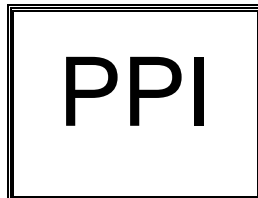


Northern Ireland
Blood Transfusion Service



PERSONAL AND PUBLIC INVOLVEMENT

2



CONSULTATION SCHEME

UPDATED: April 2012

1. Introduction

The NIBTS exists to fully supply the needs of all hospitals and clinical units with safe and effective blood and blood products, and other related services. The discharge of this function includes a commitment to the care and welfare of our voluntary donors.

In meeting this aim, NIBTS has a core value to ensure that the Service will provide blood products of the highest possible quality and its operation ensures full compliance with all national quality and safety standards. The Service will also ensure open and effective communication with its voluntary blood donors who will be treated with the utmost regard for their general care and safety, and promote an environment for staff that is safe and productive.

As far back as 1996, NIBTS has sought to improve donors' involvement in the planning and delivery of our programme of activity. From its initial establishment as the Blood Transfusion Service Communities Association (BTSCA, modelled on other blood services in the UK and Ireland), the forum has grown and developed into the current BTS Communities Partnership (BTSCP), with representative groups based in the Greater Belfast, and Dungannon areas, complemented by a BTSCP Youth Forum also operating in the Greater Belfast area. Based on recent guidance exceptional circumstances were also set out in relation to consultation time-frames (see attachment 1) BTSCP/PPI is explained and promoted through information leaflets and posters (see attachment 2/2a). As noted below, NIBTS is truly a regional service reaching out to our users at some 240 locations across the province.

2. The Blood Donor Programme.

Each year almost 70,000 people attend blood donation sessions in Northern Ireland, serviced by three mobile units, and fixed locations at NIBTS Headquarters and College Street, Belfast. Units are staffed by a multidisciplinary team comprised of a doctor or nurse, donor session assistants, admin and session support assistants. Voluntary help is sometimes available to assist with the provision of refreshments for donors.

3. Arrangements for public involvement, service user engagement, and feedback generally.

As noted in the introduction, the Service has an active BTSCP forum, which meets up to seven times each year. This forum is the mainstay of our involvement programme for donors and members of the public. To complement BTSCP, we also operate other service-user forums for those parts of the Health and Social Care (HSC) system to which we provide inter-HSC services e.g. hospital blood bank staff, haematologists etc.

In addition to the forums noted above NIBTS also receives several hundred comments cards to gauge how the public experience the Service, and a small number of complaints – both of which are fundamental to understanding the views, experiences and needs of our donors. Service to users is enshrined in our (donor experience) standards, Commitment to Care and Partnership (see attachment 3) With specific reference to complaints management, the Service has provided quarterly reports to the former Health and Social Service Councils and now to the Patient and Client Council (PCC).

Regular reports on complaints, donor satisfaction and performance generally are presented at BTSCP meetings.

NIBTS also has a (Section 75) Equality Scheme which has been consulted on over a number of years. Specific examples of engagement with representative groups have included:

- Age-related donor eligibility i.e. donors previously were required to retire from blood donation at 70 years. As part of one consultation exercise focus group were held with donors and non-donors in this age bracket. In early 2009, in keeping with a change to UK-wide guidelines the upper age criterion was amended.
- Other Section 75 issues e.g. disability-related involvement has been developed in partnership with the William Keown Trust, and 2011 we received a very satisfactory inspection report (see attachment 4).

- Perceived religious affiliation of facilities used for blood donation, is also reviewed as part of our annual reporting requirements to the Equality Commission.
All changes to policy are subject to equality impact assessment screening.

4. Monitoring PPI activity

Public and Personal Involvement, and Complaints Management are standing items on the agenda of NIBTS Governance and Risk Management (GRM) meetings held several times per year. A member of the NIBTS Board maintains oversight of these matters, and the PPI programme is led by the Donor Services General Manager (Level 2 staff member). Over the past two years all staff were required to attend customer service training, which including communication (a central tenet of the Agenda For Change, Knowledge and Skills Framework AFC/KSF, and PPI), and a specific module on PPI. Almost 80% of NIBTS staff attended these awareness sessions.

PPI has also been discussed at BTS Communities Partnership meetings, and more recently the Service liaised with PCC senior officers and DHSS PS staff to review our PPI-related activity. Previously, NIBTS discussed involvement with Ms Jane Graham, Eastern Health and Social Services Council (EHSSC), and Dr Maura Briscoe (DHSS). These meetings help inform the content of NIBTS draft consultation scheme.

