

Regional Health and Social Care Personal & Public Involvement Forum

Annual Report 2014/15



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



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Foreword



Welcome to the fifth annual report of the Regional Health and Social Care Personal and Public Involvement Forum. A

number of key milestones have

been achieved during the period 2014/15 and as Chair, I present this report to outline the range of work undertaken by the group and to highlight some examples of best PPI practice in the HSC.

From the outset, I would like to acknowledge and thank the contributions made to the Forum by the Health and Social Care (HSC) organisations and also the service users and carers represented on the group. Their input is greatly valued in helping to shape and guide the work of the Forum.

Whilst we work to support HSC organisations in their endeavours to fulfill their Statutory Duty to involve and consult service users, carers and the public in decisions and plans, we also work to raise understanding that involving people brings many associated benefits. The Donaldson Report identified that whilst there is evidence of the involvement of service users and carers, this is not taking place in a systematic fashion across our organisations. Whilst we have made significant progress, it is also recognised that there is still a considerable amount of work to do, to ensure that the HSC is truly patient-centred.

In March 2015, the Department of Health, Social Services and Public Safety (DHSSPS), endorsed the five PPI Standards developed by the Forum, under the leadership of the Public Health Agency (PHA). This marks a significant milestone for the Forum. A key strand of our work moving forward, will be embedding these standards into our culture and practice.

Due to funding constraints, we were unable to roll out the PPI innovation and advancement programme in 2014/15. Despite this, there were a number of different PPI initiatives across HSC, which were truly inspirational. This report showcases some of that work being undertaken.

Moving forward, we will continue to work to progress and embed the involvement of service users, carers and the public; we will also put in place the structures/support to help HSC organisations and staff to truly integrate the voice of the service user and carer into their practice.

Pat Cullen

Executive Director of Nursing, Midwifery and Allied Health Professionals & Chair, Regional HSC PPI Forum

What is Personal and Public Involvement?

Background

PPI is the active and effective involvement of service users, carers and the public in HSC.

People have a right to be involved in and consulted on decisions that affect their health and social care. We know that when people are meaningfully involved in decision making about their health and social wellbeing, or listened to when they complain or raise concerns, this leads to improved efficiency, effectiveness, quality and safety.

The Health & Social Care (Reform) Act (Northern Ireland) 2009, put in place a Statutory Duty on HSC organisations to involve people in the planning and delivery of health and social care services.

Increased awareness is now placed on the importance of engaging service users and carers at the core of Health Services to help develop and deliver services based on need. This presents many challenges and in Northern Ireland, we are working to embed PPI into our structures and processes. 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 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.

The best services in the world today give major priority to involving patients and families across the whole range of their activities, from board level policy making, to design of care processes, to quality improvement efforts, to evaluation of services, to working on reducing risk, to patients as part of patient safety programmes.

The Right Time, The Right Place, (Donaldson Report 2014).

The work of the Regional HSC PPI Forum highlights how we are raising awareness of PPI and also putting in place, monitoring processes to really consider the difference the involvement of service users, carers and the public has made. 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 work of the Forum – progressing PPI regionally

A background to the Forum

The Regional HSC PPI Forum was established in 2010 and provides an opportunity for HSC organisations to work collaboratively to progress PPI in Northern Ireland.

The Forum works to provide leadership and support, to drive forward the promotion and advancement of PPI across HSC organisations in Northern Ireland and 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.

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;
- 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).



Members of the Regional HSC PPI Forum

Forum member profile



Christine Goan is operational lead for PPI in the Regulation and Quality Improvement Authority (RQIA). Christine is a longstanding member of the Regional PPI Forum and sits on the Training, and Communication Subgroups. Christine was a member of the PPI Standards Subgroup who developed the Regional PPI Standards, which were approved by DHSSPS and launched in March 2015. Christine explains that there are real advantages to being a member of the Regional PPI Forum, including sharing good practice with colleagues and service users from across the Province. The benefits of working with service users and carers are evidenced; learning is taken back into RQIA and shared with colleagues through RQIA's PPI Forum, to drive improvement for service users.

