

**Southern Health and Social Care Trust  
(SHSCT)**

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

**May 2016**

**Prepared by Martin Quinn and Claire Fordyce, PHA**

Personal and Public  
Involvement (PPI)



Involving you,  
improving care

## Contents

<b>Introduction .....</b>	<b>2</b>
Rationale for PPI .....	2
PPI Standards, Monitoring and Performance Management .....	3
Methodology.....	3
<b>Findings and recommendations .....</b>	<b>4</b>
Standard 1 – Leadership .....	6
Standard 2 – Governance.....	8
Standard 3 - Opportunities and Support for Involvement .....	10
Standard 4 – Knowledge and Skills .....	13
Standard 5 – Measuring Outcomes .....	16
<b>Conclusion.....</b>	<b>18</b>
<b>PPI in Practice – Learning Disabilities in hospital settings.....</b>	<b>19</b>
<b>Acknowledgement.....</b>	<b>25</b>
<b>Appendix 1: PPI Monitoring Process with HSC Organisations.....</b>	<b>26</b>

## **Introduction**

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.

## **Rationale for PPI**

PPI is underpinned by a set of values and principles, but at its core, is the drive to achieve truly person centred services. Delivering a HSC where service users, carers and the public are fully engaged in a partnership based approach to health and wellbeing, whether that is at the strategic, or individual level of care planning and provision.

The impact of PPI has been demonstrated in a range of areas including increased efficiency and effectiveness, tailoring services to need, reducing wastage and duplication, improving quality and safety, and increasing levels of self-responsibility for one's own health and wellbeing.

## **PPI Standards, Monitoring and Performance Management**

The Public Health Agency (PHA) has responsibility for leading the implementation of PPI policy across HSC organisations. This is outlined in the Department of Health Social Services and Public Safety (DHSSPS), 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 Department of Health (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 the first monitoring round may be found at <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5>

## **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 second round of the PPI monitoring, will continue to implement the 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 initial monitoring has been incorporated into this programme of work and we continue to review and up-date as this work progresses.

The key components of the monitoring process are outlined below, with the associated timeline detailed in appendix 1.

- i. An initial baseline self-assessment questionnaire is completed by HSC Trusts in partnership with their PPI Panel (or equivalent) which helps inform

assessment of progress in embedding PPI into the culture and practice of the organisation.

- ii. The self-assessment report is considered and approved by the Trust Clinical and Social Care Governance Committee (or equivalent), representing formal sign off by the Trust on their submission.
- iii. The reports are reviewed and analysed by the PHA working with in conjunction with service user and carer members of the Regional HSC PPI Forum Monitoring sub group.
- iv. A verification visit is undertaken with each Trust, probing the responses and evidence provided as part of the self-assessment.
- v. All information is then reviewed and a final report produced for the DoH as part of the accountability arrangements.

## **Findings and recommendations**

The following report is based on evidence gathered through:

1. The Trust PPI self-assessment monitoring return. This incorporates the KPI's aligned to the five PPI standards and also the recommendations made as part of the 2015 PPI monitoring.
2. Information collated during the verification monitoring visit, which was undertaken in three sessions:
  - a. HSC Trust PPI panel (or equivalent) members discussed PPI within the Trust with service user/carers from the Regional HSC PPI Forum.
  - b. HSC Trust PPI representatives and PPI panel (or equivalent) reviewed the HSC Trust self-assessment submission and addressed queries in relation to the 2015 PPI monitoring recommendations and progress against these.
  - c. PPI in practice session to explore the outworking of PPI in the organisation.
3. Additional evidence supplied by the Trust.

The report sets out the findings against the five PPI Standards and the 2015 recommendations. Recommendations for 2016 have been developed. Where the existing recommendations have not been fully addressed, these have been carried forward for further consideration and action. Alongside these, further recommendations where appropriate have been developed.