5. Summary

As stated, PPI work programmes are mainly centred around our BTSCP agenda. Currently two senior staff in the Service carry responsibility for this (Charles Kinney, Donor Services General Manager: Paul McElkerney, Donor Recruitment and Organisation Manager). With regular reporting to the NIBTS Board and Clinical Governance forum, PPI, overseen by the Chief Executive and one non-executive director, complaints management and performance management have been mainstreamed activity for several years.

PERSONAL AND PUBLIC INVOLVEMENT (PPI) – ADDITIONAL CONSULTATION REQUIREMENTS [APRIL 2012]

Consultation

The Northern Ireland Blood Transfusion Service (NIBTS) recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory duty to involve and consult with service users, their carers, the public and the Patient Client Council on decisions on planning and proposals for change affecting the provision of the health and social care services for which NIBTS is responsible, and NIBTS will endeavour to conduct consultations in a timely, open and inclusive way.

Normal timescale and exceptions

NIBTS will aim to provide a consultation period of a minimum of twelve weeks and to begin consultation as early as possible to allow adequate time for groups to consult among themselves as part of the process of forming a view. However NIBTS has identified the following exceptional emergency situations when this timescale is not feasible:

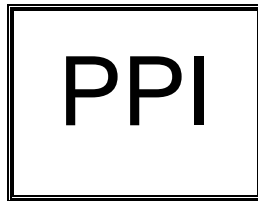
- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety. Specific examples of this relate to donor eligibility guidelines which are issued nationally.
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, legislative obligations or EU directives.

In such instances, NIBTS may decide to shorten timescales for consultation to eight weeks or less, or where necessary, implement the change immediately, or at a time directed by the appropriate regulatory body. Under these exceptional circumstances, NIBTS should, where necessary, consult during (where feasible) or after implementation to review any lessons arising from the change, and to consider any ways of mitigating adverse impacts arising from the change. NIBTS will clearly outline the reasons for a shorter timescale in the consultation document or in correspondence relating to the change, as appropriate.

Where changes are temporary in nature, and may be considered as part of the day to day management of services, the requirements for formal consultation will not apply. However, temporary changes should not be used to avoid the requirement for consultation, and NIBTS will be explicit about the temporary nature and duration of the change. In cases where temporary changes will have a significant impact on any regional service, NIBTS will consult the DHSSPS NI in advance of the change, and will seek to engage with those affected by the change as soon as possible.



PERSONAL AND PUBLIC INVOLVEMENT STRATEGY



2011/2015

1 INTRODUCTION

1.1 NIBTS endeavours to improve opportunities for individuals in the community – especially blood donors, to have a greater say in how the Service operates. For many years we have actively engaged with our hospital users, and in 1996 the first initial Blood Transfusion Service Communities Association was formed. This later became the Communities Partnership (BTSCP) with one group in the Greater Belfast area representing urban users, and another group in County Tyrone capturing the views of rural communities. One further group in the BTSCP, the Youth Forum, meets once a year to reflect the views of younger people. Regular reports on complaints, donor satisfaction, and performance generally are presented at BTSCP meetings.

2. PERSONAL AND PUBLIC INVOLVEMENT (PPI)

2.1 People have a wide variety of relationships with HSC organisations, and in many ways NIBTS is not that different. They can be relatives, friends or neighbours of donors or recipients of blood. They can be voluntary workers, members of community groups or employees of voluntary organisations. In short, there is already significant involvement by people and the public in relation to the service we offer.

2.2 For the purpose of this document ‘*Personal and Public Involvement*’ is used as an umbrella term to encompass the many different terms in use.

2.3 “*Personal*” refers to donors or patients, carers, relations, or any other term used to describe people who use NIBTS services as individuals or as part of a group, e.g. a family. “Personal” is the preferred term for anyone who uses the service because:

- there is no consensus among people who use services about how they wish to be described;
- it reflects the personal nature of the care or treatment people receive from NIBTS.

2.4 “*Public*” refers to the general population and community and voluntary groups and other such organisations. Individuals who use NIBTS services can also be members of the general public.

2.5 “*Involvement*” means more than consulting and informing. It includes engagement, active participation and partnership-working, and is the preferred term because it is referred to in the proposed new statutory duty of public involvement and consultation in the draft Order.

2.6 PPI should be part of everyday working practice, underpinning communications and decisions regarding delivery of the service. It means discussing with those who use our services and the public: their ideas, your plans; their experiences, your experiences; why services need to change; what people want from services; how to make the best use of resources; and how to improve the quality and safety of services.

2.7 Involving individuals, who use your services, in plans and decisions about their specific care or treatment needs is an integral part of PPI. PPI is also about involving local communities or the general population where the issues are of broad public concern or interest, such as, the location or nature of local services. PPI is about empowering people and communities to give them more confidence and more opportunities to influence the planning, commissioning and delivery of services in ways that are relevant and meaningful to them.

