

# Regional Health and Social Care Personal & Public Involvement Forum

Annual Report 2013/14



**Personal and Public Involvement (PPI)**  
**Involving you, improving care**

 Health and  
Social Care

 Public Health  
Agency

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# Foreword



Welcome to the fourth annual report of the Health and Social Care Forum on Personal and Public Involvement (PPI). As Chair of the Forum, I am delighted to

present this report which outlines the range of work undertaken during 2013/14.

Organisations now have a statutory duty to involve service users, carers and the public in the decisions about Health and Social Care (HSC) – from information sharing to commissioning. The work of the Forum is critical to encouraging the culture and practice of involvement to become embedded into the HSC. I thank both the HSC organisations and the service users/carers who work tirelessly to make this a reality.

This report provides an up-date of the work of the Forum. We provide a background to the Forum and our key areas of work that have progressed during 2013/14.

Central to our work is providing the support to encourage PPI to take place and we are delighted to have been able to provide funding to a range of projects to progress PPI. To showcase this work, we have included three projects to demonstrate how we are advancing PPI in practice across HSC.

The rationale for PPI is clear and it is central to the delivery of safe, high quality services. We must sit up and take action to ensure the patient voice is listened to and put in place the systems and processes to facilitate this to happen.

In Northern Ireland we recognise the excellent work already taking place to make our HSC more person-centred and I hope this report not only provides an up-date and showcases this work but also energises you to continue or reflect on your practices.

Looking to the year ahead, we need to be mindful of the challenges but also recognise and take opportunities to improve. I look forward to hearing about the progress that is being made to embed PPI into the culture and practice of HSC and welcome creative and innovative engagement with service users and carers helping to make person-centred care, a reality.

## **Pat Cullen**

Executive Director of Nursing, Midwifery and Allied Health Professionals

# What is Personal and Public Involvement?

## Background

Personal and Public Involvement (PPI) is about the active and meaningful involvement of service users, carers and the public in Health and Social Care (HSC). It means actively engaging with those who use our services, carers and the public; from involving individuals in decisions about their personal care and treatment, to engaging with the public on the design, delivery and evaluation of services. PPI operates at different levels, from information provision, through to joint decision making and is integral to the drive to improve quality, safety and to ensure that services are truly person-centred.

HSC and individuals benefit from a PPI approach with services being tailored to need, which supports self help and facilitates ownership which in turn supports the delivery of more efficient and cost effective services. HSC organisations now have a Statutory Duty to involve people in the planning and delivery of health and social care services. Sections 19 & 20 of the Health & Social Care (Reform) Act Northern Ireland 2009 requires that service users and carers are involved in and consulted on:

- The **planning** of the provision of care
- The **development and consideration** of proposals for change in the way that care is provided
- **Decisions** that affect the provision of care

We are continually learning from good practice in Northern Ireland and elsewhere and we strive to build on this to enhance PPI practice to develop a patient-centred HSC system.

## The rationale for PPI

The rationale for PPI is clear. People have a right to be involved in and consulted on decisions that affect their health and social care. When people are not effectively involved in decision making about their health and social wellbeing, or indeed listened to when they complain or raise concerns, quality suffers and declines. To deliver high quality health and social care, we need to adjust our attitudes, culture, values and behaviours to one where the input or contribution of the service user/carer and/or the public is truly valued and respected.

There is a strong and growing body of evidence for the benefits of co-design, co-production and partnership working between service users, carers and HSC. Examples include Shared Decision Making and supporting self-management for people with long term chronic conditions etc. Where

Our success in protecting and improving quality of services as safe, effective and patient/client focused will be the greater with effective involvement.  
**(DHSSPS, Policy Circular, 2012)**

PPI has been embraced, clear evidence is emerging of better outcomes for patients, of improved safety, quality and of more effective and efficient commissioning of services, tailored to need, achieving higher levels of satisfaction with services.



*Participants at the PPI Standards Workshop event on 7 November 2013.*

# The work of the Forum – progressing PPI regionally

## What is the Forum?

The Regional HSC PPI Forum was established by the Public Health Agency (PHA) in 2010 to provide an opportunity for HSC organisations to work collaboratively to progress PPI in Northern Ireland. The primary role of the Forum is to provide leadership and support, in order to drive forward the promotion and advancement of PPI across HSC organisations in Northern Ireland. It does this through:

1. Sharing best practice.
2. Joint working on areas of common interest through subgroups.
3. Active participation of service users and carers.

