# Southern Health and Social Care Trust (SHSCT)

# Personal and Public Involvement (PPI) Monitoring Report

# September 2017

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# Contents

# Introduction

This is the PPI monitoring report for the Southern Health and Social Care Trust. It was compiled by the Public Health Agency (PHA) working in partnership with service users and carers from the regional HSC PPI Forum.

The PHA has responsibility for leading the implementation of PPI policy across HSC organisations. This is outlined in the Department of Health (DoH), PPI policy circular (2012). The PHA has a responsibility for monitoring PPI across the HSC system, but has particular responsibility for providing assurances to the DoH in relation to the compliance with and progress of PPI in HSC Trusts. This process was initiated for the first time in 2015 and findings from previous monitoring rounds may be found at [http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5](http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5)

Personal and Public Involvement (PPI) is a process whereby service users, carers and the public are empowered and enabled to inform and influence the commissioning, planning, delivery and evaluation of services in ways that are relevant and meaningful to them. People have a right to be involved and increasingly, they expect to be actively involved in decisions that affect them.

PPI is a statutory responsibility as detailed in the HSC (Reform) Act (NI) 2009 through the Statutory Duty to Involve and Consult. Each Health and Social Care organisation, to which the legislation applies, is required to involve individuals in the planning and delivery of Health and Social Care (HSC) Services. Specifically, sections 19 and 20 of the above legislation require that service users and carers are involved in and consulted on:

1.  the planning of the provision of care;
2.  the development and consideration of proposals for change in the way that care is provided;
3.  decisions that affect the provision of care.

# Methodology

The PPI monitoring mechanisms and arrangements were developed in partnership with members of the Regional HSC PPI Forum including service users and carers. The PPI monitoring implements a process using the PPI Standards and associated Key Performance Indicators (KPIs) as a framework to gather information, to help assess Trust progress against compliance with PPI.

Experience and feedback from the previous monitoring rounds has been incorporated into the redesign of the overall monitoring approach. Alongside this, collectively we have endeavoured in the 2016/17 monitoring round, to align this to an Outcomes Based Accountability (OBA) approach. The intention is to try to focus more on the outcomes, or the difference that the involvement of service users, carers and the public has made in HSC. Monitoring for the 2016/17 period set out to consider:

- what have we done – which is set against the PPI Standards and KPI's;
- how well have we done it – what have we achieved against the recommendations arising from previous year's reports;
- what difference has it made.

Whilst the intention remains to move to an OBA approach, during the course of the design, completion and analysis of the monitoring, it became clear that there were difficulties in establishing a baseline from which to determine the difference that involvement has made. As we continue to develop and refine the monitoring process, further consideration will be given as to how we might further embed OBA into it, with more robust baselines developed and clear evidence sources which are readily sourced.

The key components of the monitoring process are outlined below, with the associated timeline detailed in appendix 1.

The following report is based on evidence gathered through:

I.    The **Trust PPI self-assessment monitoring report** which Trusts were required to complete and secure sign off, via their service user/carer PPI Panel or equivalent and HSC Trust Clinical and Social Care Governance Committee or equivalent. The report gives the Trust the opportunity to address their progress and compliance against the KPI's aligned to the five PPI Standards, the recommendations made as part of the previous PPI monitoring and the Implementation Progress Report requested by the DoH in November 2016.

II.   Information collated during the **improvement visit**, which was undertaken in two sessions:
   a.   HSC Trust PPI representatives reviewed the HSC Trust self-assessment submission with members of the Regional HSC PPI Forum Monitoring group.
   b.   HSC Trust PPI panel (or equivalent) members discussed PPI within the Trust with service user/carer representatives from the Regional HSC PPI Forum Monitoring group.

III.  **Additional evidence** supplied by the Trust.

# Findings and recommendations

The report sets out the findings against the five PPI Standards for each HSC Trust. Recommendations for 2017/18 have also been developed to support HSC Trusts to progress the integration of PPI into the culture and practice of their organisation and staff.

