

**South Eastern Health and Social Care
Trust (SEHSCT)**

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

September 2017

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Introduction

This is the PPI monitoring report for the South Eastern 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 & Informatics, Roisin Coulter
- Named Non-executive PPI Lead – in place
- Named PPI Operational Lead – in place
- PPI Leadership Structure as follows:
 - Trust currently developing new Corporate Plan
 - A new PPI Strategy is in place.
 - PPI Leads appointed in each Directorate and PPI Leads group in place.

Action undertaken against the recommendations presented in 2015/16

- The Trust outlined that the PPI Leads Group comprises the PPI Leads who are appointed in each service area. The group terms of reference alongside the individual role descriptions are reviewed on an annual basis.
- The Trust reported that steps have been taken to integrate co-production into the culture of the organisation. The Trust has been working to continue to raise awareness of involvement/co-production practices and the sharing of expertise across service areas. The Trust has identified good practice in relation to co-production already in existence in the organisation in the service areas of mental health, sensory disability and children's services and will be seeking to showcase this work to increase understanding about co-production. The Trust highlighted that it was working to raise awareness to staff to identify and involve stakeholders at an earlier stage which will require training. The Trust expressed a need for the co-production masterclass which had been scheduled for March 2017 and postponed. The Trust shared that the Chief Executive has been encouraging service Directorates to embrace co-production.

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 continue to build on the PPI Lead model in operation to ensure all staff within each Directorate are aware of the point of contact and support, advice and guidance available which may be provided through this resource. It is also recommended that the PPI Lead in each Directorate is familiar with the service user/carer groups operating within their respective Directorates.
- 3 It is recommended that the Trust ensures that there is clear linkage between the PPI Leads Group and the Service User Forum for mutual learning and increased understanding.
- 4 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 PPI sub-committee reports to the Safety and Quality Committee who report to Governance Assurance Committee who then report to the Trust Board
 - The PPI Leads group in operation reports to PPI sub-committee on PPI activity.
- 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 outlined that a new Trust Corporate Plan (2017-2021) has been developed and PPI is evidenced in the Trust Delivery Plans and Directorate Management Plans.
- In relation to the PPI structure in the Trust, it was reported:
 - the PPI Leads group reports to the PPI sub-committee who report to the Trust Board. The Board receive an annual PPI report and a patient story is presented at each meeting, which provides an insight into the individual experience and a consideration into what lessons have been learnt to look at what can be done differently;
 - direct links are in place with service user/carers and volunteer groups operating across the Trust and these link into the PPI Sub-Committee via the Service user Forum which is hosted by the Patient Involvement Officer and through the Volunteer Co-ordinator and Carers Development officer, who are also members of the PPI Sub-committee
 - a total of four service users/carers are represented on the PPI sub-committee and additional members have been secured in the last 12 months.

- The Trust reported that the Executive Management Team (EMT) and Trust Board agenda routinely features PPI. The Trust reported that the new Trust Board Non-Executive Directors training included information on PPI responsibilities.
- A consultation checklist is in place in the organisation to ensure that all major decisions have effective involvement integrated as a core component of the work. The checklist is reviewed by EMT and then presented to the Trust Board. Proposals without accompanying consultation checklists are not authorised for approval.
- The Trust outlined that it recognised that the complaints process can be a barrier to service users/carers providing feedback to support the system to identify good and poor practices.

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 direct service user/carer voice is not too far removed from the decision making body of the Trust, it is recommended that the Trust gives consideration to the number and level of service user/carer representatives which are integrated into the Trust governance arrangements.
- 3 It is recommended that the Trust should continue to evidence, map out and share across the organisation, the decision making process in place to outline how all decisions undertaken will have been considered for involvement. This should be shared across the organisation to raise awareness to all staff about the governance arrangements in place for PPI.