**Standard 1 – Leadership**

**HSC Organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.**

**Findings**

The Trust continues to have in place:

- Named executive and non-executive PPI leads at Board level.
- Named PPI operational lead.
- PPI Leadership arrangements:
  - Patient Client Experience Committee (PCE) provides corporate leadership to the Trust Board on PPI.
  - The PCE Committee includes 4 service user/carer representatives from the PPI panel with full voting rights.
- The Trust shared an overview of the Leadership Walk about Tool which has been implemented by the Trust. The Tool is used by the Non-Executive Directors to review activity on an identified service, such as hospital ward or community service, and the checklist includes a PPI section. This information is then reviewed by the responsible Directors to consider how PPI is being implemented and identify areas for development and action. The findings and action are reported via the Governance Assurance Framework.

**Progress achieved against 2015 recommendations:**

<b>Recommendation</b>	<b>Progress</b>
1. Consideration needs to be given to the resources that have been assigned to fulfil PPI responsibilities and the Statutory Duty of Involvement.	The Trust highlighted that an investment for a full-time dedicated PPI Officer has already been made, however additional resources are required to support staff to provide training and practical support.



	<p>Support to assist staff to involve service users/carers has been identified as a barrier in the PPI checklist, which is completed by all Service Areas.</p>
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### **Recommendations**

1. The Trust is to continue to give consideration to the resources that have been assigned to fulfil PPI responsibilities and the Statutory Duty of Involvement.



## Standard 2 – Governance

**HSC Organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.**

### KPI Findings

The Trust continues to have in place:

- A Service User and Carer PPI Panel which reports to the Trust PCE Committee.
- The PCE Committee is responsible for providing assurances to the Trust Board in respect of PPI. The PCE Committee includes four PPI Panel members who have full voting rights. At this committee, a quorum of PPI members has to be in place for decisions to be taken.
- Each Trust Board meeting includes a patient/client centred service up-date which includes feedback and learning from PPI activity.
- A Corporate PPI Action Plan for 2015/16 and Directorate PPI Action Plans are in place.
- A PPI Annual Report (2014/15).

The Trust reported that a self-audit checklist exercise was undertaken to determine compliance with PPI indicators across all Directorates. This work will be completed at end March and preliminary findings will be shared. This information will identify where teams are compliant with PPI and identify where additional support is required.

**Progress achieved against 2015 recommendations:**

<b>Recommendations</b>	<b>Progress</b>
<p>1. In relation to corporate governance arrangements, it is noted that PPI is a standing item on the PCE committee; however the Trust should also consider how it can ensure that PPI is regularly placed on the agenda of Executive and Board meetings. Having PPI as a standing item on the agenda as it pertains to the on-going and daily business of the Trust, would help ensure that it is embedded into the culture and practice of the organisation.</p>	<p>The Trust reported that each Trust Board meeting has an agenda item which focuses on a patient/client centred service. This agenda item includes feedback and learning from PPI activity.</p>

**Recommendations**

<p>1. The Trust should work with the PHA to showcase their PPI governance structure and promote as good practice to other HSC organisations. . This will support other HSC organisations to identify and evidence the benefits of this model. This should commence in autumn 2016.</p>
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### Standard 3 - Opportunities and Support for Involvement

**HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.**

#### KPI Findings

- The Trust reported that a central register of opportunities has not been developed but mechanisms are in place in individual Directorates to raise awareness about the opportunities for service users/carers to get involved. Service user/carer representatives in attendance felt there were a number of opportunities to get involved and people in attendance were recruited via a variety of mechanisms.
- The Trust provided a comprehensive overview of the support available to involve service users/carers including:
  - Good meeting etiquette checklist
  - Marketing materials developed and reported to be displayed across the Trust
  - Translation of information
- Service user/carer representatives shared that training is offered and delivered to the Panel on Trust structures. Refresher training is also offered alongside the panel members having the opportunity to deliver the training to new members.
- The Trust reported that a feedback template has been developed and shared across the Trust. A number of mechanisms are utilised to share feedback, including the PPI Annual report, PPI Newsheet and flyers.