Alongside the individual recommendations and reports for each HSC Trust, it became apparent whilst undertaking the improvement visits, that there were a number of common themes across the Trusts which were impacting on PPI. These points have been shared below and will be raised with the DoH as part of the monitoring process, as they have been identified as having implications on the outworking's of PPI within each Trust.

# Common themes/Issues across Trusts

- PPI and Co-Production

At the time of the improvement visits, Trust representatives raised a concern in relation to the confusion regarding the direction of travel for PPI and co-production in relation to Delivering Together and the transformation programme of work. Trusts reported that it was felt that PPI, which includes co-production, has been gaining momentum in relation to becoming embedded into culture and practice. Trusts are concerned that there is a potential that co-production is being viewed as a different concept, which has the potential to cause confusion in the system.

It was acknowledged and clearly recognised that the outworking of the Transformation Implementation work streams will result in action being required to be taken at a Trust level. The PPI programme of work which has been undertaken by the Trusts to date provides a strong foundation for an increased move to co-produce the transformation programme of work as outlined in Delivering Together.

It should be noted that the correspondence issued from the Chief Medical Officer and Chief Nursing Officer, was issued shortly after the improvement visits which clearly outlines that co-production is the pinnacle of involvement. This correspondence clarifies the position.

- Resources

Resources for PPI continue to be raised as a significant issue by HSC Trusts. It was reported that there is a growing demand for professional Involvement advice, guidance and support within and across Trusts. The Trusts remain convinced that investing in appropriately skilled, knowledgeable and experienced involvement staff can make a transformative difference. Evidence has shown that access to this type of expertise supports and empowers organisations and staff working in HSC to embed PPI into their working practices, with the resultant improvements in efficiency, safety, quality etc. Whilst there has been additional investment from some Trusts, the request for these types of investment / resources continues to be made from all HSC Trusts. All organisations stated that in light of the drive towards co-production, such an investment is even more important as we move forward into an era of significant transformation.

- Timescales

Trusts have stated that the timescales given for undertaking some key decisions challenge the implementation of good practice in terms of good involvement, for example the Savings Plans.

- Linkage with related areas

The common link between complaints, compliments and involvement is an area which could be explored further. There is a perception that the complaints process is a formal mechanism to draw attention to problems in the system. Whilst this is an important process, Trusts feel that the lack of connection to PPI means that there are lost opportunities for learning. There could be a strengthening of the relationship

and interaction between PPI, complaints and advocacy for the benefit of patients, carers, staff and HSC organisations

## Standard one - Leadership

**Background- Trust performance against KPI's**

The Trust has in place:

- Named Executive PPI Lead – Angela McVeigh, Director of Older People and Primary Care and Executive Director of Nursing

- Named Non-executive PPI Lead – John Wilkinson

- Named PPI Operational Lead – Carolyn Agnew, Head of User Involvement & Community Development

- PPI Leadership Structure as follows:
  - New Trust Corporate Plan developed - co-produced and co-designed which is reflected in the work streams.
  - The Patient Client Experience Committee (PCEC) provides corporate leadership to the Trust Board on PPI and membership includes four service users/carer representatives. Quorum for this committee to proceed requires at least 1 PPI Panel member to be in attendance.

**Action undertaken against the recommendations presented in 2015/16**

- The Trust reported that:
  - the Trust Board fully support the integration of PPI into its corporate governance arrangements, which is evidenced by the involvement of service user/carer representation at PCEC to ensure the service user/carer voice is included in the decision-making process.
  - In relation to leadership arrangements, the Non-Executive Director is the PCEC Chair, which provides a channel upwards to the Trust Board. This provides a platform for agenda issues from the PPI Panel and also PCEC to be raised, for example waiting list times.
  - a second PPI Officer was recruited at risk and as no funding was secured, the post was terminated. The recruitment of a part-time temporary PPI administration support post is now in place on month to month basis;

- The Trust reported that it has embedded PPI into the organisation and co-

production is seen as part of this work.  The Trust outlined that it has been working to build an infrastructure for PPI for over ten years and will continue to build on the work that has already been undertaken.  Co-production is seen as part of this work and not new.  The new Corporate Plan has been co-produced and co-designed and the work streams reflect this work.