The work of the Forum

The Forum works to embed PPI into the culture and practice of the HSC system. This is undertaken through the development and implementation of an annual action plan, which outlines the PPI priorities for the year (appendix 1). The work is progressed through four subgroups, with membership comprised of Forum members alongside other co-opted members as and when required. The subgroups currently in operation focus on:

- training
- standards
- monitoring and evaluation
- communications/annual report.

The following sections outline the work of the Forum in these four areas.

PPI Training

The 2012 DHSSPS policy circular on PPI, outlined the lead role for the PHA to oversee the implementation of policy on PPI in a consistent regional manner across HSC organisations. This included capacity building through the commissioning of training.

The PHA working closely with the Training subgroup of the Forum, has collectively advanced the development of a PPI training and awareness raising programme. It was agreed to develop a generic PPI awareness raising and training programme to build the knowledge, skills, confidence and proficiency in involvement amongst HSC staff.

Throughout 2014/15, a key focus of the subgroup has been to support the PHA to develop the first draft of the generic PPI Awareness Raising and Training programme. The 'Engage & Involve' programme was developed and piloted with a range of HSC staff, to provide a comprehensive PPI training package for the HSC System.

Key achievements for 2014/15:

- Draft PPI training programme developed. The Engage & Involve PPI training programme includes:
 - PPI e-learning – a short online introduction to PPI;
 - PPI taught modules – providing a range of options for participants to pick and choose modules to support their personal development;
 - PPI Team briefing – aimed at team leaders to incorporate PPI into team meetings;
 - PPI Coaching - supporting people to coach on PPI.
- Hosted a series of pilot training sessions across Northern Ireland to test and up-date the draft programme content.
- Training for PPI trainers session delivered to develop skills, to roll out Engage & Involve.

The training subgroup also 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 formally piloted during 2015, with roll out from late 2015/early 2016.

PPI Training subgroup member profile



Martine McNally

is the operational lead for PPI in the Northern Health and Social Care Trust (NHSCT). Martine sits on the Forum as their representative. Here Martine shares her experience as a Forum member:

"The Forum provides an opportunity for HSC organisations and service users to share their involvement experiences and expertise. It allows for joint working and provides a platform for discussion on all aspects of PPI within health and social care, in order to make improvements for the benefit of service users and those who care for them".

PPI Standards

A core focus for the Forum in 2014/15 has been to develop and finalise the PPI Standards and Key Performance Indicators (KPI's). The Standards set out what is expected of HSC organisations and staff and seek to standardise PPI practice and support the drive towards a truly person-centred system. The PPI Standards also form the basis of the PPI monitoring and performance management process which was established in 2014/15 for HSC Trusts.

The PPI Standards were presented to the Department of Health, Social Services and Public Safety (DHSSPS) for review and in March 2015, the Deputy Chief Medical Officer on behalf of the Minister formally endorsed and launched the five Standards at an event attended by over 100 service users, carers, community and voluntary organisations and HSC staff. The event also provided an opportunity for HSC organisations including the Trusts, the PHA and PCC to showcase PPI work taking place across Northern Ireland.

The five Standards are:

1. Leadership
2. Governance
3. Opportunities and support for involvement
4. Knowledge and skills
5. Measuring outcomes



Guest speakers at the launch of the PPI Standards, March 2015

The PPI Standards will be rolled out across HSC organisations in 2015/16 and an information leaflet is also available to help raise awareness of the standards amongst staff, service users, carers and the public.

PPI Monitoring and Performance Management

Aligned closely with the development of the PPI Standards, the monitoring and performance subgroup, developed a monitoring and performance management framework for PPI. Service user and carer members of the Forum, co-designed the framework which was undertaken with HSC Trusts to assess how each organisation is implementing PPI, as per its statutory responsibility.