3. THE CASE FOR PERSONAL AND PUBLIC INVOLVEMENT

The case for personal involvement	The case for public involvement
To ensure appropriate care or treatment.	To improve service design.
To improve donor and patient experiences of care.	To ensure access to safe, quality services for people living and working in Northern Ireland based on need, evidence of effectiveness and available resources.
To reduce risk factors, prevent disease or harm. .	To raise population awareness of of high risk factors, and prevent disease or harm. To manage demand.
To improve safety and quality of care for donors and patients.	To improve safety and quality of service delivery at community and population levels. To discuss public expectations and agree how these can best be met, taking account of local and regional needs, the evidence of effectiveness and the availability of resources.
To understand how, when and why service delivery goes wrong, and to ensure an apology and redress are made, where appropriate To reduce complaints and litigation.	To strengthen local decision making and accountability for the safety and quality of services. To promote social inclusion.

4. VALUES AND PRINCIPLES OF PERSONAL AND PUBLIC INVOLVEMENT

4.1 The values and principles of PPI set out below complement the *Quality Standards for Health and Social Care*. “Public and service user involvement” is one of the principles underpinning the Quality Standards and this is reflected in the criteria for all of the standards. The principles of PPI can be used as a benchmark of good practice to assess the quality of involvement activity as specified in the criteria for each of the Quality Standards.

4.2 There are 3 key premises which underpin PPI. They are that:

- people in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions and feedback about their own care or treatment;
- the wider public has a legitimate entitlement to have opportunities to influence NIBTS policy and priorities;
- PPI is part of everyday practice within HSC organisations and should lead to improvements in an individual’s personal experience of the service and the overall quality and safety of service provision.

5. CORE VALUES

5.1 The quality and effectiveness of PPI is dependent on the values underpinning the interaction and relationships between staff, people who use the services and the general public. The following values are recommended as the core values underpinning the behaviour and attitude of NIBTS staff in their interactions with individuals and the public.

DIGNITY AND RESPECT	Each person is treated with dignity and respect. This includes individual responsibility to respect the views of all participants be they individuals, communities or other NIBTS staff.
INCLUSIVITY, EQUITY AND DIVERSITY	PPI should facilitate the inclusion of all those who need to be involved and who chose to do so. It must be sensitive to the needs and abilities of each individual. Each person's background, culture, language, skills, knowledge and experience will be valued, accommodated and respected.
COLLABORATION AND PARTNERSHIP	PPI is based on collaboration and partnership working. Each person has a responsibility to build constructive relationships with others involved in the delivery of services.
TRANSPARENCY AND OPENNESS	PPI must be open and transparent and each person has a responsibility to be open and honest in their interactions and relationships with others.

6. PRINCIPLES

The 12 principles are set out in the scheme shown in Appendix I under the following headings:

- **AN ATTITUDE OF MIND, A WAY OF WORKING**
- **DO WHAT YOU DO, DO WELL**
- **MAKING A DIFFERENCE**

See Appendix 2

7. COMMITMENT

7.1 PPI needs a genuine commitment from senior managers and all staff to make it happen. This requires developing a culture of openness, respect, listening and a willingness to change within the workplace. Genuine PPI takes time and commitment to achieve. It challenges the way organisations and staff go about their daily work. Developing the right culture is perhaps one of the biggest challenges in ensuring PPI is both meaningful and effective.

7.2 The leadership provided within the organisation will be the key to creating a culture and environment where PPI is accepted as everyone's responsibility within the organisation.

8. STRENGTHENING PPI - A PROCESS OF SELF-EVALUATION

Four basic questions lie at the heart of self-evaluation:

- ***How are we doing?***
- ***What are our strengths, what do we need to do better?***
- ***What action do we need to make improvements?***
- ***How will we know if improvements are being made?***

A self-evaluation of PPI in NIBTS during August 2011 noted.

- Step 1: Confirm or establish leadership and accountability arrangements for PPI;
DSGM lead for PPI. CRM structures (noted above)
- Step 2: Use the new PPI principles in this guidance to review current PPI work and establish a baseline from which improvements can be made;
NIBTS developed an initial strategy from 2008 – 2011, parts of which have been carried forward. This was submitted as part of the NIBTS Draft Consultation Scheme
- Step 3: Prioritise the areas for improvement;
A key part of this strategy was to review the previous 'involvement/user materials to ensure donors were involved, and new users were recruited via information leaflets and posters. This was completed at the beginning of calendar 2011
- Step 4: Develop and implement an action plan with clearly defined targets to strengthen and improve PPI securing agreement and support for this plan across the organisation;
An updated plan was developed for 2011/12 and this is in progress. In addition, a four year strategic direction was also drafted for 2011 – 2015 to complement other Service strategies.
- Step 5: Clarify reporting arrangements for PPI as part of organisational management and clinical and social care governance. Arrange for the inclusion of PPI as part of the organisation's annual report on what has been achieved and agree the priorities and targets for the subsequent year.
See earlier points in relation to GRM reporting. PPI was also reported in the NIBTS Annual Report for 2009/10 and also 2010/11

9 MONITORING PERFORMANCE

9.1 Monitoring of PPI will take several forms.

(a) **Internal monitoring.** NIBTS will continue to monitor the impact of PPI work through its CRM structures. This will also include regular updates to the NIBTS Board, and inclusion in the NIBTS Annual Report.