- The Trust shared that the PPI Operational Lead had received Organisational recognition for her leadership work in PPI.

**Recommendations:**

1   It is recommended that the Trust clearly maps out the PPI Leadership responsibility operating within the Trust which is implemented from the individual service area to the corporate decision-making processes in the Trust i.e. staff responsibility, management/clinical lead, Executive Management Team, Board etc. This should be communicated to all staff across the Trust.

2   It is recommended that the Trust ensures that there is a clear linkage between the PPI Panel and feedback to staff from each Directorate for mutual learning and increased understanding.

3   There is recognition of the additional resources the Trust has allocated to PPI during this period.  It is recommended that the Trust continue to review the resources that have been assigned to fulfil the PPI responsibilities and Statutory Duty of Involvement, particularly in delivering the vision of Delivering Together to co-produce the transformational change outlined in the Systems not Structures: Changing Health and Social Care report.

## Standard two - Governance

**Background - Trust performance against KPI's**

- Corporate and Governance Structures- in place :
  - o The service user and carer PPI Panel works with the Trust to enhance personal and public involvement across all of its services.  This is to ensure that all PPI resources, training and structures are co-designed and co-produced.
  - o The PCE Committee provides assurances to the Trust Board in respect of PPI.
- PPI Action Plan – 2016/17 in place
- PPI Annual Report – 2016/17 in place

**Action undertaken against the recommendations presented in 2015/16**

- The Trust reported that each Directorate develops an annual operational PPI Action Plan under the following key areas - information, levels of involvement, training and monitoring and evaluation.  A PPI Impact Flyer is prepared for each Directorate twice a year to highlight PPI activity undertaken, the difference it made to the Trust and to service users and what strategy it is linked to. A PPI impact flyer is also produced for carer involvement.

**Action undertaken during 2015/16**

- The Trust recognised that there was substantive public concern in relation to the disclosure that the Emergency Department in Daisy Hill was potentially facing temporary closure because of a quality and safety issue connected with Consultant cover. Public concerns also focussed on the timing, extent and manner of public involvement in regards to the process surrounding the decision.

  Moving forward, the Trust reported that an engagement and consultation strategy had been developed and widespread consultation is to be undertaken once the strategy has been approved by Trust Board. The Trust has also drafted

an involvement and communication plan which will set out involvement in the short to medium term with the objective of co-designing and co-producing the service redevelopment in the longer term.

**Recommendations:**

1   It is recommended that the Trust reflects on their governance and assurance arrangements in place, with particular consideration for effective service user/carer involvement, to work to ensure there are no circumstances under which proposals for change or withdrawal can proceed without effective involvement.

2   In order to ensure that the direct service user/carer voice is not too far removed from the decision making body of the Trust, it is recommended that the Trust gives consideration to the number and level of service user/carer representatives which are integrated into the Trust governance arrangements.

3   It is recommended that the Trust should continue to evidence, map out and share across the organisation, the decision making process in place to outline how all decisions undertaken will have been considered for involvement. This should be shared across the organisation to raise awareness to all staff about the governance arrangements in place for PPI.

# Standard three - Opportunities and support for involvement

**Background - Trust performance against KPI's**

- Register of opportunities – A central register is available on the Trust website outlining PPI governance and accountability structures and the long standing service user and carer groups. This includes information on each opportunity for involvement and named contact for further information. Mechanisms are also in place in individual Directorates to raise awareness about shorter term involvement opportunities as they arise. An expression of interest form is available on the website to support recruitment to Directorate PPI activity.