The monitoring process was initiated in November 2014 and the five HSC Trusts were required to complete a self-assessment on PPI within their organisation. A verification visit was then undertaken as the second stage of the process, which involved the Forum service users and carers co-designing questions and participating in the visits. As part of this stage, cancer services in each HSC Trust were assessed to review how PPI processes were being implemented in practice in a defined service area. At the visit, both HSC Trust staff and Trust service users and carers were invited to participate in the meeting.

The first round of the monitoring process will be completed in May 2015 and a report for each organisation will be produced and available on the PHA and HSC Trust websites. The PHA will then report on HSC Trust compliance with their PPI responsibility to the DHSSPS by June in line with the accountability and reporting arrangements.

Advice and guidance from the RQIA was instrumental to ensure that the Monitoring process was based on good practice and their input was greatly valued.

Key achievements in 2014/15:

- September - final self-assessment questionnaire agreed;
- November - monitoring process initiated with HSC Trusts;
- January – HSC Trusts return self-assessment;
- February – PHA reviewed self-assessment returns;
- March – monitoring verification visits commenced.

Performance Management subgroup member profile



Caroline Kelly is a carer representative on the Western HSCT PPI Forum and on the Regional PPI Forum. While contributing generally to the work at the regional level, Caroline is particularly interested in participating in the work of the monitoring and performance subgroup, helping to shape and implement the monitoring of PPI across HSC. This subgroup has developed a system which will enable the PHA in partnership with service users and carers from the Regional Forum to visit and assess the performance of each Trust and provide feedback on 'how each Trust is implementing PPI as per its statutory duty'. Caroline is confident that this approach where carers and service users are full partners in the monitoring process, will enhance relationships between Trusts, service users and carers as well as ensuring openness and accountability.

PPI Communications/Annual reporting

A key role of the Communications/Annual Reporting subgroup, is to promote shared values and approaches to PPI and to communicate the activities of the Forum.

In 2014/15, a PPI brand for the HSC system was developed to create an awareness and recognisable visual for both patients and staff in HSC settings. The sub-group in consultation with a range of stakeholders developed a number of options for a PPI strapline, with members of the Forum voting to identify their preferred option. The strapline **'Involving you, Improving care'** was the clear winner and the Forum agreed to introduce this as the PPI brand into the HSC system.

The corresponding brand visual was developed and represents people moving together in partnership:



The brand will be used to increase awareness for PPI moving forward and provides a recognisable connectivity for PPI products and activities. Guidelines for using the PPI brand will be developed in 2015/16 to help HSC to understand how and when to utilise this in regards to PPI work, projects etc.



PPI Standards booklet showcasing the PPI brand

PPI in practice across Health & Social Care

The following section provides an overview of PPI in practice in different HSC organisations.

Public Health Agency (PHA)

Title of project

Neurological conditions awareness raising programme (Speak Out for Change)

Project overview

“Poorest care is often received by those least likely to make complaints, exercise choice, or have family speak up for them (NHS Outcomes Framework)”. One of the most marginalised, excluded and vulnerable groups in society are those affected by a Neurological condition.



**Neurological
conditions
awareness training**

The PHA with support from the Health and Social Care Board (HSCB) initiated a strategic piece of work in Neurological services, to improve the quality of lives of people affected by a neurological condition. Working in partnership with a Neurological Conditions Service User & Carer Reference Group, the following was achieved:

1. A Neurological conditions awareness raising training programme (taught and e-learning) which aims to inform people of the difficulties and challenges of living with neurological conditions. The programme encourages those who plan and deliver services, to work with service users and carers, to take practical steps to tailor services to need and facilitate access to and usage of services for people with a neurological condition.
2. The development of care pathways for a range of Neurological conditions which will provide more clarity for the patient journey and help to ensure more effective and joined-up care.



Representatives from the Neurological Conditions Service User and Carer Reference Group and the HSC Leadership Centre at the launch of the neurological conditions awareness raising training programme.