Alongside this, the Forum has a number of key functions:

1. Lead and support HSC organisations to comply with PPI policy.
2. Provide a platform for discussion on all aspects of PPI and its relevance to and impact on the work of HSC and benefits for service users and carers.
3. Explore opportunities for joint working between stakeholder organisations, encouraging co-ordination and consistency of practices, reduction of duplication and the sharing of best practice.
4. Encourage, support and inform the development of understanding of PPI and the advancement of PPI training across HSC.
5. Encourage, support and inform the development of PPI, monitoring and evaluation across HSC.
6. Plan, develop and implement an annual Forum Action Plan.
7. Develop, co-ordinate and produce an Annual Report.

The Forum meetings take place three times a year to discuss and advance issues central to the success of PPI. These meetings provide a platform to share experiences and best practice, as well as identify common areas where a regional approach can be applied to progress PPI.

## Forum member profile



**Carolyn Agnew** is the operational lead for PPI in the Southern Health and Social Care Trust (SHSCT). Carolyn sits on the Forum as their representative. Here Carolyn shares her experience as a Forum member:

*“The Forum is an excellent platform for bringing together the PPI expertise that exists within Health and Social Care, service users, carers, voluntary and community organisations. It allows for the sharing of information, experience, ideas and good practice and for the development of regionally agreed tools, resources and mechanisms to support the embedding of consistent, high quality PPI at all levels within health and social care”*

## The Forum membership

The Forum membership is drawn from all HSC organisations alongside service users and carers who play a vital role in the Forum. The Forum consists of:

- One senior representative from each HSC organisation, who has PPI as a key responsibility.
- Service user, carer or voluntary/community sector representatives, two nominated via each HSC Trust PPI panel, with a further one nominee each from the Regulation and Quality Improvement Authority (RQIA), the Patient and Client Council (PCC) and the Northern Ireland Social Care Council (NISCC).

The role of members is identified as:

1. Through active participation in the business of the Forum, represent their organisation/networks/peers
2. Share information and best practice in PPI from their respective organisations/experiences.
3. Lead on/participate in actions (by agreement) in respect of the Forum's Action Plan.
4. Take forward actions agreed by the Forum to their organisations/networks/peers for consideration and delivery.

## Forum Action Plan

The work of the Forum is central to embedding PPI into the culture and practice of the HSC system. To progress this work, an annual action plan is developed to outline the key PPI priorities to be taken forward through subgroups who take the lead on specific areas. Membership of the subgroups is drawn from the main Forum and when required, other members are co-opted from HSC organisations, additional service user/carers or voluntary/advocacy groups.

Four subgroups are currently in operation in the following work areas:

- Standards
- Monitoring and evaluation
- Training
- Communications/Annual report

The next section of the Annual Report provides an update on each of the four work areas.

## PPI Training

The Training subgroup of the Forum work collectively to advance the development of PPI training and awareness raising across HSC. The development of a generic PPI awareness raising and training programme will help to build the knowledge, skills, confidence and proficiency in involvement amongst HSC staff.

Throughout 2013/14, a key focus of the subgroup has been to support the PHA to identify the essential components to be included in developing a PPI awareness raising and training programme. Work is progressing to develop a programme which is flexible and adaptable for staff working in a diverse range of settings and circumstances. We recognise the wide and varied working patterns and learning styles within HSC and the training programme seeks to accommodate these different needs.

Key achievements for 2013/14:

- The core elements for a HSC generic PPI awareness raising and training programme have been developed and agreed.
- The design and development of the PPI training programme has been commissioned.
- Core training principles have been agreed to facilitate learning appropriate to need. This will involve delivery through a variety of mechanisms including taught modules, self-directed learning and coaching as outlined below:
  1. 6 taught PPI modules (standalone modular programme to be utilised on a pick and choose basis)
  2. PPI Team Briefing
  3. PPI Coaching
  4. Training for PPI Trainers
  5. PPI e-Learning.

The training subgroup includes co-opted members from external organisations who support and advise on the development of the bespoke training programme. The Forum acknowledges and thanks these individuals and their organisations for their contribution.

The design and development of the programme will be completed and piloted during 2014/15, with roll out from 2015/16.

