

# **Northern Health and Social Care Trust (NHSCT)**

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

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## Introduction

This is the PPI monitoring report for the Northern 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 – Pamela McCreedy, Deputy Chief Executive
- Named Non-executive PPI Lead in place, Glenn Houston
- Named PPI Operational Lead – Alison Irwin, Head of Equality
- PPI Leadership Structure as follows:
  - Trust Corporate Plan, objective 5, outlines how the Trust will ensure 'we involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services'.
  - Reform and Modernisation Programme (RAMP) in place
  - PPI Leads Model in operation

### 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:
  - The Reform and Modernisation Programme (RAMP) provides a structure to ensure that all major decisions have PPI integrated into the proposal which is then presented for approval to the Trust Board.
  - A Divisional PPI Leads model is in operation which provides a designated PPI Lead in each Division. The PPI co-ordinator is a support mechanism for the PPI Leads, who come together via virtual meetings to discuss PPI. Each PPI Lead can access PPI training and were invited to participate in the Masterclass session in March 2017. PPI Leads have access to PPI resources e.g. leaflets, to support them in their Directorate.
  - Staff are made aware of their Divisional PPI Lead along with contact details via the Trust intranet.
- The Trust has secured funds and has appointed a PPI Co-ordinator post. This additional resource is reported to have enabled the Trust to develop additional

PPI resources for staff and service users, host a Masterclass and review PPI activity across Divisions.

- The Trust reported that it has been taking steps to co-produce with service users and carers any review/change or development of services, which is in line with RAMP which builds involvement into each service transformation.

**Recommendations:**

- 1 It is recommended that the Trust clearly maps out the PPI Leadership responsibility operating within the Trust which is implemented from the individual service area to the corporate decision-making processes in the Trust i.e. staff responsibility, management/clinical lead, Executive Management Team, Board etc. This should be communicated to all staff across the Trust.
- 2 It is recommended that the Trust ensure that there is a clear linkage between the PPI Leads model and the Service user and carer groups operating in the Trust 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 that the support, advice and guidance available to staff via this mechanism continues to be promoted and accessed to enhance PPI practice. It is also recommended that the PPI Lead is aware of the service user/carers groups operating in 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 Engagement, Experience and Equality Group (Triple EG) is responsible for reporting on PPI to the Trust Assurance and Improvement Group which reports to the Executive Team and Trust Board on PPI.
- PPI Action Plan –2016/17 in place
- PPI Annual Report –2016/17 in place

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

- The Trust reported that a patient story is included as part of every meeting to demonstrate how lessons are being learnt and incorporated to improve quality and safety for Trust services.
- The Trust reported that one service user/carer has been appointed to sit on the Triple EG.
- The Trust outlined that all Divisions outline how they will take forward the objective, 'we involve and engage service users, carers, communities and other stakeholders to improve, shape and develop services' via their Divisional Action Plans.
- The Trust reported that it does not have a central PPI Forum in place but a number of service user/carer groups are in operation including the Older People's Forum and Learning Disability Forum. The Trust reported that it is proposed that representatives from each Forum will meet on an annual basis.

### Recommendations:

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

involvement.

- 2 In order to ensure that the direct service user/carer voice is not too far removed from the decision making body of the Trust. It is recommended that the Trust gives consideration to the number and level of service user/carer representatives which are integrated into the Trust governance arrangements.
- 3 It is recommended that the Trust appoints at least 2 service user/carer representatives to the Triple EG to provide a support mechanism for the nominated representatives and also provide a stronger service user/carer voice as part of this Group.
- 4 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.
- 5 It is recommended that the Trust give consideration to developing a central mechanism or structure for the PPI Forums operating across the Trust. This will help support consistency and collective understanding of the value and benefits of involvement and whereby service users/carers can share knowledge, skill, experience and good practice. Consideration also needs to be given as to how this mechanism can be integrated into RAMP.

## Standard three - Opportunities and support for Involvement

### Background – Trust performance against KPI's

- Register of opportunities – currently collated at Divisional level and available on corporate website. Consultation database in place.
- Support for involvement – range of support mechanisms in place to support service users/carers.
- Named points of contact – named central point of contact for engagement in place.
- Feedback is standard practice – feedback reports undertaken for consultation exercises. No formal feedback structure in place.

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

- The Trust reported that a central register of opportunities for service users/carers is available on the Trust website.
- The Trust evidenced the development of a range of PPI resources to support both staff and service users/carers. This includes a new member's welcome pack which provides a generic induction to the Trust.
- The Trust evidenced the development of a PPI Communication Plan
- The Trust reported that a corporate consultation feedback template is in place to provide an outline on how detailed feedback on the outcome of the consultation should be shared. The Trust reported that whilst there is no standard feedback mechanism in place, the feedback process is built into the programmes of work. For example a video link was developed to provide feedback to adults with a learning disability who access short breaks.
- The Trust shared details of a PPI Masterclass held in March 2017. This provided an opportunity to share good practice and develop new skills to support

involvement practices across the organisation.

**Recommendations:**

- 1 It is recommended that the Trust consider raising the profile of the 'Involving you' section on the Trust home page to raise awareness of the opportunities for service users, carers and the Trust to get involved in the Trust.
- 2 It is recommended that the Trust continues to ensure that all opportunities for involvement are reviewed and well advertised/promoted as set under the KPI's for Standard 3.
- 3 It is recommended that the Trust work with the PHA to develop Engage Phase II which will review the linkage between the resource and Trusts. This will provide a resource for staff to engage in Involvement activity and also support Trusts to actively raise awareness of involvement taking place across the region.
- 4 In line with previous recommendation, the Trust should ensure that feedback is embedded as standard practice for all consultation and involvement activity at all levels across the organisation. The Trust also needs to consider how they can ascertain if this is being done and to a satisfactory level.