3. The creation of Neurological Conditions Care Advisor posts, to provide advice, support and guidance not only on clinical matters, but also on social matters, emotional concerns, financial issues etc.
4. A support programme for people accessing the regional Neurology facility in response to service user and carer feedback, which included massage, music therapy, counselling etc.

The early involvement, the development of a meaningful partnership and longer term commitment by the service users/carers and HSC has resulted in tangible benefits. This work has:

- valued service user/carer input;
- ensured the service user/carer perspective is factored into plans and decisions;
- ensured care is tailored to need and makes best use of service user/carer knowledge and expertise.

This approach to co-design has required a meaningful commitment of staff and service user/carer time and a limited amount of resources. The work has been recognised locally and internationally and the initiative was presented at the Canadian Public Health Annual Conference (2014).

Northern Ireland Blood Transfusion Service (NIBTS)

Title of project

Blood Transfusion Service Communities Partnership (BTSCP)

Project overview

NIBTS continues to meet its commitment to PPI via its work with the BTSCP. Partnership groups met on seven occasions during the year and some key highlights were involvement around reshaping the blood donor Health Check questionnaire, and also important inputs to the review of donor complaints. Other activity included inputs to new donor recruitment initiatives and the organisation of donor sessions.

Patient and Client Council (PCC)

Title of project

Future planning for elderly carers

Project overview

PCC staff supported groups of older carers, who were caring for adult dependents with severe learning disabilities, to engage with HSC and the Northern Ireland Housing Executive (NIHE) decision makers. They were able to discuss their individual situations and outline the need for help to plan for the future of their families.

As a result, a number of things happened:

- Carers worked with the Ulster University to develop 'Preparing for the Future' training for carers and key workers, which took place across Northern Ireland in 2014/15;
- The HSCB and five HSC Trust's undertook two needs assessments projects aimed at understanding the extent of the problem;
- A bid was submitted to DHSSPS and investment was secured for 2015/16 to support the development of a carer's plan for the future, and engage carers to hear and comment on the Trusts' plans.

Patient and Client Council (PCC)

Title of project

The Painful Truth

Project overview

A number of service users who live with chronic pain approached the PCC explaining, that they did not have a voice in the HSC system. PCC worked alongside the service users to understand their situations and to support them to raise awareness of chronic pain and its impact on their lives. As a result, a small steering group was established comprising service users, PPI staff from the PCC, one pain Consultant and a researcher. The group decided to undertake an extensive survey of people's experience across Northern Ireland. A total of 2,500 people told their story and a report entitled 'The Painful Truth' was launched by the Minister for DHSSPS in February 2014. The Minister accepted 7 out of the 10 recommendations in the report. Since then, staff and service users have conducted extensive engagement with decision makers to follow up on recommendations including:

- A Chronic Pain Scoping paper was produced by HSCB/PHA, which resulted in the development of the Regional Pain Forum. The PHA is leading this piece of work with the HSCB and PCC as key partners in this initiative. The PCC is leading in the development of a Service User and Carer Reference Group to facilitate co-design in this service improvement exercise;
- As a whole the Regional Pain Forum is actively developing plans and specifications for increased access to community based self-management programmes, better information, more primary care training and service provision, as well as remodelling and strengthening of secondary care services;

Regulation and Quality Improvement Authority (RQIA)

Title of project

Service User Involvement as part of Conventional Domiciliary Agency inspections

Project overview

RQIA is committed to the involvement of service users in the inspection process; however this is a challenge for the conventional domiciliary care agencies team as the inspection takes place in the registered office, not the service user's home. The User Consultation Officer (UCO) post was created in April 2012 to consult with service users and their relatives and up until 31 March 2015 there have been 1,588 service user interviews carried out by the UCO or inspectors, either in the service user's home, by telephone, or via a paper questionnaire.

Feedback is used both to determine the quality of care being provided by the individual agencies and informs the report, which consequently shapes service delivery and encourages improvement. It is also reviewed by the team when determining future inspection themes.