## PPI Training subgroup member profile



**Peter Donnelly** is the service user and carer representative from Southern Health and Social Care Trust (SHSCT) PPI Panel and is also a founder member of LARG (Lobby Activism Research Group). He contributes to the Training subgroup to help shape and support the development of a PPI awareness raising and training programme for HSC.

Peter explains that he contributes to the Forum which *“provides a mechanism to cross-check the development of plans and processes to ensure decisions taken involve service users and carers.*

*An example of this work is through the development of PPI training, to help support HSC to embed PPI into their culture and practice”.*

## PPI Standards

Working through the Standards subgroup, a core focus for the Forum in 2013/14 has been to establish and finalise the draft PPI standards and Key Performance Indicators (KPI's) for consideration by the Department of Health, Social Services and Public Safety (DHSSPS), with a view to HSC wide adoption. The PPI standards will:

- Support cultural change across HSC
- Facilitate measurement of PPI
- Highlight the expectations from HSC organisations
- Give clarity to service users and carers who can refer to a regional set of standards.

Throughout 2013/14 there has been widespread involvement and engagement in the development of the draft standards.

Key achievements for 2013/14:

- Hosted PPI workshop in November 2013 to engage with HSC organisations, service users/ carers and the community /voluntary sector to review the draft process based standards and develop additional outcome based standards.
- Secured agreement of a final set of draft standards (both process and outcome based) to be submitted to the DHSSPS.
- Development of associated KPIs to demonstrate continuous or sustained improvement in embedding PPI into HSC organisations including planning, shaping and the delivery of services.

The PPI standards will form the basis of monitoring and performance process that will be established in 2014/15.



*Participants at the PPI Standards Workshop event on 7 November 2013.*



## PPI Communications/Annual reporting

The Communications/Annual Reporting subgroup works to promote shared values and approaches to PPI and to communicate the activities of the Forum. The group also aims to raise awareness of the Forum for a range of relevant stakeholders, including service users and carers, DHSSPS, HSC staff, the public, community and voluntary sector and other statutory agencies.

Key achievements in 2013/14:

- Promoting a greater awareness of the Forum, its members and its work.
- Active promotion of PPI best practice across HSC, service users, carers and the public. This includes articles for HSC websites etc.
- Producing the Annual Action Plan for the Forum to highlight the achievements of the Forum.
- Producing the 2013/14 Annual Report.
- Working with the PHA to support the development of the Engage website.

## Forum member profile



**Jackie McNeill** is the Involvement Services Programme Manager for the Patient and Client Council.

*"The Forum allows the health and social care bodies and service users/carers represented, to equally share good PPI practices and to learn from each other. Personally, I find it useful to hear and to inform the Forum about initiatives across the Province, which I then feedback to my colleagues within the Patient and Client Council. The diverse Forum membership brings together a wealth of PPI experience; such a joined up approach is well placed to develop the art of PPI even further."*

# Supporting PPI

The PHA, working through the Forum, has for the last four years operated a programme of support for PPI across HSC. The purpose of the funding is to act as an action research initiative to test new approaches, with the intention that good practice is identified, shared and replicated for the benefit of service users and carers.

The PHA has committed over £350,000 to progress the Promotion and Advancement Grant Programme for PPI in the last four years. It has been designed, led and managed by the PHA and has supported in excess of 70 projects/programmes.

Below is a list of projects funded in 2013/14. Evaluation reports for these and previous projects are available on request.

Organisation:	Project:
Belfast Health and Social Care Trust	Help Stop Choking DVD and accessible resources
Belfast Health and Social Care Trust	Gynae Users Forum
Belfast Health and Social Care Trust	Establishment of a Patient and Carer Forum for the Neurology Unit at Musgrave Park Hospital
Belfast Health and Social Care Trust	Action planning workshop with users and carers of Royal Belfast Hospital For Sick Children Spina Bifida Services
Belfast Health and Social Care Trust	Addressing barriers to accessing services from acquired brain injury unit
Northern Health and Social Care Trust	Focus groups for carers of people with a learning disability
Northern Health and Social Care Trust	Teenagers and Young Adults (TYA) Project
Northern Health and Social Care Trust	Children with complex physical health and social care needs – vision for future service provision
Public Health Agency	Training programme in quality improvement and patient safety for the Safety Forum PPI Group
Public Health Agency	Promoting informed choice in cancer screening