- Support for involvement – comprehensive support available to involve service users and carers including tools alongside dedicated PPI Officer.

- Named points of contact – named contact for each engagement exercise

- Feedback is standard practice – feedback template developed and shared across the Trust. Examples highlighted in PPI Annual Reports

**Action undertaken against the recommendations presented in 2015/16**

- The Trust reported that the PPI checklist self-audit was completed in March 2016. This provides a baseline to outline PPI activity in each team but does not provide an assurance as to how well PPI is being undertaken. It is anticipated that this will be reviewed in two years, but as this is a resource-intensive exercise, this timeframe may be reviewed.

- The Trust makes available the current opportunities for involvement via the Trust website and welcomes the establishment of the Engage website, which will be used to support involvement.

- The Trust reported that various methods are utilised to highlight involvement which include:
  o Have Your Say leaflets and posters displayed across the Trust sites.
  o Social media activity.

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o Twice yearly PPI impact flyers developed for each directorate and a specific one identified for carers to highlight activity.

- The Trust outlined that the Feedback template continues to be promoted. Evidence from the PPI checklist indicates that feedback is provided by all directorates/divisions with exception of one area where it was deemed unnecessary due to the particular service area.

- The PPI Brand is included in all materials and guidance shared with Trust Communications Department.

**Recommendations:**

1   It is recommended that the Trust consider raising the profile of the 'Involving you' section on the Trust home page to raise awareness of the opportunities for service users, carers and the Trust to get involved in the Trust.

2   It is recommended that the Trust continues to ensure that all opportunities for involvement are reviewed and well advertised/promoted as set under the KPI's for Standard 3.

3   It is recommended that the Trust work with the PHA to develop Engage Phase II which will review the linkage between the resource and Trusts.  This will provide a resource for staff to engage in Involvement activity and also support Trusts to actively raise awareness of involvement taking place across the region

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## Standard four – Knowledge and skills

**Background - Trust performance against KPI's**

- Basic PPI awareness raising included within the staff induction process – PPI awareness raising is built into corporate induction arrangements. Leaflet developed for staff, outlining support and resources available. Standard clause for PPI is incorporated in the contract of employment. Staff currently report back on PPI activity as part of the appraisal process.

- Provision of PPI training and up-take rates – Trust currently raises awareness about PPI training, delivers PPI training and has mechanism in place to capture uptake.

- Service user/carer involvement in design, delivery or evaluation of PPI training – service users/carers reported to be involved in various training.

**Action undertaken against the recommendations presented in 2015/16**

- The Trust outlined the range of methods which are used to increase awareness and promote up-take for Engage & Involve (E&I) training, including sending global emails to all staff, article in staff magazine and Trust intranet links.

- The Trust reported that E&I Team briefing and Coaching resources have been distributed to team leaders.

- The Trust reported that the PPI taught awareness training has been up-dated in line with E&I and this is provided to teams on request. The Trust reported that there is no capacity to deliver other training modules.

- In relation to the PPI E-learning:
  - The resource is available on the Trust e-learning platform – communication has been sent to Trust staff on three separate occasions throughout the year.
  - 355 staff have completed the training during 2016/17

- The PPI self-audit indicated PPI training needs for staff. Requests are mainly for

practical support and guidance from PPI Officer. Directors are informed what staff members have completed training. The Trust reported that a Training Needs Analysis (TNA) has been developed to determine the need for the E&I face-to-face modules and will be rolled out April/May 2017. (Due to the limited capacity within the PPI Team and the availability of similar learning in other existing Trust training programmes the TNA will not be proceeding and instead a PPI training brochure outlining the PPI training options offered for Southern Trust staff will be developed and promoted.)

- The Trust includes PPI in other training programmes such as staff induction training, customer care training etc. 277 staff have completed the Quality Improvement e-learning which covers PPI requirements.