A standard questionnaire has been developed to ensure consistency in the interviews. There are core questions included each year to allow for trend analysis as well as specific questions relating to the themes being inspected.

The benefit of involvement:

- Findings influence the areas reviewed during the inspection;
- Issues identified are discussed with the registered manager;
- Service user's comments are included in the report, which is open to the public;
- Requirements and recommendations are made;
- Findings are analysed by the team to determine the themes to be inspected during the next inspection year. For example, due to the high number of missed calls during the 14/15 inspection year, this was chosen as a theme for focus in the 15/16 inspection year;
- Issues relating to other services, for example other domiciliary care agencies, nursing homes and residential homes are forwarded to the appropriate inspector to be addressed.

Belfast Health and Social Care Trust (BHSCT)

Title of project

HIV Service user Forum

Project overview

User satisfaction surveys were distributed to patients attending the HIV clinics during 2014. Patients were asked to submit contact details if they wished to attend a HIV Service User Forum. Relevant voluntary and support groups were also invited to attend. 94 questionnaires were returned with a number of people expressing an interest in getting involved with a service user forum. Several workshops were facilitated to inform the development of the forum. A HIV Service User Forum has been established, with associated terms of reference and is chaired by a service user. The Forum has worked closely with staff over the last year, to identify a number of areas for improvement and develop ways to address these. The Forum has worked with staff to address problems with the telephone booking system and is currently working on a new Genito-Urinary Medicine (GUM) website.

Northern Health and Social Care Trust (NHSCT)

Title of Project

Food Matters Forum

Project overview

The Trust's Food Matters Forum was established in 2014 and the specific focus for members of the Forum, is ensuring that the menu and beverage quality and choice meets the needs of all patient groups in the Trust. Members of the Forum include managers with responsibility for catering services, nursing and dietetic managers, and public representatives with a particular interest in hospital catering services.

It is well recognised that the delivery of food services for patients in the NHS has a high public profile and is often used as a benchmark against which patients judge the quality of health services in their local area. Whilst it is evident that wholesome and nutritious food aids the patients' recovery, there is also a need to focus on the core issue of delivering food that patients like and want to eat. Therefore, Trusts have a responsibility to ensure that the menu and beverage quality and choice meets the needs, and are suitable for, the patient groups they serve, as well as being flexible in both menu offering and adaptability. It should also be acknowledged that in a hospital setting in relation to patient care catering, the focus should be on "Eating for Good Health" to ensure patients recover more quickly.

Patient food sampling events were arranged where hospital staff were invited to taste the patients food and rate it. The changes made to the patient food and beverage choice have been received favourably by patients, and survey results and the significant number of compliments now being received about the catering services provided, are indicators of the success of the work being led

by the Food Matters Forum. It has also placed an emphasis on the importance of the right patient receiving the right meal at the right time. The benefit of involving service users in this Forum has resulted in a review of the patient menu and beverage choice, the incorporation of more seasonal produce, and a review of the different menu formats being used to ensure these are as user friendly as possible. Plans are also in progress for the introduction of an enhanced supper option for patients.

South Eastern Health and Social Care Trust (SEHSCT)

Title of Project

Lakewood & NIACRO Partnership Garden Mural Project

Project overview

Lakewood Secure Care Children's Home is based in Bangor and accommodates up to 16 young people from across Northern Ireland. The Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) Independent Representation Scheme which works with the young people staying at the home, was involved in a large scale mural design and painting project during August 2014. There are two gardens leading out from the living rooms with large arced boundary walls. Following feedback from the young people resident at Lakewood, the Scheme felt that these walls would provide the perfect canvas for colourful murals for the young people to develop and express their ideas upon, whilst also being of great aesthetic benefit to the individual living areas.

The young people were central at each stage of both the design and creation of each mural. Design workshops were facilitated and mural designs were based on discussions with young people around their interests, hopes, aspirations, dreams and personal journeys for those in secure care.