(b) **External monitoring.** NIBTS continues to be an active member of the Regional PPI Forum, and during 2011 has been a member of the PPI Review Workgroup lead by DHSS PS.

(c) **Independent monitoring.** In response to a request from DHSS PS, a monitoring return was provided to the PPI-lead at the Public Health Agency (PHA).

Organisational Content: An attitude of mind, a way of working

1. Leadership and accountability
2. Part of the job
3. Supporting involvement
4. Everyone's an expert
5. Creating opportunity

Implementation: Do what you do, do well

6. Clarity of purpose
7. Doing it the right way
8. Information and communication
9. Accessible and responsive

Outcomes: Making a difference

10. Developing understanding and accountability
11. Building capacity
12. Improving safety and quality.

AN ATTITUDE OF MIND, A WAY OF WORKING

<p>Principle 1: Leadership and accountability</p> <p>Commitment to PPI will be reflected in the leadership and accountability arrangements.</p> <p><i>The leadership for PPI within organisations will be the key to creating the culture and environment whereby organisations can show they are accountable to the populations they serve.</i></p> <p><i>This requires establishing and maintaining clear lines of responsibility and accountability for the planning, implementation, monitoring and evaluation of PPI activity as part of corporate governance arrangements within the organisation.</i></p>	<p style="text-align: center;">2011/12 Where are we now?</p> <p>The Chief Executive, in his capacity as a Board member, with support from the DSGM, is accountable for PPI. In addition, PPI is a standing item on the CGRM committee agenda.</p> <p>With the introduction of a new, increased size, NIBTS Board, one non-executive director (Mrs S Rooney) was tasked with chairing GRM meetings (Mrs Rooney has now resigned and will be replaced by Mrs Lorraine Lindsay)</p> <p style="text-align: center;">2012/13 Where next?</p> <p style="text-align: center;">Await further guidance from the PPI Review</p>	<p style="text-align: center;">2013/14</p> <p>Continued reporting to GRM committee (including an NIBTS Board member)</p> <p>PPI repeat training awareness for all NIBTS staff.</p> <p style="text-align: center;">Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Continued reporting to GRM committee overseen by an NIBTS Board member.</p> <p style="text-align: center;">Await further guidance from the PPI Review</p>
<p>Principle 2: Part of the job</p> <p>PPI is the responsibility of everyone in the organisation.</p> <p><i>PPI needs to be seen as the job of all involved in HSC organisational integral and not incidental to their daily work. PPI should be part of staff development and appraisal.</i></p> <p><i>Recognising and seeking to minimise the power differential between those who provide the services and those who use the services is the first step.</i></p>	<p style="text-align: center;">2011/12</p> <p>Consideration must be given to the inclusion of PPI during Staff Development Reviews.</p> <p style="text-align: center;">2012/13 Where next?</p> <p>Further integration of PPI into SDRs and other staff meeting forums.</p> <p style="text-align: center;">Await further guidance from the PPI Review</p>	<p style="text-align: center;">2013/14</p> <p>Continue to integrate PPI into SDRs and other staff meeting forums..</p> <p style="text-align: center;">Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Continue to integrate PPI into SDRs and other staff meeting forums.</p> <p style="text-align: center;">Await further guidance from the PPI Review</p>

<p>Principal 3: Supporting involvement</p> <p><i>Successful PPI requires building the capacity of people to get involved as well as building the capacity of staff to involve individuals who use the services and the wider public.</i></p> <p><i>PPI needs to be supported by the organisation with dedicated time and resources to make it happen. Resources may include staff time, training and development and practical or financial support.</i></p> <p><i>PPI also needs too be part of organisational planning and management processes.</i></p>	<p style="text-align: center;"><u>2011/12</u></p> <p>Responsibility for public involvement is led by the DSGM with inputs from one other senior member of staff. <i>[User involvement in respect of internal HSC services is taken forward at another forum].</i></p> <p>It is envisaged that the NIBTS Medical Director will also play a key role in developing PPI in the Service</p> <p style="text-align: center;"><u>2012/13</u></p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;"><u>2013/14</u></p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;"><u>2014/15</u></p> <p>Await further guidance from the PPI Review</p>
<p>Principle 4: Everyone's an expert</p> <p>Everyone is an expert in his or her own right, whether by experience, by profession or through training, the experiences and views of all participants are valid and should be respected.</p> <p><i>Decisions should take account of the views and opinions of individuals, the public and professionals - requiring information sharing and dialogue between individuals, and communities.</i></p>	<p style="text-align: center;"><u>2011/12</u></p> <p>A key element of current BTSCP discussions has been the enormous benefit of having current and previous donors taking part. Their views 'from the other side' are a key feedback on donor perceptions of the Service.</p> <p>A good example of working with BTSCP has been the development of the new Donor HealthCheck questionnaire leaflet</p> <p style="text-align: center;"><u>2012/13</u> - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;"><u>2013/14</u></p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;"><u>2014/15</u></p> <p>Await further guidance from the PPI Review</p>