- During 2016/17 a total of 632 individuals completed PPI Awareness e-learning. Total trained face to face staff =161(10 teams); Students=79; Service users & carers = 26. This brings the overall total of Trust staff now trained in PPI awareness to 2,106 which is almost a fifth of the work force. This figure does not include staff who have completed other existing Trust training programmes that provide similar learning to the E&I face to face modules

**Recommendations:**

1   It is recommended that the Trust continues to review the process for PPI to be included in staff development plans and appraisals as appropriate.

2   It is recommended that the Trust work to increase the number of staff completing the PPI e-learning training. This may include the setting of a target i.e. percentage or number of organisation staff within an agreed timeframe.

3   It is recommended that the Trust works with the PHA to develop and agree a plan to ensure that the Chief Executives, Chairs and Senior Decision Makers have access to training to support their understanding and inclusion of Involvement in all governance and decisions taken by the organisation.

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4    The Trust should work with PHA through the Regional Forum to review the content of Engage & Involve with specific reference to the development and inclusion of a specific module on co-production. Furthermore the role out and implementation of the training should be detailed in the Trusts Training Action Plan.

## Standard five – Measuring outcomes

**Background - Trust performance against KPI's**

- Service user/carer involvement in monitoring and evaluation of PPI Activity – examples to demonstrate active involvement in development and delivery of Trust services have been provided. The PPI Panel were involved in the development of the corporate PPI checklist and monitoring process.

- Assurance Trust is undertaking PPI on all major decisions in relation to planning, implementation and evaluation – Trust has reported that the involvement of service users and carers is core to significant service development/ changes/ investment.

**Action undertaken against the recommendations presented in 2015/16**

- The Trust reported that PPI is considered as part of all significant developments/changes/investments.  The assurance process is built in as a formal key step in respect of the planning and delivery of care for individuals and also for changes to services, with appropriate balances built in to ensure compliance with statutory responsibility.

- Ongoing promotion of INCLUSIVE good practice guidance, PPI awareness training and PPI support provided to service areas undertaking significant developments/changes/investments.

- The Trust reported that it continues to collate and review PPI impact returns to ascertain the impact of involvement across the Trust.  The Annual Report is used as a good mechanism to ascertain the level of Involvement taking place across the Trust.

**Recommendations:**

1    The Trust has outlined the monitoring and reporting arrangements which are in place across the Trust.  It is recommended that the Trust continues to give

consideration as to the quality of the involvement being undertaken and the difference that it is making to the design, development and evaluation of services.

2    Giving recognition to the implementation of an Outcome Based Accountability (OBA) system of monitoring across HSC generally, the Trust is encouraged where possible, to ensure that it has robust baselines for activity and impact and that any plans for development in these regards have measurable outcomes in place.

## Service user and carer involvement in the Trust

After the corporate PPI monitoring improvement visit, a separate meeting took place with service user/carer representatives from the SHSCT PPI Panel, membership of which is from each of the service user/carer groups in operation in different service areas. This session was to facilitate a general discussion to obtain further information into the operational working of the Trust PPI Panel or equivalent. This section provides an overview of the general findings.

Representatives in attendance expressed that the involvement of service users and carers had impacted on the work of the Trust. From the outset, members highlighted that four representatives were PCEC members and a quorum of two service users/carers was required for any decision of the group to be taken.

From a strategic perspective, the group felt they were an effective mechanism for the Trust and a critical friendly voice. The group have been actively involved in reviewing complaints in the Trust and looking at what can be learnt and actively seek to address the issues that are being raised. The PPI Panel remarked positively on the work of the Trust and in particular the PPI team, who work to support the group. There was a recognition that the recent change in Non-Executive Directors was positive as they had all received PPI training and had a willingness to work with the PPI Panel to progress PPI. Two members of the PPI Panel are trained to participate in the Director recruitment and selection process.

