

TRUST BOARD 30 October 2014

Making Every Contact Count (MECC) Work Programme for 14/15

DIRECTOR:	Mark Wightman, Director of Marketing and Communications
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DATE:	October 2014
PURPOSE:	<p>To seek approval for the 14/15 MECC Work Programme, noting that Trust Board approval is a requirement expected by the local public health teams, who are the ring holders for Making Every Contact Count.</p> <p>The aim of Making Every Contact Count (MECC) is to improve the health of the population by using every NHS contact with an individual as an opportunity to maintain or improve their mental and physical health and wellbeing.</p> <p>This means that there are approximately 1 million opportunities every year for UHL staff to talk to patients not only about their specific condition, disease or injury but to also reflect on lifestyle issues such as drinking, smoking and exercise which either exacerbate the patient's condition now or will lead to ill health in the future.</p> <p>The plan on page which accompanies this cover sheet describes the actions we are taking and their current status.</p>
PREVIOUSLY CONSIDERED BY:	Executive Quality Board
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	<p>Whilst the key MECC interventions (smoking, drinking, diet and exercise) are prescribed; the approach to messaging is not. As such part of the programme for 2014/15 will necessarily involve the co-creations and testing of messaging with patients and the public.</p>
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	<p>No EIA has been completed to date. The MECC lead will therefore involve the Trust's Equality Lead to assure that the components of the plan and the subsequent messaging are congruent with our requirement to not <i>through omission or intervention</i> discriminate against groups or individuals</p>

Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register	<input type="checkbox"/> Board Assurance Framework	<input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED * For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>			

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

UHL 14/15 MAKING EVERY CONTACT COUNT (MECC) WORK PROGRAMME

Ref	Work Stream	Action to be taken	Work-stream Lead	Reporting frequency / Completion Deadline	Progress RAG	Progress update/comment
1a	Healthy Eating and Physical Activity	Review and Revise Information included in the UHL Information for patients and visitors 'Bed Book' relating to Healthy Eating and Physical Activity aspect of MECC	HOE / CDM-PH	Nov 14	4	Bed Booklet includes info re Smoking Cessation and Alcohol but not about healthy eating. Healthy Eating wording to be drafted for incorporating into MECC section of Booklet, in line with timescales for including new 'Think Glucose' section.
1b		Review of Pre-Assessment process and documentation to identify areas for increased 'signposting' / prompting of MECC healthy eating advice	PACS	Oct 14	4	Recent drop in referrals believed to be activity related.
1c		Poster campaign in the Orthopaedic Pre-Assessment area	HOE / CDM-PH	Nov 14	4	
1d		Scope and plan introduction of Healthy Eating advice/referrals as part of pre-assessment process for patients undergoing Groin Hernia Surgery	HOE / Pre-Assessment Matrons	Oct 14	4	
1e		Pilot and Evaluate Healthy Eating advice / offering of referrals	Pre-Assessment Matrons	Nov 14	1	

Status key:	5 Complete	4 On track	3 Some delay-expect to complete as planned or implemented but not consistently delivering	2 Significant delay – unlikely to be completed as planned	1 Not yet commenced	0 Work stream/ action Revised
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Ref	Work Stream	Action to be taken	Work-stream Lead	Reporting frequency / Completion Deadline	Progress RAG	Progress update/comment
2a	Smoking Cessation	Review processes for recording smoking status on Patient Centre and potential use of e-Handover to capture this information	HOE / STOP Advisor	Nov 14	4	Variable recording of smoking status on patient centre. Discussed use of e-Handover with ADNS
2b		Implement Smoking Cessation Bedside pilot and evaluation for impact on referrals	STOP Advisor	Dec 14	4	Commenced.
2c		Scope development of e-learning teaching package	CEF	Nov 14	1	
2d		Continue with Awareness raising of the Service – ie STOPtober and the APM	STOP	Nov 14	4	Attended APM.
3a	Alcohol Reduction	Continue providing teaching sessions within Medicine and ED to raise awareness and encourage referrals	ALS TL	Quarterly	4	Referrals continue to increase slightly.
3b		Alcohol Awareness Week	ALS TL	Nov 14	4	
3c		Confirm continued funding of ALS with extended hours at weekend	ALS TL	Dec 14	4	
4a	MECC for Staff	Confirm access to Healthy Eating / Smoking Cessation consultation on each site	HOE	Oct 14	4	
		MECC stands as part of the Wellbeing Fayre	All	tbc	1	

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