The designs portray important key messages, that the young people in Lakewood wanted to share with other young people, who would be staying in the home after they had left. The majority of young people resident were able to participate fully in the project and took ownership and a real pride in seeing their ideas materialise on the wall – the end result looks fantastic. A celebration event was held to recognise the hard work that all the young people in the centre put into the project which was attended by the Children's Commissioner, employees from the South Eastern Health and Social Care Trust and NIACRO staff.



Southern Health and Social Care Trust (SHSCT)

Title of Project

Outcome Base Care, Domiciliary Care

Project overview

Historically the domiciliary care budget within the Southern HSCT was overspent and the Trust struggled to meet the growing need for domiciliary care services. The Older People's division was aware that there were a number of issues with the current service model employed including time for tasks, lack of timely review, creation of dependency, not flexible/responsive service. In addition, a domiciliary care worker stated, "where we are needed in a house, we feel valued" which implies there was still homes that commissioned care was not considered necessary and could be tailored further.

Work began to identify a better service approach, with a greater focus on a quality service model involving those who currently used the service, their carers, the staff who delivered the service, managers and staff side. This included:

- establishing a baseline picture;
- developing a project management structure;
- agreeing criteria and measures;
- independence focus – "with" not "for";
- introducing new requirements – Occupational Therapy (professional functional assessment), caseload model rather than "Time for Task", supervisor 70% out with clients/staff (back office support);
- identification of pilot area to test new model;
- communication/engagement – clients, key workers, all community teams, GP's, MLA's;
- staff training.

Outcomes and findings to date:

- responsive, timely assessment;
- greater efficiency – as care packages were flexibly tailored to meet eligible needs which freed up some capacity and allowed additional care packages to be accepted;

- improved outcomes – independence focus;
- better collaboration – across teams;
- happy staff and clients – no complaints and positive feedback.

Pre pilot questionnaires were completed for service users, staff, commissioners and further post pilot information will continue to be sought, to enable comparisons with qualitative feedback and quantitative data to indicate successes to date. A planned phased roll out across all of Armagh and Dungannon will enable further testing of this model, with a view to developing across the Trust. This will inform the procurement of independent sector Domiciliary care services and indeed involvement and partners in care across the commissioner/provider split.

Western Health and Social Care Trust (WHSCCT)

Title of Project

Development of new Signage in Radiology

Project overview

Users of the Radiology service were involved in planning and designing new signs and way finding to radiology.

A number of patient groups were asked to input into the initiative, including visually impaired service users, to ensure that any changes would meet their needs. Changes include mapping the pathway from Outpatients to Radiology and back. As a outcome of this work, there is now clear demarcation of the various radiology department entry points and improved signage and information available in the waiting areas.

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

Title of Project

Community Maternity Care Project

Project Overview

The purpose of the Community Maternity Care Project is to review the current service against the objectives in '*A Strategy for Maternity Care in Northern Ireland 2012-2018*' (DHSSPS, 2012) and develop new models and choices of community maternity services for women.

The Community Maternity Care Project is a partnership arrangement, established to achieve implementation of a number of the objectives from the Maternity Strategy (DHSSPS, 2012). The project has reviewed the current service and is in the process of developing new models and choices of community maternity services. These will include: a regional information leaflet for women, providing them with the range of choices of maternity care to suit their individual requirements; a self-referral form, so that women can refer themselves to the service and a core antenatal care pathway to inform women and guide professionals. The outputs from this project have been developed via extensive collaborative involvement with service providers (350 midwives, 50 obstetricians and 117 general practitioners) and 1,130 service users.

A range of methods to engage with service users, providers and public in general was conducted via:

- Face to face meetings
- Focus groups
- On-line surveys using Survey Monkey

A final engagement report of the key findings from this PPI exercise will soon be available via NIPEC website.

Conclusion and way forward

This Annual Report was developed with support from the Communications/Annual Reporting subgroup of the Forum. This report set out 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 2014/15.