The PPI Panel operated to share examples of good practice from across the Directorates and also raise issues of concern for the group to discuss for action. For example, car parking was highlighted and the group participated in the car parking survey which looked at facts and figures and options for change.

Feedback in relation to action request was always asked for to support the PPI Panel to determine where and how they had made an impact.

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From a service user/carer group level, it was felt that the mechanisms operating at the Directorate level were making an impact and there was a feeling of change and an acknowledgement that involvement can positively enhance service areas. The PPI Panel minutes are shared with all groups operating at the Directorate level. It was raised that there could sometimes be a delay in the processing of out of pocket expenses.

## Conclusion

SHSCT continues to have strong PPI component as part of their governance processes, both via representation at the PPI Panel and also the PCE Committee. As with other Trusts, there is a concern that the service user/carer voice is too removed from the actual decision making body of the Trust and direct representation needs to be closer to the Trust Board.

The Trust has continued to invest in PPI resources, expertise and guidance and the outcomes of this continue to be evidenced in relation to the practices and support mechanisms available to staff to undertake PPI.

We welcome the positive approach undertaken to increase the number of staff trained in PPI and recognise the work to integrate the involvement message into other training.  This has successfully enabled a wide range of staff to undertake training.

The Trust has demonstrated that it has processes in place to try and ensure that service users and carers are integrated into all major decisions taken by the organisation.  The Trust must continue to ensure that these systems are as robust as possible, maximising opportunities for involvement in all major service redesign, in particular as the HSC moves forward to implement Delivering Together.

Moving forward, a series of recommendations have been developed to continue to support the Trust to embed PPI into culture and practice.

# Acknowledgement

The PHA would like to acknowledge the work of the service users and carers from the Regional HSC PPI Forum who co-designed the PPI monitoring process. This included reviewing and up-dating the monitoring process and co-producing the monitoring reports and recommendations. We acknowledge the time commitment dedicated to this work, to review the materials and participate in the meetings and thank members for their input.

The PHA would also like to acknowledge the HSC Trust and PPI teams who co-ordinated the on-site visits and engagement with the PPI service user/carer representatives and staff side colleagues. We appreciate the time and commitment given to completing the self-assessment reports and the time and contribution made by senior Trust colleagues at the verification meetings.

Finally, we give sincere thanks to service users and carers who participated in the meetings and sharing examples of being involved in areas of work to support people across Trust settings. We truly appreciate your time, your engagement in this process and above all your involvement in the planning, design and delivery of services.

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**Appendix A          PPI Monitoring timeline**

## PPI Monitoring process with HSC Organisations

## 2016/17

| Review and up-date monitoring process | Adapt and up-date self-assessment form | HSC Trusts to undertake self-assessment | PHA to review | Undertake verification | Final report | Accountability meetings |
|---|---|---|---|---|---|---|
| | | | | | | |
| • PHA and P&M sub-group review current monitoring process with DoH in line with OBA approach.<br>• Engage HSC Trust PPI Leads to review current process and proposed OBA approach.<br>• Review and develop draft approach to monitoring process using OBA approach. | • Up-date self-assessment form and approach to monitoring.<br>• Issue self-assessment form. | • HSC organisations complete PPI self-assessment in partnership with PPI Panel/Forum.<br>• Relevant committee reviews and approves the PPI return.<br>• Completed and approved monitoring return submitted to PHA. | • Returns reviewed by PHA and P&M sub-group.<br>• Summary assessment developed and areas for further investigation identified. | • Verification visit undertaken by the PHA and service users/carers<br>• Accountable organisation to have PPI Lead, Board member and PPI panel representative in attendance.<br>• PPI in practice session – to be agreed | • Trust fact check followed by development of final Monitoring report by the PHA with recommendations for consideration by the DoH in line with the accountability arrangements. | • DoH review PPI as part of accountability arrangements with HSC organisations. |

|  January - March  |  April  |  late April - May  |  June  |  July/August  |  Sept - Nov |

Timeline (2017)

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