<p>Principle 5: Creating opportunity</p> <p><i>PPI can occur at different levels:</i></p> <ul style="list-style-type: none"> • Personal Level – <i>being involved in plans, decisions or giving feedback about the individual care or treatment plan for themselves or for someone they are caring for;</i> • Delivery Level – <i>being involved in plans, decisions and giving feedback about the ways in which the services are run;</i> • Monitoring & Review Level – <i>being involved in monitoring and review of the quality and effectiveness of services; and</i> • Policy Level – <i>being involved in developing local regional policies</i> 	<p style="text-align: center;">2011/12</p> <p>Each year NIBTS receives feedback from hundreds of donors and the public through the comments card programme*, This was updated to help establish how important each of the factors listed is the user.</p> <p>A new web-based feedback system has been commissioned by NIBTS and this has been used to target specific groups e.g. the plateletpheresis pool of donors.</p> <p style="text-align: center;">2012/13 - where next?</p>	<p style="text-align: center;">2013/14</p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Await further guidance from the PPI Review</p>
---	---	---

DO WHAT YOU DO, DO WELL

<p>Principle 6: Clarity of purpose</p> <p><i>PPI activity needs to have clear objectives, realistic timeframes and a shared sense of purpose communicated to all participants from the outset.</i></p> <p><i>The aim is to gain the best representative spread of views from those who are affected or may be affected by the service or issue under discussion.</i></p> <p>If people are expected to contribute to planning they need to be involved from the start. Involvement at an early stage can help prevent misunderstandings or accusations of tokenism at a later stage.</p>	<p style="text-align: center;">2011/12</p> <p>The new BTSCP/PPI information leaflet was introduced this year.</p> <p>Three meetings continued to be held in Belfast for urban users and another three in the west of the province for those in rural areas.</p> <p>The summary business plan for this year was circulated to BTSCP.</p> <p style="text-align: center;">2012/13 - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;">2013/14</p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Await further guidance from the PPI Review</p>
--	--	---

<p>Principle 7: Doing it the right way</p> <p>Different forms of PPI need to be used to achieve the required outcomes and to meet the needs of the people involved. There are many different ways and methods of involving people from staff showing respect, listening actively and responding to what people say to more formal and explicit methods such as focus groups, citizen's panels, surveys and community development.</p> <p><i>PPI may be a one-off event or a longer term arrangement involving regular dialogue between the organisation and the people involved.</i></p>	<p style="text-align: center;">2011/12</p> <p>Continue with BTSCP meetings, and review all feedback mechanisms including comments card and complaints reports.</p> <p style="text-align: center;">2012/13 - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;">2013/14</p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Await further guidance from the PPI Review</p>
<p>Principle 8: Information and Communication</p> <p><i>People need timely information to be able to be involved meaningfully; and it needs to be presented in ways that can be understood by the target audience; people need to know how to make their views known, including how to make a complaint; and what they should expect from the Service.</i></p> <p>People need advance information that is clear, with sufficient background information to support understanding and meaningful involvement.</p> <p><i>Information is needed during the process to help people know they are being actively listened to.</i></p> <p><i>They need feedback after their involvement and follow-up actions were necessary..</i></p>	<p style="text-align: center;">2011/12</p> <p>Information Points on each blood donation session – almost 240 different locations throughout NI provide a wide range of information. Donors invited to blood donation sessions also receive information (with details of where to receive more help) around one week prior to their attendance. In addition, the Mailing Project initiative provides more and clearer information to donors.</p> <p>An information newsletter, Pelican Post, is also published twice a year.</p> <p>The NIBTS website continues to receive many hits, with prompt responses all to enquiries.</p> <p style="text-align: center;">2012/13 - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;">2013/14</p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;">2014/15</p> <p>Await further guidance from the PPI Review</p>