Organisation:	Project:
South Eastern Health and Social Care Trust	Creating a circle of involvement
South Eastern Health and Social Care Trust	The development of a children's council for young people in care (CICC) within the South Eastern Trust
South Eastern Health and Social Care Trust	To improve the participation of children and young people and the expression of their views in the LAC Review process
Southern Health and Social Care Trust	Infection Prevention and Control Strategic Forum PPI Voice Project
South Health and Social Care Trust	Personal and Public Involvement Road Show
Western Health and Social Care Trust	Engagement with users of critical care services to inform developments in supporting recovery from illness
Western Health and Social Care Trust	PPI Training for staff and service users/carers and public engage events
Health and Social Care Board	Our Voice, Our Future, Our say - homeless young people speaking out
Health and Social Care Board	User involvement: Development of the Neonatal Patient Care Pathway
Royal College of GP's Northern Ireland	DVD to promote Personal and Public Involvement to general practice

# PPI in action – How PPI is making a difference

## Belfast Health and Social Care Trust – Funded PPI Project

Title of Project

### **Help Stop Choking DVD and accessible resources**

What was the aim of your project?

The Help Stop Choking project aimed to raise awareness of choking as an important health issue. John, a service user with a learning disability (LD), epilepsy, Cerebral Palsy and swallowing difficulties experienced a number of choking incidents and he worked with Speech and Language Therapy (SLT) to make changes to help reduce his risk of choking. He felt his experience with SLT saved his life and was inspired to share his story to help other people reduce their risk of choking. The project focused on increasing awareness to empower people to make safe food choices, adopt safe eating strategies and foster safe eating environments.

Who was involved in developing/delivering your project?

John and the team worked in partnership with a range of HSC professionals to develop the project as a resource for roll out within the HSC. As part of the project key professionals who had an interest in preventing choking were identified which included SLT, community nursing, day care, health improvement for oral health and social work.

What did you do?

PPI is all about actively engaging with those who use our services, carers and the public. This project worked with John and his carers to discuss their ideas, their experiences, and how to make better resources to improve the awareness of dangers of choking amongst people with a LD and to increase staff awareness of this safety risk. The DVD enables the voice of the user to be central in training and influencing of other users and carers. This project is an example of a service user, staff and carers working together to bring forward an innovative idea that has tangible patient safety implications.

As well as an accessible DVD, an easy read Information book, activities, posters and a Choking awareness campaign song and music video were produced. The 'Help Stop Choking' song may be viewed on YouTube at <http://youtu.be/AEwDb3ZNkAc> . The ease of understanding and accessibility of the DVD and the above resources were evaluated by running choking awareness workshops and asking participants to self rate their awareness, knowledge, applied skills and confidence before and after the workshops. The results show that the DVD and other easy read resources are effective.

We have also been awarded money from the Belfast Health and Social Care Trust (BHSC) health improvement consortium to develop the DVD and resources into a 'Help Stop Choking' website and downloadable app.

## Feedback

*This project was only possible through listening to and working with John (service user), and his carers and identifying where we could make improvements. John said "before I worked with speech and language therapy I didn't know choking was so serious.*

*This is me telling my story and how I feel being through it (choking), even if I help one person it will be fantastic."*

*Working with John has helped to clearly demonstrate the value of involvement, leading to improved partnership working, better experiences and improved safety.*

### Did PPI make a difference to this project?

John is a real service user, talking about what matters to him. Listening to John talking about his experience and what he learned brings the subject of choking to a human level. Innovation is not just around technology, it can be better ways of doing things. John could see that other service users would be safer if they knew about choking and it could help to save lives. Inspired by the response to his initial presentations of his story, he could see that more than just his immediate audience would benefit and he came up with the solution to translate his story into an accessible educational DVD. John proves that everyone can input into the way services are developed for the future and anyone can be a leader. John is a good leader because he talks about things that matter to service users. John is passionate and his story helped to engage others, empowering them to help deliver his solution. His drive, ambition, energy and self-confidence **inspired professionals to follow and support him** to deliver on this important safety issue.

'This innovative project will not only save lives and reduce harm but will make savings to the health service by reducing admissions to hospital!'  
**(Speech and Language Therapy, BHSCT)**

Care for service user safety is at the heart of this project with a motivation to improve services and the quality of care that is delivered every day. The pilot study clearly evidences that the accessible DVD and information resources are effective and make a real difference to service users, carers and staff. This project helps BHSCT achieve its corporate plan objectives, specifically around:

- increasing accessible health information
- promoting preventable and early intervention strategies to support the improvement of the physical and mental health of adults with a learning disability
- Promoting PPI.

