

**Belfast Health and Social Care Trust
(BHSCT)**

**Personal and Public Involvement (PPI)
Monitoring Report**

September 2017

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Introduction

This is the PPI monitoring report for the Belfast 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>

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 – Director of Planning, Performance and Informatics
- Named Non-executive PPI Lead – Anne O'Reilly
- Named PPI Operational Lead – Sandra McCarry, Senior Manager for Community Development and PPI.
- PPI Leadership Structure as follows:
 - Trust Corporate Plan – PPI included in corporate objective - partnerships.
 - Directorate management plans reflect corporate plan and PPI requirement.
 - PPI Leads model in operation.
 - PPI Steering Group in place.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that the PPI leadership arrangements in the Trust have been strengthened as follows:
 - a PPI Steering Group has been established which is chaired by the Non-Executive Director responsible for PPI. The membership is made up of Trust staff from each Directorate and affiliated service user/carer groups operating within BHSCT. The group has met twice, an induction session has been planned for the beginning of September and Terms of Reference have been developed and agreed. It was noted that the group will act as a central strategic/corporate mechanism with shared responsibility and accountability for PPI. The group will provide a check and audit function in relation to PPI activity in the Trust and will utilise the Directorate Action Plans as a mechanism to review activity across service areas. The group will also connect service user and carer groups operating in the organisation and provide PPI expertise and experience to the organisation. The Forum will also provide a mechanism to support individuals to develop their own knowledge and skills at a more strategic level. Support for members is

provided by the PPI Operational Lead and also the nominating group;

- the PPI Leads model in operation has been reviewed and areas where there are gaps are being identified. Role descriptions for the leads have been developed and all are encouraged to complete the PPI e-learning and attend PPI taught training. Details of the PPI resources are shared and available for all staff on the intranet;
- The Trust reported that PPI responsibility has moved to the Planning, Performance and Informatics Directorate team.
- The Trust has secured funds to appoint a PPI Officer for a two year fixed term period. The job description is currently being developed.
- The Trust reported that steps have been taken to integrate co-production into the culture of the organisation. A new Corporate Plan has been developed. This has been developed as a one year transitional plan to engage and test which will then form the basis of a three year Plan, which will create the conditions for involvement in all Trust work. The Trust has also been feeding into the broader TIG work stream areas and used the example of leading on an Appreciative Inquiry pilot to demonstrate how the voice of service users and carers is integrated into the work of the organisation.

Recommendations:

1. It is recommended that the Trust clearly maps out the PPI Leadership responsibility operating within the Trust 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 ensure that there is a clear linkage between the PPI Leads model and the PPI Steering Group for mutual learning and increased

understanding.

3. It is recommended that the Trust continue to build on the PPI Lead model in operation to ensure all staff within each Directorate are aware of the PPI point of contact for support, advice and guidance available through this resource. It is also recommended that the PPI Lead in each Directorate is aware of the service user/carer groups operating within their respective directorates.
4. 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
 - The Trust Board currently receives PPI up-dates via the Equality, Engagement, Involvement and Partnership Committee. The PPI Forum reports to the Equality, Experience, Involvement and Partnership Committee.
 - The Trust Executive Team and Trust Board approve all corporate engagement processes and consultations.
 - A new Corporate Plan has been developed, which includes 'Partnership' (incorporating PPI) as one of the corporate pillars.
- PPI Action Plan – 2016/17 in place
- PPI Annual Report – 2015/16 in place

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that PPI is a standing item on the Equality, Experience, Involvement and Partnership Committee, which reports to the Trust Accountability Committee on a bi-monthly basis in regards to PPI. This Group then reports to the Trust Board.
- The Trust outlined the approach to developing the new Corporate Plan which will be undertaken by establishing a one year transitional plan which will test the proposed approach to the new three year corporate plan. The new Corporate Plan will create the conditions for involvement in all Trust work. Partnership, which includes PPI, has been included as a Corporate Plan pillar and this then aligns to the Trust Assurance Structures in place for the Board to monitor PPI.
- The Trust reported that aligned to the Corporate Plan, a new collective leadership approach has been put in place which includes the establishment of a Leadership Team in each Division who will be responsible for providing assurance that PPI is taking place. As part of this work, each Division has been requested to ensure that at least one or two PPI projects are in place to

encourage and incentivise staff to undertake PPI. This will also then tie in with the accountability framework as Divisions are required to report on progress on a regular basis which will provide a structure for the Trust to capture and report on PPI activity in a more significant way.