<p>Principle 9: Accessible and responsive</p> <p>The organisation's commitment to PPI will be demonstrated through its recognition of the right of people to initiate engagement with it, however, involvement historically has <i>been shaped around the organisational priorities, rather than the concerns of those in a local communities..</i></p> <p><i>This requires a more open culture and a willingness to listen to what is important to people.</i></p>	<p style="text-align: center;"><u>2011/12</u></p> <p>As noted, the BTSCP/PPI information leaflet and posters were revised to further promote the involvement of users. In addition the (donor experience) standards Commitment to Care and Partnership also promote the rights of users to be informed.</p> <p>In addition a number of surveys e.g the Mailing Project, have been used to facilitate additional feedback from donors.</p> <p style="text-align: center;"><u>2012/13</u> - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;"><u>2013/14</u></p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;"><u>2014/15</u></p> <p>Await further guidance from the PPI Review</p>
--	---	---

MAKING A DIFFERENCE

<p>Principle 10: Developing understanding and accountability</p> <p><i>Making decisions about service provision can involve hard choices; however, the opportunity for people to register a viewpoint in a transparent and open process and to hear other viewpoints can foster a greater understanding and appreciation of the issues, and therefore a smoother transition from what was in place to a new system..</i></p>	<p style="text-align: center;"><u>2011/12</u></p> <p>BTSCP groups. Donor comments, and complaints management programmes.</p> <p style="text-align: center;"><u>2012/13</u> - where next?</p> <p>Await further guidance from the PPI Review</p>	<p style="text-align: center;"><u>2013/14</u></p> <p>Await further guidance from the PPI Review</p> <p style="text-align: center;"><u>2014/15</u></p> <p>Await further guidance from the PPI Review</p>
---	--	---

<p>Principle 11: Building capacity</p> <p>People's capacity to get involved is increased and the PPI processes are improved through learning from experience.</p> <p>Being involved helps people to better understand the issues and challenges faced by NIBTS and enables them to make an informed contribution.</p> <p>.</p>	<p>2011/12</p> <p>BTSCP groups; donor comments card programme</p> <p>2012/13 - where next?</p> <p>Await further guidance from the PPI Review</p>	<p>2013/14</p> <p>Await further guidance from the PPI Review</p> <p>2014/15</p> <p>Await further guidance from the PPI Review</p>
<p>Principle 12: Improving safety and quality</p> <p><i>PPI should support the clinical and social care governance agenda of developing an open culture that promotes and safeguards high standards and improvements in the safety and quality of services delivered to individuals and communities.</i></p> <p><i>Through a partnership approach with people and communities, HSC organisation can improve the safety, quality and effectiveness of services and make them more accountable to the public.</i></p> <p><i>This requires appropriate mechanisms for evaluating the impact of PPI in improving the safety, quality and effectiveness of health and social care services.</i></p>	<p>2011/12</p> <p>PPI included as a core element of GRM committee review.</p> <p>Discussion of PPI at BTSCP meetings.</p> <p>2012/13 - where next?</p> <p>Await further guidance from the PPI Review</p>	<p>2013/14</p> <p>Await further guidance from the PPI Review³</p> <p>2014/15</p> <p>Await further guidance from the PPI Review</p>

APPENDICES/ ATTACHMENTS

PERSONAL AND PUBLIC INVOLVEMENT (PPI) – ADDITIONAL CONSULTATION REQUIREMENTS [DRAFT JAN 2012]

Consultation

The Northern Ireland Blood Transfusion Service (NIBTS) recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory duty to involve and consult with service users, their carers, the public and the Patient Client Council on decisions on planning and proposals for change affecting the provision of the health and social care services for which NIBTS is responsible, and NIBTS will endeavour to conduct consultations in a timely, open and inclusive way.

Normal timescale and exceptions

NIBTS will aim to provide a consultation period of a minimum of twelve weeks and to begin consultation as early as possible to allow adequate time for groups to consult among themselves as part of the process of forming a view. However NIBTS has identified the following exceptional emergency situations when this timescale is not feasible:

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety.
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, legislative obligations or EU directives.

In such instances, NIBTS may decide to shorten timescales for consultation to eight weeks or less, or where necessary, implement the change immediately, or at a time directed by the appropriate regulatory body. Under these exceptional circumstances, NIBTS should consult during (where feasible) or after implementation to review any lessons arising from the change, and to consider any ways of mitigating adverse impacts arising from the change. NIBTS will clearly outline the reasons for a shorter timescale in the consultation document or in correspondence relating to the change, as appropriate.