## 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. Leaflet developed for staff, outlining support and resources available via the Divisional PPI Lead.
- Provision of PPI training and up-take rates – Trust currently delivers PPI training for key staff and has incorporated PPI into a range of other training programmes. A mechanism is in place to capture uptake. Staff PPI leaflet developed which details the contact details for the PPI co-ordinator.
- Service user/carer involvement in design, delivery or evaluation of PPI training – service users/carers reported to be involved in co-delivering specific training.

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

- The Trust reported that staff appraisal and development plans are aligned to Divisional Plans and the corporate objective to ensure 'involvement and engagement of service users, carers, communities and other stakeholders', which therefore includes a PPI requirement.
- The Trust reported that a PPI Training Action Plan has been developed and is based on the regional Engage & Involve training materials. The Trust reported that there is an increase in training needs when staff are embarking on PPI within their area of work which is evidenced by the PPI training scheduled and attendance confirmed for the 2017/18 period.
- The Trust reported that action has been taken to raise awareness with all staff which has included correspondence from the Deputy Chief Executive to all Divisions to help to increase awareness of the training.

**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 the development and delivery of Trust services has been provided.
- Assurance Group is undertaking PPI on all major decisions in relation to planning, implementation and evaluation – Trust has reported to have built PPI into all key planning service change activities through RAMP.

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

- The Trust reported that a checklist of PPI indicators has been developed. This is used as a tool to develop Divisional plans which is then embedded into the action planning process at the start of each year.
- The Trust reported that PPI is considered as part of all significant developments/changes/investments. The assurance process is built into the RAMP Project Implementation Document (PID), which is not signed off without demonstrating PPI. The Trust provided examples to demonstrate this in practice.

### Recommendations:

1. The Trust has outlined the monitoring and reporting arrangements which are in place across the Trust via RAMP. It is recommended that the Trust continues to give consideration as to the quality of the involvement being undertaken and the difference that it is making to the design, development and evaluation of services.
2. Giving recognition to the implementation of an Outcome Based Accountability (OBA) system of monitoring across HSC generally, the Trust is encouraged where possible, to ensure that it has robust baselines for activity and impact and that any plans for development in these regards have measurable outcomes in place.

## Service user and carer involvement in the Trust

After the corporate PPI monitoring improvement visit, a separate meeting took place with three service user/carer representatives from various Trust strategic affiliated / connected groups. The Trust was asked to identify and invite representatives to the Improvement Visit meeting to enable an open discussion to take place. This engagement was aimed at providing the monitoring team with a greater insight into the operational working of PPI within the Trust. The following section provides an overview of the general findings from this meeting and is not intended to be regarded as a reflection of all practices undertaken by service user and carer groups across the Trust.

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

- the involvement of older people in the reform of dementia and mental health services;
- the design, development and operation of the new Ballymena Health and Care Centre;
- service users were engaged to support and teach staff how to interact with people with communication difficulties to help to promote independence.

Service users and carers are involved in co-delivering training and representatives felt that this was more meaningful for staff and helped to get the training key points across. Feedback is provided to participants who co-deliver the sessions and evaluation of the training is very positive.

In relation to communication, information for meetings etc, these are sent out in advance in the preferred communication method. There are opportunities to input into the agenda, both in advance of the meeting or under any other business during the meeting. The Older People's Panel invites a range of guest speakers to the

meetings who are suggested by the group members. Consultations are sent to members to provide comments and feedback to the Trust is always encouraged and welcomed. The example was given of an eye care survey which was very confusing particularly for the subject area and service users suggested that a face to face meeting would be more beneficial in future. Other consultations have been found to be very wordy, complicated and repetitive which has been fed back.

A range of support was available to facilitate involvement including time and date of meetings, location of meeting rooms in relation to walking distance, interpreters and also the payment of travel allowance.

## Conclusion

NHSCT has made significant progress in its endeavours to embed PPI into the organisation. Based on findings and the implementation of the recommendations made in the 2015/16 monitoring report, the Trust has made significant changes to how it does business, in respect of involving service users and carers. This has been evidenced in relation to the implementation of RAMP and the structures and approval mechanisms put in place to ensure that all service developments and changes have involvement integrated into the programme of work.

The Trust has a clear PPI leadership structure in operation, which supports PPI being embedded into its culture and practice providing the necessary support and resources to staff. From a transformational perspective and at a strategic and developmental level, RAMP provides the mechanism to ensure that all service transformations have involvement integrated from the start. This mechanism has been integrated into the programme design which will support staff to ensure it is identified as a key component of the programme of work.

The service user and carer groups operating in the Trust are not however connected via a central mechanism such as a strategic or Trust wide Forum. Across the other HSC Trusts, different models are in operation but a common feature is a centralised group to support the Trust in their work which includes providing an audit function, sharing good practice and creating a central point to feed into Trust governance processes. Recommendations in this report reflect this and the Trust are asked to give consideration as to the benefit of the establishment of such a mechanism. There remains a concern that the voice of the service user/carers is too removed from the decision making body of the Trust.

Training figures remain low which mirrors the regional picture. The Trust has put in place a PPI training plan encompassing staff, service users/carers and this should now be implemented, to continue to develop the knowledge and skills for effective and meaningful involvement.

The Trust has evidenced its arrangements and processes to ensure that service users and carers are integrated into all major decisions taken by the organisation. The Trust must continue to ensure that these systems are robust as we move forward to implement Delivering Together.

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



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