Standard three - Opportunities and Support for Involvement

Background - Trust performance against KPI's

- Register of opportunities – Central register of opportunities available and on corporate website.
- Support for involvement – range of evidence presented to demonstrate activity to increase awareness for service users/carers to get involved.
- Named points of contact – in place for consultations. Service lead is named point of contact for individual involvement exercise.
- Feedback as standard practice – reported to be standard practice.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that the PPI toolkit is promoted and shared with Trust staff via website.
- The Trust outlined that it is the responsibility of the individual service areas to review the level of materials and support for staff to effectively undertake PPI. To support this, individual service areas have been developing training plans to support staff involve service users and carers. The Service User Forum has undertaken an audit of training for service users and carers. The Carers Development Officer also carries out a review of information/training required for carers.
- The Trust reported that the consultation checklist in place, is the guide to involvement which includes a section regarding what we will do with comments and what happens next. A feedback section is included as 'you said, we responded' and a rationale for decisions taken is provided.

Recommendations:

- 1 Working in conjunction with the Trust PPI Steering Group, it is recommended that the Trust completes 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 induction arrangements for new staff. All Trust job descriptions contain information on PPI.
- Provision of PPI training and up-take rates – limited PPI training provided via 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 reports to be involved in various training.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that PPI is now on all job descriptions for the Trust positions.
- The Trust reported that e-learning up-take is monitored on a six-monthly basis and levels have been increasing. The current figures show that 113 people have completed the e-learning training. An example was shared to show the action being taken to continue to increase awareness. The Trust noted that they are also taking action to engage and provide the opportunity to staff who may not have access to a computer to enable them to complete the training.
- The Trust outlined that PPI training needs are identified via the Directorate Management Plans and by PPI Leads

Recommendations:

- 1 It is recommended that the Trust builds PPI into staff development plans and appraisals as appropriate to their role
- 2 It is recommended that the Trust develop a PPI training plan by December 2017 for implementation during 2018.

- 3 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.
- 4 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.
- 5 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 – PPI monitoring is currently undertaken by the PPI sub-committee. 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 – Trust has reported that the majority of decisions have active involvement and a number of arrangements are in place to support and ensure involvement commences at an early stage.

Action undertaken against the recommendations presented in 2015/16

- The Trust outlined the routine and robust processes in place to ensure that all significant developments/changes/investments has PPI integrated as part of the planning cycle and Trust decision-making processes including the equality screening process, the consultation checklist, the Directorates' Action Plans and EMT review process.

Recommendations:

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

Service user and carer involvement in the Trust

After the corporate PPI monitoring improvement visit, a separate meeting took place with a service user/carer representative from the Trust PPI Sub-Committee. 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 in practice 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.

The representative in attendance outlined that they were new to PPI work within the Trust and had got involved due to working with the Trust to investigate a complaint on a personal area of care. Through this engagement, the opportunity was identified to get involved in the Trust to support the system to integrate the voice of service users and carers. The Trust had provided an induction meeting and the opportunity to include agenda items at meetings was provided.

Examples of involvement activity were provided which showcased the involvement to date which included:

- opportunities to get involved either in Trust programmes of work or wider Health sector are regularly shared;
- the Corporate Plan was shared for comment and input from a service user/carer perspective which resulted in the Plan being reviewed and amended. Feedback for this input was acknowledged from a Director level to demonstrate how important the involvement of service users and carers is in relation to shaping the strategic direction of the organisation.

Conclusion

SEHSCT has been working to embed PPI structures into the organisation and significant achievements have been made in the last 12 months. The Trust has a leadership structure in operation but continues to struggle to engage with service users and carers to effectively work with the organisation at the strategic level. 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 and facilitated through the Trust governance processes.

Focus is still required to ensure that opportunities and support for involvement are strengthened in the Trust to ensure that service users and carers are aware of the involvement opportunities available and also supported to be effectively engaged. Alongside this, staff need to be supported and have a range of tools to effectively involve service users, carers and the public.

Training figures whilst improving remain low, which mirrors the regional picture. The Trust should develop a PPI training plan as an organisational framework to help address this issue in the next year to ensure that staff have access to the appropriate level of training to build skills in this area of work.

There are examples of excellent PPI practice in the Trust of service areas who are truly co-producing with service users and carers, but there is work to be done to ensure that this is endemic across the organisation.

The Trust has demonstrated the robust process in place 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.

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.

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.