- The Trust reported that all Directorates are required to produce PPI action plans to detail the approach to involvement and this is monitored through the Directorate Accountability process.

Recommendations:

- 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.
- 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, including at the Equality, Engagement, Involvement and Partnership Committee.
- 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.
- It is important to ensure that it is not only the identified PPI projects within the Trust where there is a service user/carer voice. It is recommended that PPI therefore, is considered as an element of all Divisional projects to support the drive to embed PPI into the culture and practice of the organisation.

Standard three - Opportunities and Support for Involvement

Background - Trust performance against KPI's

- Register of opportunities – central register of opportunities available and on corporate website.
- Support for involvement – range of support mechanisms in place for service users/carers to get involved
- Named point of contact – available for each engagement exercise
- Feedback as standard practice – feedback varies on type and scale of engagement

Action undertaken against the recommendations presented in 2015/16

- The Trust outlined the mapping exercise undertaken to determine what service user and carer forums are affiliated to the Trust. This baseline was then used to recruit members for the PPI Steering Group.
- The Trust reported that:
 - PPI resources to support staff to involve service users and carers are available on the organisation intranet. Staff are made aware of this via Directorate Senior Management Team briefs which are then cascaded to staff.
 - The Service user induction pack has been reviewed and circulated to PPI Leads for wider dissemination.
 - PPI branding is used on all PPI materials including training and the resource is available for staff to use in their individual areas of work.
- The Trust reported that feedback undertaken is captured via the PPI activity template and undertaken for consultations or engagement processes through range of methods.
- The Trust reported that it has hosted leadership training for Appreciative Inquiry and methodologies which will provide a range of opportunities for service users

and carers to get involved in the Trust in a variety of ways. An Appreciate Inquiry pilot developed to test new approach to engagement and co-production which was championed by Non-Exec Director and Executive lead for PPI.

Recommendations:

- 1 Working in conjunction with the PPI Steering Group, it is recommended that the Trust undertakes the service user and carer training needs review by January 2018 and implement a specific service user/carer training plan by March 2018.
- 2 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.
- 3 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.
- 4 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.

Standard four – Knowledge and skills

Background - Trust performance against KPI's

- Basic PPI awareness raising included as staff induction process – PPI included in corporate induction and requested to be included in local induction process. All Trust job descriptions contain information on PPI.
- Provision of PPI training and up-take rates – Trust currently delivers PPI e-learning and taught training. The Trust has a mechanism in place to capture uptake of PPI training.
- 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 reported that a PPI Training Action Plan has been developed. A range of mechanisms are used to increase awareness and participation at training including flyers, staff intranet, senior team meetings, etc.
- The Trust outlined the range of training currently being delivered:
 - Engage & Involve training – currently delivering 3 modules
 - 175 people participated in PPI face to face training, which includes targeted training to specific clinical professions.
 - 199 people accessed e-learning which continues to be promoted via intranet and correspondence sent to staff to highlight training.
- The Trust outlined that it is currently discussing with the Learning and Development team how PPI may be included in staff appraisals via the corporate management plan objective for partnership working.
- The Trust reported that service user feedback is now a core part of medical appraisal and revalidation.

Recommendations:

- 1 It is recommended that the Trust continues to review and implement a process to include PPI 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.
- 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 has been provided.
- Assurance Trust is undertaking PPI on all major decisions in relation to planning, implementation and evaluation of services – Trust has reported to have built PPI into all key planning and service change activities.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that it is currently reviewing the PPI registration template which will be undertaken in conjunction with the PPI Leads. The revised template will be simplified and focus on involvement impact.
- The Trust reported that PPI is considered as part of all significant developments/changes/investments. The assurance process is built into the Corporate Plan and the Directorate PPI Action plan which are produced on an annual basis. PPI is regularly discussed by Executive team and at Trust Board. The Trust provided an example in the area of Learning Disability to demonstrate this in practice.