The programme of work will decrease the need for people to come into hospital following adverse harm from choking, improve patient experience, decrease health inequalities and increase health and wellbeing. The DVD contains John's story, skills, knowledge and strategies for embedding safer mealtimes that anyone can easily take away and use. Lessons within the DVD are broad and to have appeal across the health sector.

## Public Health Agency – Funded PPI Project

### Title of Project

### **Training Programme in Quality Improvement and Patient Safety for the Safety Forum PPI Group**

#### What was the aim of your project?

The HSC Safety Forum has recently established a PPI Group. This group consists of 6 members of the public, input from Carers NI and Patient Client Council. This project supported the delivery of a training programme for the PPI Group.

The comprehensive training programme included:

- In-house tutorials on quality improvement and patient safety
- Workshop on Patient Safety training
- Workshop on Human Factors training
- Attendance at Patient Safety Conference to provide a teachback session.

The training programme provided basic training for the PPI group members in core concepts of quality improvement and patient safety to enable them to act as patient safety champions. The training also provided the opportunity for service users and carers to develop the knowledge and skills to work with the Safety Forum in developing patient safety resources for patients and the public, and input to the workstreams within the Safety Forum.

#### What did you do?

A bespoke training programme was set up through discussions with the service users and carers who are part of the PPI Group.

- All members of the group were invited to attend the training programme
- The PPI group was invited to provide suggestions for topics for the training programme. These were incorporated into a half day workshop in December 2013.
- A half day workshop on Patient Safety was held on 4 December 2013 with teaching provided by Safety Forum staff. Evaluation was positive: “Helpful, enjoyable and interactive”, “Enjoyed the programme”. Feedback from participants has been used to tailor the content for other lay users.
- A half day workshop on Human Factors was held on 27 March 2014 using an external trainer. 6 group members attended.
- All members were offered a place on Institute for Healthcare Improvement (IHI) Open School. One person has registered for the on-line learning but the offer remains open for other group members should they wish to participate at a later stage.

- Two of the members of the public on the group attended the Patient Involvement and Partnership for Patient Safety Conference in London on 21 January 2014. They then delivered a teachback session to group members on 27 February 2014. Some of the learning points from this included “patient involvement/empowerment key to patient safety”, “barriers and pitfalls can be overcome”, “making the shift from patient involvement to patient leadership”.

Evaluation showed that 100% of participants rated the learning as very good or excellent and 80% rated usefulness of the training as very good or excellent.

**(Human Factors workshop, 27 March 2014)**

### Did PPI make a difference to this project?

The PPI Promotion and Enhancement Funding enabled the Safety Forum to deliver a training programme to the PPI group. This allowed group members to develop their skills and knowledge to allow them to participate more actively in work on quality and safety. The teachback approach was popular with the group. It enabled group members who had attended the conference to share the new learning with others. They were confident in talking about the conference and applying the learning to their own situations. This was very empowering. This may be an approach that could be used in other settings.

The group are keen to put the learning from the training programme into practice. They are currently exploring a number of possible areas where they could develop patient safety resources. They have had discussions about a number of safety topics, provided feedback on a draft transfer form and provided feedback on the possible content of a patient safety conference. They have also identified other training needs.

## Southern Health and Social Care Trust – Funded PPI Project

### Title of the Project

#### **Personal and Public Involvement Roadshow Event-**

#### **“Why Sit in Silence? Your Trust Needs You - Have your Say!”**

### What was the aim of your project?

The aim of the Roadshow was to:

- Raise awareness and increase understanding of PPI among staff, service users, carers and the public;
- Showcase the PPI work that is currently taking place across the Southern Health and Social Care Trust (SHSCT);
- Highlight opportunities available for involvement within the various service areas in the SHSCT; and
- Encourage more service users and carers to become involved in working with the SHSCT to plan, evaluate and develop services.

### Who was involved in the design/delivery of your project?

The SHSCT staff in partnership with its service user and carer's PPI Panel.

### What did you do?

The SHSCT in partnership with its service user and carer's PPI Panel secured funding from the PHA to develop a PPI Information Event. A number of planning meetings were held, the purpose of the Roadshow was agreed and a programme for the day developed.