**Progress achieved against 2015 recommendations:**

Recommendation	Progress
<p>1. The Trust should develop a central register of opportunities for involvement which is updated across all Directorates and readily accessible by the public.</p>	<p>The Trust reported on progress:</p> <ul style="list-style-type: none"> <li>• Each Directorate is required to compile a register of individuals interested in getting involved. Engagement opportunities are then circulated to the registered list.</li> <li>• Opportunities to get involved are sent to community/voluntary organisations for dissemination.</li> <li>• An on-line form is on the Trust website for people to submit to be included in information about opportunities to get involved.</li> <li>• A database of all long-term Trust service user/carer groups/ forums has been developed.</li> </ul>
<p>2. Feedback must be embedded as standard practice at all levels across the organisation. The Trust needs to consider how it can embed feedback and also determine how this can be monitored.</p>	<p>The Trust outlined that feedback is incorporated into the PPI indicators and PPI checklist. Compliance is monitored via a self-audit exercise.</p>



## Recommendations

1. The Trust should continue to review the monitoring mechanisms in the organisation to ascertain if feedback is embedded as standard practice across the organisation.
2. The PPI brand should continue to be included in all materials relating to PPI and opportunities to get involved including on-line and printed materials.



## Standard 4 – Knowledge and Skills

**HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.**

### KPI Findings

- The Trust advised that PPI awareness raising is built into corporate induction arrangements. A PPI information leaflet has been developed for staff, outlining support and resources available.
- The Trust outlined activity in relation to increasing awareness and up-take of the PPI e-learning training. This included a generic email to all staff to advertise the training is now available, a feature in the staff newsletter and promotion to teams.
- The Trust reported on the range of PPI training delivered during 2105/16 for SHSCT staff, students and volunteers:
  - Number of staff trained – 1192
  - Number of students trained – 381
  - Number of volunteers trained - 13.
- The Trust continues to manually record the uptake of PPI training.
- The Trust outlined how service users/carers have been involved in PPI training. This included PPI Panel members up-dating the PPI awareness training programme, involvement in the development of the regional PPI training programme and co-development of mental health staff awareness sessions.

**Progress achieved against 2015 recommendations:**

Recommendations	Progress
<p>1. The Trust should ensure that in individual job inductions, staff are aware of what PPI is and what their responsibilities are at a general level. This will support and enhance the information provided at the Corporate Induction and also provide an opportunity to direct to further sources of information and training available.</p>	<p>The Trust reported no progress in this area and are awaiting the roll out of the regional PPI training, team briefing and coaching modules.</p>
<p>2. The Trust should build PPI into future job descriptions as a key responsibility and also into staff development plans and appraisals as appropriate to their role.</p>	<ul style="list-style-type: none"> <li>• The Trust reported that staff currently report back on PPI activity as part of the appraisal process.</li> <li>• The Trust reported that a standard clause for PPI is incorporated in all new job descriptions.</li> </ul>
<p>3. The Trust should consider how it plans to take forward the dissemination and roll out of the Regional PPI training programme (once available) across its organisation and how it intends to record up-take.</p>	<p>The Trust indicated that it will support the cascading of the training within available resources.</p>

## Recommendations

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|---|
| 1. The Trust should continue to ensure that in individual job inductions, that staff are aware of what PPI is and what their responsibilities are at a general level. |
| 2. The Trust should actively promote the new PPI e-learning programme and monitor up-take on a 6-monthly basis.   |
| 3. The Trust should develop a PPI Training Action plan to incorporate the roll out of Engage & Involve PPI Training.  |



**Standard 5 – Measuring Outcomes**

**HSC organisations will measure the impact and evaluate outcome of PPI activity.**

**KPI Findings**

- The Trust outlined the involvement of the PPI Panel in the development of the corporate PPI checklist and monitoring process.
- The Trust evidenced a number of mechanisms where the needs and values of individuals and their families have been taken into account in the development and delivery of care.
- The Trust reported that the involvement of service users and carers is core to significant service development/changes/investments. Occasionally, service areas may progress without involvement, but the Trust has processes in place to identify where this may occur and address as required within an early stage of the process.