Recommendations:

- 1 It is recommended that the Trust review the PPI monitoring mechanisms/arrangements in place to ensure that they are effective. This should include the ability to capture the level of PPI currently taking place across the Trust. Consideration also needs to be given to 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/carers representatives from the Trust PPI Steering Group or strategic affiliated groups. The Trust were asked to identify and invite representatives to the Improvement Visit meeting to facilitate a general discussion and obtain further information into the operational working of PPI within the Trust. The following section provides an overview of the general findings from this meeting and not a reflection of all practices undertaken by service user and carer groups across the Trust.

Representatives in attendance expressed their view that the involvement of service users and carers had impacted on the work of the Trust. Examples were given in relation to:

- The Maternity Services Liaison Committee. The Committee had been re-established and a Facebook Forum set up to allow for a wide range of parents to be involved with the Trust to improve maternity services.
- The Cancer Research Consumer Forum is a regional Forum which is housed by the Belfast HSCT. The Forum has been in existence for a number of years and enables the voice of service users and carers to be integrated into cancer research.
- Involvement in Appreciative Inquiry (AI) training has led to service users and carers being involved in a Trust AI project which will focus on the provision of learning disability services in the Trust.

Service users/carers felt that they could influence meetings and meeting papers. They felt they had opportunities to input into shaping the agenda of meetings. It was pointed out however that in some instances, papers may not always be disseminated timely to allow for them to be reviewed before the meeting.

In relation to the impact of involvement, participants in attendance felt they received feedback to show how their involvement has been considered and taken into

account. Participants felt that their involvement provided a position of influence to help plan for the future and gave recognition that service users and carers had something to contribute from their personal experience. An acknowledgement was given to the opportunities to share good practice both within the Trust and also involvement at a wider national and EU level.

Conclusion

It is recognised that many positive developments have taken place in BHSCT during the 2016/17 period in regards to PPI. Specifically the establishment of a PPI Steering Group which provides a collective voice for service users and carers to become actively involved in the strategic governance arrangements operating in the Trust is regarded as a significant development. It is also noted that the Trust has allocated funding to a dedicated PPI Officer (for a time limited period). Evidence from other Trusts has clearly shown the impact that such an investment can make to supporting staff to effectively involve service users, carers and the public in the work of the Trust. Belfast HSCT also delivers a range of PPI training which is mapped out against the PPI Training Action Plan, which again supports HSC staff to embark on involvement activities in their own area of work. However, there must be a continual drive to increase the number of staff accessing the e-learning training which should be readily accessible across the organisation.

In relation to leadership and governance, the new Corporate Plan provides a framework to ensure there is effective engagement for the development or change to services. This is clearly in line with the transformation programme of work and it is essential that leadership is shown for PPI at all stages of service development and evaluation. Whilst governance arrangements have been strengthened with the establishment of the PPI Steering Group, there is a concern that the service user/carer voice is too removed from the decision making body of the Trust and direct representation needs to be closer to the Trust Board.

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.

Appendix 1 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
<ul style="list-style-type: none"> • PHA and P&M sub-group review current monitoring process with DoH in line with OBA approach. • Engage HSC Trust PPI Leads to review current process and proposed OBA approach. • Review and develop draft approach to monitoring process using OBA approach. 	<ul style="list-style-type: none"> • Up-date self-assessment form and approach to monitoring. • Issue self-assessment form. 	<ul style="list-style-type: none"> • HSC organisations complete PPI self-assessment in partnership with PPI Panel/Forum. • Relevant committee reviews and approves the PPI return. • Completed and approved monitoring return submitted to PHA. 	<ul style="list-style-type: none"> • Returns reviewed by PHA and P&M sub-group. • Summary assessment developed and areas for further investigation identified. 	<ul style="list-style-type: none"> • Verification visit undertaken by the PHA and service users/carers • Accountable organisation to have PPI Lead, Board member and PPI panel representative in attendance. • PPI in practice session – to be agreed 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • DoH review PPI as part of accountability arrangements with HSC organisations.



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