The programme for the day included speakers from the Trust and the PPI Panel:

- Sharon Doherty, service user, carer and Co-chair of the PPI Panel chaired the event.
- Fiona Rowan outlined the official definition of PPI and explained what that meant to her as a service user, carer and member of the PPI Panel.
- Roberta Brownlee, SHSCT Chair, endorsed the Trust's commitment to PPI, explaining why it was important and why the Trust wanted people to become involved.
- Peter Donnelly provided a very powerful account of his experiences of health and social care services and the benefits of involvement in shaping and improving services as a service user, PPI Panel member, Regional PPI Forum member and as a member of the Willowbank Lobbying, Activism and Research Group (LARG).

- Ray Hamilton who attends Millview Day Centre, through his Support Worker Ruth Hamilton, shared his experience of health and social care services and highlighted how his quality of life had been improved and become more meaningful since his involvement in a variety of opportunities including direct payments, Friends of Millview, the PPI Panel, the Patient Client Experience Committee, Queens University, the Drake Music Project and Boccia with the Fit 4 U project.
- Carolyn Agnew, Head of User Involvement and Community Development outlined how people could register to become involved and the support available.
- Martin Quinn, Regional PPI Lead, concluded the event with remarks on the value of PPI and how it was being translated into reality in the SHSCT.

SHSCT then officially launched an Advocacy Information Booklet that had been developed by the PPI Panel and the Trust's Mental Health User and Carer Service Improvement Group (UCSIG) supported by the PPI Team to complement the regional *Policy Guide for Commissioners: Developing Advocacy Services*.

The guide is designed to help improve staff understanding of what advocacy is, its role in the health and social care context and to provide a list of advocacy services currently available within the SHSCT area. It will also be of interest to existing advocacy service providers, service users and their carers as well as advocates themselves.



*PPI Panel members with members of the Trust Board, Trust staff and Regional PPI Leads from the PHA launching the Advocacy Information Booklet*

Following the launch, the 146 participants were then invited to view the range of information on display from the Trust Directorates-Acute, Children and Young People, Older People and Primary Care, Mental Health and Disability, Equality Unit, Continuous Improvement, Volunteering, Patient Client Experience, 10,000 Voices, PPI Team, Carers, Macmillan Cancer Information and Promoting Wellbeing and to speak to staff about opportunities for future

involvement. The Patient Client Council hosted an information stand highlighting the services it provides. A number of voluntary and community organisations also provided display stands including: Carers Matter, NIAMH, CAUSE, Willowbank, Acorns for Autism and Mencap. In addition to the evaluation sheet in the participant packs, a Feedback Wall was in place and participants were invited to write comments on post-its and leave them on the wall.

*"It was excellent and really gave an insight into the practical outworking and benefits from real PPI at the frontline of service development and delivery across the Trust."*

### Did PPI make a difference to this project?

This was the first PPI Information event in Northern Ireland where service users and carers took the lead in the planning, development and delivery. The evaluation and feedback indicates that this was a very successful method of raising awareness and increasing understanding of PPI among staff, service users, carers and the public. In terms of encouraging more service users and carers to become involved in working with the SHSCT to plan, evaluate and develop services there have been 3 new members recruited to the PPI Panel. One of the PPI Panel speakers has been invited to speak to further groups of staff. Those who attended the event are now more aware of the opportunities available for involvement and how to register their interest. Trust service teams have been able to recruit new service users and carers to work with them on their specific improvement projects. Trust staff are also more aware of the support services available in the community and the support available within the Trust to assist them to fulfil their obligations under PPI.

*"I really feel empowered now; I kind of was afraid to fully get involved but now I have spoken to teams and other patients who have been involved and feel I am able to as well. I have filled in a registration form to express my interest!"* **Service User**

Following the success of this event, the SHSCT and PPI Panel intend to host further PPI Information Events. The PPI Panel has developed a PPI Newsletter which details the outcomes of the evaluation report. This was highlighted in EBrief and is available to download for the Involving You section on the Trust's website [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net) A DVD of the event is also being finalised.

## PPI feedback wall

*Congratulations, great event, loved the speakers*

*Excellent event, can this be repeated? I have found out so much.*

*As a speaker for the 1st time I enjoyed it. The other speakers had some great stuff to say*

*Great morning, very informative. A lot of very relevant information available.*

*A brilliant event, well done to all the speakers. I feel a sense of pride for the service user stories. Well done in having your say!*

*Fantastic Event! I feel so much more knowledgeable in PPI. Well done to all involved. Service user's stories are a master stroke!*

*Peter was very good. He didn't suffer from 'Trust speak'*

*Question and answer section? Might be beneficial?*

# Conclusion and Way Forward

This Annual Report was developed with support from the Communications/Annual Reporting subgroup of the Forum. The aim of this report was to:

- Highlight good practice in PPI regionally.
- Raise awareness of the role and remit of the Forum and its work.
- Share learning from PPI approaches, bringing benefits for service users and carers.
- Identify progress on the Regional HSC PPI Forum Action Plan 2013/14.