**Progress achieved against 2015 recommendations:**

<b>Recommendations</b>	<b>Progress</b>
<p>1. The Trust should build on its on-going endeavours to address the need for earlier involvement of service users and carers and ensure that PPI is clearly built in as a formal key step in respect of the planning and delivery of care for individuals and also for changes to services, with appropriate</p>	<p>The Trust has outlined the range of mechanisms in place to ensure service user/carers are involved early in the planning processes, which includes the dissemination of good practice guidance, PPI training and support provided by the PPI team.</p>



<p>checks and balances built in to ensure compliance with the statutory responsibility.</p>	
<p>2. The Trust has in place a PPI monitoring template. Consideration should be given to the mechanism to ensure this process includes a verification element from the recipients of services. This should help to make sure that the perspective of the service user / carer and public feedback is fully integrated.</p>	<p>The Trust reported that a new monitoring and evaluation factsheet will be developed and include a service user testimonial template.</p>

### **Recommendations**

<p>1. The Trust should continue to build on its on-going endeavours to address the need for earlier involvement of service users and carers and ensure that PPI is clearly built in as a formal key step in respect of the planning and delivery of care for individuals and also for changes to services, with appropriate checks and balances built in to ensure compliance with the statutory responsibility.</p>
<p>2. The Trust should continue to review by March 2017 the implementation of the monitoring and evaluation factsheet to ascertain the impact of involvement across the Trust.</p>

## **Conclusion**

On a review of the evidence, the Southern HSCT continues to be the most advanced Trust in relation to complying with the Statutory Duty of Involvement. PPI continues to be embedded into the Trust governance and decision making processes and is a core action and reporting element within each Directorate.

It is apparent that the resources dedicated to PPI continue to make a significant difference to the culture and practices operating within the organisation. The development of a PPI Action Plan within each Directorate puts a clear focus on the actions required to appropriately involve service users and carers. The monitoring team welcomed the opportunity to engage with service user and carer representatives involved in the Trust and it was clear to see the impact of their involvement in different service areas.

From a practical perspective, the evidence presented demonstrates that support is required to develop skills, knowledge and confidence to engage with service users and carers. In areas where PPI skills have been developed, improved outcomes and an increased consideration of PPI in current and planned work is evident. It is anticipated that the regional PPI training programme, will provide a practical tool to add to the support available to help staff embed PPI into practice. Moving forward, SHSCT continue to highlight the need for further dedicated resources to provide the necessary support to help staff to embrace and undertake PPI.

The PHA will continue to support the Trust to showcase and share models of good practice across other HSC organisations. In particular, the governance model in operation, truly demonstrates how a large organisation can incorporate the voice of service users and carers at a strategic level and this is to be congratulated.

The PHA will continue to work with the Trust in its endeavours to implement the recommendations in this report and in particular where it is clear that there would be merit in a collective approach across HSC organisations.

## PPI in Practice – Learning Disabilities in hospital settings

### Background

A PPI in Practice session is included as part of the PPI monitoring process to examine the outworking of PPI in an identified service area to illustrate how service users and carers are involved. Learning disabilities in hospital settings was selected to be included in this monitoring round. This area was initially identified by the Regional HSC PPI Forum Monitoring sub-group. This was reviewed to ensure that the service area:

- was common to all trusts ie not an initiative only taking place in one Trust;
- has not undergone in the last 2 years/or is currently subject to a period of change;
- is not currently being reviewed by another programme of work ie 10,000 voices.

Following on from this, the GAIN (Guidelines and Audit Implementation Network) guidelines on caring for people with a learning disability in general hospital settings were raised as a key strategic driver for this service area<sup>1</sup>. These guidelines outline 12 specific areas of improvement and focus on specific areas of the person's journey to and through the general hospital service, the transition processes and a number of clinical issues. The necessity of involving service users and carers is a core element of improvement in this work. Further to these guidelines, the RQIA (2014) reviewed how HSC Trusts were progressing and this highlighted there were still areas for improvement, particularly in relation to involving people with a learning disability and their carers into both personal care and service improvement initiatives. The GAIN guidelines and RQIA review helped to shape the structure of this section for the PPI monitoring visit.