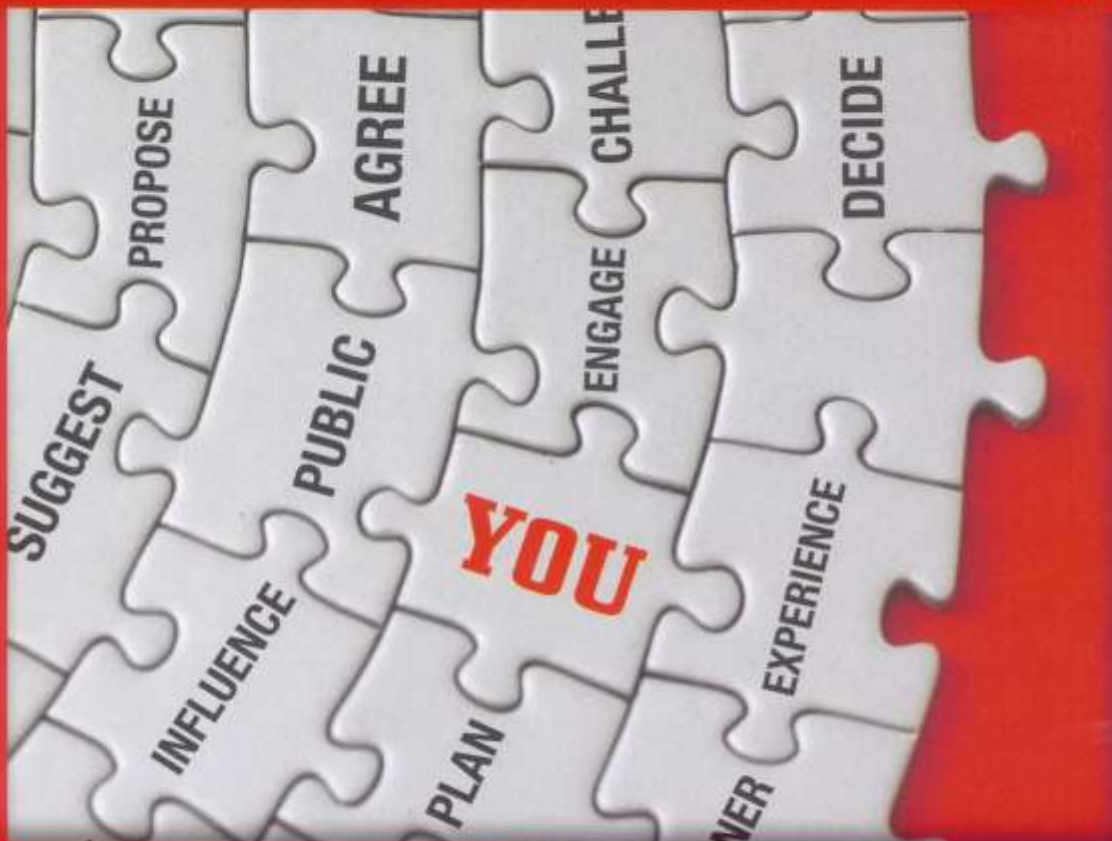
NIBTS will monitor and keep under review such occurrences and report on them in its annual PPI review report, which will be published on its website.

Where changes are temporary in nature, and may be considered as part of the day to day management of services, the requirements for formal consultation will not apply. However, temporary changes should not be used to avoid the requirement for consultation, and NIBTS will be explicit about the temporary nature and duration of the change. In cases where temporary changes will have a significant impact on any regional service, NIBTS will consult the DHSSPS NI in advance of the change, and will seek to engage with those affected by the change as soon as possible.

Northern Ireland
Blood Transfusion Service



Communities Partnership



Providing a health service in a world of uncertainties is a bit like a jigsaw - many interdependent pieces, and without every single piece it will not be complete. We believe you are that important piece, and we want you to help us improve our Service. Your involvement could make a real difference - to you personally, and other service users.

For more information
Telephone 028 9053 4662
or log on to www.nibts.org

For more information

Northern Ireland
Blood Transfusion Service



Telephone 028 9053 4662 or log on to
www.nibts.org

HSC Patient and
Client Council

Patient and Client Council (PCC)
Membership Scheme

Telephone 0800 917 0222 or log on to
www.patientclientcouncil.hscni.net

HSC Public Health
Agency

Public Health Agency (PHA)

Telephone 028 9031 1611 or log on to
www.publichealth.hscni.net

FORM:DD705:03:NIBT

Northern Ireland
Blood Transfusion Service



Communities Partnership



Providing a health service in a world of uncertainties is a bit like a jigsaw - many interdependent pieces, and without every single piece it will not be complete. We believe you are that important piece, and we want you to help us improve our Service. Your involvement could make a real difference - to you personally, and other service users.

Background

For many years the Northern Ireland Blood Transfusion Service (NIBTS) has developed our Communities Partnership, as we want to work with you and involve individuals and community groups in our activities.

The Health and Social Care (Reform) Act (NI) 2009 also placed further emphasis on engagement, and this was again strengthened by the role of the Patient and Client Council in the development of its Membership Scheme. In addition, the Regional Personal and Public Involvement (RPP) Forum also brings further focus to this work.

So how can your involvement make a difference?