Significant progress has been made in 2013/14 on a number of fronts, with an improved awareness of and higher profile for PPI, especially through the Promotion and Advancement Fund. We look forward to a productive year in 2014/15 as we aim to make further progress against our objectives, delivering beneficial outcomes to HSC, service users and carers.

In 2014/15 priorities for the Forum will include:

- Supporting the PHA to secure endorsement from the DHSSPS of the indicative Standards for PPI and rolling this out to HSC.
- Working with the PHA to help in the implementation of final monitoring arrangements.
- Increasing the profile of PPI by creating a recognisable brand to continue to raise awareness for involvement.
- Co-operating with the PHA to finalise a PPI awareness raising and training programme for HSC.

We continue to work to embed PPI into the culture and practices across the Health and Social Care system. This report has demonstrated the many ways in which we are progressing this work and we recognise that there is still much to be achieved. By promoting a joint approach through the Forum, we are able to share best practice and identify and learn what needs to happen to progress PPI to truly involve service users and carers.

# Appendix 1

Regional HSC PPI Forum Action Plan 2012/13			
Action	Responsibility	Performance Indicator/Outcome	Progress as of March 2014
Develop PPI performance management processes for HSC Trusts	Regional Forum, facilitated by PHA	Establishment of PPI Performance Management subgroup. Performance management processes agreed and developed. Pilot PPI performance management process regionally, ensuring input from service users and carers.	Subgroup established. Pilot monitoring process undertaken with Health and Social Care Trusts
Produce an Annual Report for 2012/13	Regional Forum, facilitated by PHA	Published PPI Annual Report	2012/13 Annual Report published
Work with the PHA to design and pilot the generic HSC wide PPI training programme	Regional Forum, facilitated by PHA	Programme designer appointed. Programme designed Training programme piloted	Programme designer appointed. Work commenced on developing programme.
Develop a Communication /Awareness Raising Plan	Regional Forum - Communication subgroup	Clear PPI messages agreed by the Forum. Roll out of communication plan	Communication plan developed and implemented
The development of outcome based standards and associated KPIs for Departmental consideration	Regional Forum – Standards subgroup to support PHA	Draft outcome based standards and KPI's for DHSSPS consideration	Initial PPI standards developed and submitted to DHSSPS for consideration by PHA
Work with the PHA to develop the Engage website	Regional Forum – Communication subgroup	Re-design and re-launch of the Engage website	Business Plan completed and submitted to DHSSPS for their consideration

## Appendix 2 - PPI Regional Forum Members

### Public Health Agency (PHA)

Pat Cullen – Chair  
Michelle Tennyson  
Martin Quinn  
Roisin Kelly

### Service User/Carer Representatives (SU/CR)

Anne Gamble  
Anne Greenan  
Anne Mallon  
Anne Marie Murray  
Brian O'Hagan  
Caroline Kelly  
David Hunter, supported by Nicola Gault  
Don Harley  
Geraldine Fennel  
Peter Donnelly  
Sam Crothers

### Trusts

Carolyn Agnew	Southern Health and Social Care Trust (SHSCT)
Elaine Campbell	South Eastern Health and Social Care Trust (SEHSCT)
Yvonne Cowan/ Sandra McCarry	Belfast Health and Social Care Trust (BHSCT)
Martine McNally	Northern Health and Social Care Trust (NHSCT)
Siobhan O'Donnell	Western Health and Social Care Trust (WHSCT)
Michelle Lemon	Northern Ireland Ambulance Service (NIAS)

### Health and Social Care Partners

David Best	Department of Health, Social Services and Public Safety (DHSSPS)
Fionnuala McAndrew	Health and Social Care Board (HSCB)
Jacqueline Magee	HSCB
Jackie McNeill	Patient and Client Council (PCC)
Charles Kinney	Northern Ireland Blood Transfusion Service (NIBTS)
Jill Munce / Christine Goan	Regulation and Quality Improvement Authority (RQIA)
Angela Drury	Northern Ireland Practice And Educational Council (NIPEC)
Sandra Stranaghan	Northern Ireland Social Care Council (NISCC)
Mark McCarey	Northern Ireland Medical And Dental Training Agency (NIMDTA)
Michael McCloskey	Northern Ireland Guardian Ad Litem Agency (NIGALA)

