction surveys.
Provide visual and audio aids to promote relaxation and psychological well being. Create environments that are welcoming and promote a calm atmosphere. *LED sky ceiling*	Staff are sensitive to the type of music played in patient / carer areas of Critical Care. Head phones supplied for patients watching TV / listening to radio in open Critical Care environment. Relaxation tapes available for patients with anxiety Complementary therapies for suitable patients, e.g. aromatherapy massage, etc.	Staff to ascertain patient's preference for types of music, etc. Ensure all media played via headsets in open patient areas. Establish audio / video library of relaxation tapes./Apps *Involvement of Pet therapy* Access complementary therapists for Critical Care use.	Critical Care Staff PPI representatives Matrons Local complementary therapists	Immediate and ongoing. Short term and ongoing. Long term. Medium – long term.	Patients' preferences / dislikes documented in care plan. Open bay areas supplied with radio / TV headphones. Audio / visual relaxation library available. Attractive clean surroundings with sensitive art work for

	Relaxing décor and appropriate artwork displayed. Clean and comfortable waiting rooms for relatives.	Ensure patient / carer / user environments decorated to a satisfactory standard. Surveys for feedback on suitability of existing surroundings in relation to relaxation, etc.	PEAT teams Patients / carers/users. Charity artists / schools / colleges.	Short – long term.	patients carers and users. Satisfaction surveys.
Provide counselling / psychological support Services to match needs of patients, carers or users. Provide dignified End of Life Strategies that benefit both patients and carers. Provide services for those who are bereaved through critical illness.	Critical Care counselling service available to patients / carers, during and after hospital stay. End of Life strategies / Care of Dying pathways personalised to patient / carers' needs. Accommodate "Preferred Place" of dying wherever possible. Bereavement Follow-up Service Remembrance Services "Forget-me-not" gardens Bereavement Counselling	Business plan / identify resources to provide counselling services. Incorporate appropriate care of the dying pathways, individualised to patient or carer wishes. Establish links with "complex need" teams for palliative discharges. Commission / set up Bereavement Services / Bereavement counselling. Identify area /secure funding / create "Forget- me- not" garden.	Matrons Managers Mental Health staff Psychologists Counsellors Palliative Care teams Primary care reps PPI reps Charities Horticultural Colleges / local businesses / garden centres	Medium to long term Medium to long term Immediate / short term Medium to long term Medium to long term.	Readily available counselling services. Patients / carers wishes or preference about their death discussed and documented. Evidence of bereavement follow-up by audit. "Donated"/ collaborative remembrance gardens in situ.

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