Each year NIBTS operates almost 1,000 blood donation sessions at around 240 different locations. Most of the facilities used do not belong to the Service. As such, changes to the donor programme may be needed e.g. due to changing regulatory requirements or where Health Service budgetary constraints necessitate a change to opening times. However, in response to comments received from donors and in discussion at Partnership meetings, a resolution to these challenges has been found.

Who Should Get Involved?

Membership is open to anyone whose interests lie in the development of the Service at local level. In particular we are keen to involve:

- Donors who are no longer eligible e.g. due to ill health
- People who are ineligible e.g. patients who have received a transfusion

Typical topics for discussion at Partnership meetings (normally held every four months) include:

- Session Planning
- Donor Recruitment
- Complaints Reporting
- Consultation
- Other issues raised by members

What's Happening Now?

Currently several groups, including one in Belfast, another in Dungannon and one other Belfast-based Youth Forum, each meet up to three times a year to discuss these issues. Our partners make a vital contribution by putting forward their views on how we could improve the Service.

In addition to the core Partnership groups, a large number of people from right across the province are also involved with the Service by helping with the preparation of refreshments for donors, organising community sessions or distributing publicity material. These Associate Partners do not necessarily attend meetings, but through their involvement make a very meaningful contribution to the work of the Service. The support of all our partners is very much appreciated.

What Next?

We would really like to involve more people in other parts of the province, so if you feel you could spare about an hour or so, a few times a year, give us a call on 028 9053 4662, or complete the attached card.

Some expenses such as travel or meal allowances incurred in order to attend meetings may be reclaimed. Please ask for further details.

Commitment to care and partnership

... our standards

- Your donation is voluntary and non-remunerated. You should not feel pressurised in any way.
- The Health and Safety of our donors and patients are of primary importance to us. On some occasions it may be better not to donate.
- Acceptable donations will be made available to all those in need.
- Your donation will remain anonymous upon subsequent distribution.
- Information given by you will not be used for any purpose other than that intended and will be treated in confidence.
- Information about you that is held by us will be made available on request. However, not all information will be available at the donation session.
- We ask you for personal information as part of our HealthCheck screen. Please answer the questions as accurately as possible.
- You are asked to sign your HealthCheck questionnaire. If as a result of your contact with the Service we detect anything that may affect your health, we will let you know.
- It is best if you can attend your donation session during the earlier part of each session period. This should prevent undue waiting for you and allow your donation to be returned to our headquarters without delay.
- If you are unhappy about any aspect of our service, you are entitled to comment and seek an explanation. If you have a complaint, it is better if you raise the matter with staff at the earliest possible opportunity. Alternatively, you may telephone or write to one of the people noted on the Information Point that is available at each donation session. An advice leaflet: **Complaints - Can We Help?** will provide further details. It should take us no more than 20 working days to deal with your complaint.
- Our aim is to make your visit to a blood donation session a pleasant and relaxing experience, and for this year we have set a donor satisfaction target of 95%.
- Blood donation sessions will not finish before the stated closure time. However on occasions it may be necessary to end sessions early due to advice from local organisers or where large numbers attending may prevent blood being returned to our laboratories for processing.
- 98% of sessions will start on time.
- Average waiting time should be less than 30 minutes. Where an appointment has been made, average waiting times should not exceed 15 minutes.



HIGHLIGHTING THE ACHIEVEMENTS AND PROMOTING
THE DIGNITY OF PEOPLE WITH DISABILITIES

30 YEARS EXPERIENCE, OF ACCESS AUDITING AND CONSULTATION

WMK/DD

22nd August 2011

FAO Mr Charles Kinney

Chief Executive
Northern Ireland Blood Transfusion Service
Lisburn Road
Belfast
BT9 7TS

Dear *Charles*

Re: Access Audit

We thank you for providing us with the opportunity to undertake the above last month.

We are happy that in our remit there has been so much to commend your Headquarters on making it "user friendly" for patients using the facility for essential life-saving purposes for so many throughout the Province.

Please find our report in respect of the above enclosed herewith and, should there be any queries regarding the audit do please get in touch. Our invoice will follow in due course.

With renewed thanks

Yours sincerely

President
Kate Smith of
Ulster Television

Richard Beattie BSc Hons
Building Surveyor – William Keown Trust

All Communications to
Bill Keown MBE JP
Chief Executive

Encs

The William Keown Trust is an Independent Registered Charity XR 5954.
3 Church View, Dundrum, Co. Down, BT33 0NA.
Telephone: 028 4375 1243 (2 Lines) Fax: 028 4375 1444
Email: wkeowntrust@btconnect.com Website: www.wkeowntrust.co.uk
Company Limited by Guarantee Registration No. NI 37314

Established 1980
Celebrating over 30 years
of services to the
Community