## Appendix 3: Forum Partner Organisations

The Forum has representation from all aspects of HSC from the DHSSPS to PHA, the Health and Social Care Board (HSCB), the HSC Trusts and the Special Agencies. In addition, membership includes a number of individual service users and carers as well as community and voluntary sector nominees from other HSC PPI panels/forums who give us their perspective on our work and help guide the way forward in this important area.

Below we have provided a brief outline of the partner organisations in the Forum.

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### Public Health Agency (PHA)

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

The PHA has the key functions of improving health and wellbeing and health protection. It also provides professional input to the commissioning process. The PHA is jointly responsible (with the HSCB) for the development of a fully integrated commissioning plan for HSC in Northern Ireland.

The PHA works in partnership with local government, key organisations and other sectors to improve health and wellbeing and reduce health inequalities. The PHA also provides the Regional Lead for PPI.

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### Health and Social Care Board (HSCB)

[www.hscb.hscni.net](http://www.hscb.hscni.net)

The HSCB is responsible for commissioning services, resource management, performance management and service improvement. It works to identify and meet the needs of the Northern Ireland population through its five Local Commissioning Groups which cover the same geographical areas as the HSC Trusts.

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## Health and Social Care Trusts

There are six Trusts in Northern Ireland. Five of these HSC Trusts provide integrated HSC across Northern Ireland: Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust, Western Health and Social Care Trust, Southern Health and Social Care Trust and Northern Health and Social Care Trust. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other HSC facilities and they provide a wide range of HSC services to the community.

The sixth Trust is the Northern Ireland Ambulance Service, which operates a single Northern Ireland wide service to people in need and aims to improve the health and wellbeing of the community through the delivery of high quality ambulance services.

- [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)
- [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)
- [www.setrust.hscni.net](http://www.setrust.hscni.net)
- [www.westerntrust.hscni.net](http://www.westerntrust.hscni.net)
- [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)
- [www.niamb.co.uk](http://www.niamb.co.uk)

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## Patient and Client Council (PCC)

[www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

This is a regional body with local offices covering the geographical areas of the five integrated HSC Trusts.

The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on HSC issues.

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## Northern Ireland Blood Transfusion Service (NIBTS)

[www.nibts.org](http://www.nibts.org)

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

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## **NI Medical and Dental Training (NIMDTA)**

[www.nimdtta.gov.uk](http://www.nimdtta.gov.uk)

The NIMDTA is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery. It provides a wide range of functions in the organisation, development and quality assurance of postgraduate medical and dental education and in the delivery and quality assurance of Continuing Professional Development for general, medical and dental practitioners.

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## **Northern Ireland Guardian Ad Litem Agency (NIGALA)**

[www.nigala.hscni.net](http://www.nigala.hscni.net)

The functions of the NIGALA are:

- To safeguard and promote the interests of children by providing independent social work investigation and advice in specified proceedings under the Children (Northern Ireland) Order 1995 and in Adoption (Northern Ireland) Order 1987.
- To provide effective representation of children's views and interests.

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## **Business Services Organisation (BSO)**

[www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net)

The BSO is responsible for the provision of a range of business support and specialist professional services to the whole of the Health and Social Care sector including, Human Resources, finance, legal services, procurement, Information Communication Technology and other services.

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## **Regulation and Quality Improvement Authority (RQIA)**

[www.rqia.org.uk](http://www.rqia.org.uk)

The RQIA is the independent HSC regulatory body for Northern Ireland. In its work, the RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews.

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## **NI Practice and Education Council for Nursing and Midwifery (NIPEC)**

[www.nipec.hscni.net](http://www.nipec.hscni.net)

NIPEC aims to improve standards of practice, education and professional development of nurses and midwives to facilitate the delivery of safe, effective and person-centred care.

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## **Northern Ireland Social Care Council (NISCC)**

[www.niscc.info](http://www.niscc.info)

NISCC is the regulatory body for the social care workforce in Northern Ireland. Its aim is to increase the protection of those using social care services, their carers and the public.

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Regional PPI Lead

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