In 2015/16 priorities for the Forum will include:

- raising awareness and rolling out the PPI Standards to the HSC system;
- supporting the PHA to develop and progress PPI monitoring in the HSC system;
- supporting the PHA to finalise and launch the PPI awareness raising and training programme, Engage & Involve, for HSC;
- identification and sharing of best PPI practice across the HSC system;
- developing and implementing guidance to increase the profile of the PPI brand to continue to raise awareness for involvement;
- review the membership to ensure service users, carers and the voluntary sector are fully and effectively represented in discussions and work of the Regional Forum.

The year ahead

Increasing attention has been placed on meaningfully involving service users and carers. The consequences of not achieving this are highlighted in both the Francis and the Donaldson reports. As a system, we must continue to strive to enhance quality, safety, efficiency and effectiveness but this may only be fully achieved when we adopt a person-centred approach. In the year ahead, the Regional HSC PPI Forum will continue to work to raise awareness of the PPI Standards to drive forward awareness and understanding of the need to embed PPI into culture and practices. We look forward to completing and launching Engage & Involve, the PPI training programme, which will be a significant move towards supporting staff to adopt PPI into their practices. The monitoring and performance process will support the drive to embed PPI in HSC, to learn and share good practice on what is working well and identify where action is required to truly integrate the voice of the service user/carer.

Appendix 1

Regional HSC PPI Forum Action Plan 2014/15			
Action	Responsibility	Performance Indicator/Outcome	Progress as of March 2015
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.	<ul style="list-style-type: none"> Subgroup established. Process designed. Monitoring piloted. Formal monitoring undertaken with Health and Social Care Trusts.
Produce an Annual Report for 2013/14	Regional Forum, facilitated by PHA	Published PPI Annual Report.	2013/14 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.	1st draft of training materials developed and piloted.
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.	PPI Standards developed by Regional Forum under PHA leadership, approved by DHSSPS and launched with Ministerial endorsement.
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
Claire Fordyce

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
Peter Donnelly

Trusts

Carolyn Agnew	Southern Health and Social Care Trust (SHSCT)
Elaine Campbell	South Eastern Health and Social Care Trust (SEHSCT)
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)
Christine Goan	Regulation and Quality Improvement Authority (RQIA)
Angela Drury	Northern Ireland Practice And Educational Council (NIPEC)
Brenda Horgan	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.

The following section provides a brief outline of the partner organisations in the Forum.

Public Health Agency (PHA)

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.

Health and Social Care Board (HSCB)

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.

Health and Social Care Trusts

There are six Trusts in Northern Ireland. Five of these HSC Trusts provide integrated HSC across Northern Ireland: Belfast HSCT, South Eastern HSCT, Western HSCT, Southern HSCT and Northern HSCT. 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 (NIAS), 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
- www.southerntrust.hscni.net
- www.setrust.hscni.net
- www.westerntrust.hscni.net
- www.northerntrust.hscni.net
- www.niamb.co.uk

Patient and Client Council (PCC)

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.

Northern Ireland Blood Transfusion Service (NIBTS)

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.

NI Medical and Dental Training (NIMDTA)

www.nimdtg.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.

Northern Ireland Guardian Ad Litem Agency (NIGALA)

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. And
- To provide effective representation of children's views and interests.

Business Services Organisation (BSO)

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.

Regulation and Quality Improvement Authority (RQIA)

www.rqia.org.uk

The RQIA is the independent Health and Social Care 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.

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

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.

Northern Ireland Social Care Council (NISCC)

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.

Department of Health, Social Services and Public Safety (DHSSPS)

www.dhsspsni.gov.uk

The DHSSPS is one of 12 Northern Ireland Departments and works to improve health and social well-being through the three main business responsibilities:

- HSC, which includes policy and legislation to hospitals, family practitioner services and community health and personal social services.
- Public health, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population.
- Public safety, which covers policy and legislation for fire and rescue services.



**Public Health
Agency**

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