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<sup>1</sup> GAIN, (2010) Guidelines on caring for people with a learning disability in hospital settings, available at

## **Methodology**

After the corporate PPI monitoring verification visit in each Trust area, a separate meeting took place with representatives from learning disabilities. Each Trust was asked to invite a senior manager from the identified Service Area and if possible, service users, carers or advocates. A series of questions in relation to how PPI operated and was implemented was then addressed to the interviewees in a discussion type arrangement. Service user / carer representatives (where they were in attendance) were also asked about their experiences in relation to being involved in hospital services for people with a learning disability in that Trust area.

The following section provides an overview of the approaches being undertaken to involve and consult with people with a learning disability in hospital settings. The responses are presented as a collective for all HSC Trusts rather than individually. This approach was undertaken as it is recognised that within a short (30 minute) session it is impossible to report on the wide range of initiatives taking place in each HSC Trust.

## **Findings**

Overall, this session shared a range of practices on work which HSC Trusts are implementing with people with a learning disability in hospital settings. From the outset, we would like to thank the service teams, service users, carers and advocates for their time and for sharing a wealth of information as part of the session. There were a range of approaches from Trusts to this session with some only fielding staff to participate, while others engaged a wide range of stakeholders from direct service providers, managers, clinical professionals, advocates and service users themselves.

In relation to leadership for PPI in learning disability services, it was apparent that PPI was built into the structures at a management level, and was included as a core part of the manager's role, leading to a collective responsibility for PPI in all Trusts. Some Trusts also had a designated PPI Lead. In SHSCT, a PPI Action Plan for the

Directorate is in place and PPI is reviewed twice a year as part of this to RAG rate the work being progressed in the service area.

Whilst the service area to be explored was learning disability within hospital settings, it was evident that there were plans in place in community settings to support people with learning disabilities accessing hospital services. Health improvement work in community settings demonstrated the importance of messages being presented in easy read versions to raise awareness. From a service perspective the linkages between multi-disciplinary teams was evident between nursing, AHP and support teams in Day Centre settings. This was demonstrated as crucial to ensure that any visit to a hospital setting either for an elective care treatment or for an emergency, required a multi-disciplinary approach between teams to ensure the person with a learning disability received the appropriate level of care. The WHSCT provided an example to highlight the Fast track card for Emergency Department attendance. This showcased work to support a person with learning disabilities who is not able to wait for long periods of time. Where this is identified as a challenge, a pre-arranged form can be completed and authorised to enable the person to be seen quickly should such a situation arise.

From a regional perspective, 10 Health Facilitators work to support the transition of people with a learning disability to access a hospital service. This was highlighted as a key support mechanism between GP's and the acute sector in in the SHSCT. GP's have engaged with the Health Facilitator to support the transition of people with a learning disability to access services in hospital settings. Alongside this, an example was shared to illustrate the co-development of easy read documents with service users. The bowel cancer booklet was shared as an example, which was developed with a User Group in the SHSCT area and seen as a response to developing better resources to support people with a learning disability. This work impacts on hospital services by ensuring the person and carer has information in an easy read format to help their understanding of an identified procedure.

In SEHSCT, reference was made to the 'All about Me' hospital passport and the regionalisation of this support tool. The content is developed in partnership with the person with learning disabilities in preparation for a hospital admission. The passport will be piloted in the summer and launched in Autumn 2016.

The SHSCT also shared guidance on steps developed for the Day Procedure Unit to help facilitate patients with a Learning Disability and their families/carers when they require dental treatment under anaesthesia. This includes a specific list for learning disability patients to be seen on certain days and the need to create an environment that is conducive for patients who do not like a lot of noise. In operation in other Trusts is the Acute Liaison Nurse, who is a link between the acute setting and a person with Learning Disabilities to facilitate their visit to hospital. This model was raised by a number of Trusts.

The importance of the regional group on sharing best practice approaches to working with people with a learning disability was raised by all Trusts. The Patient Passport was highlighted by a number of Trusts to showcase the development of a regionally agreed process and approach to involving people with a learning disability in hospital settings. The passport provides details about the patient and what assistance is required for example if a patient needs to be fed and this information is then readily accessible on entry to a hospital unit. The TILLI (Telling It Like It Is) project has been in existence for a number of years and facilitates people with learning disability to have their voice heard. Trusts provided a range of examples to demonstrate how service users have been involved in developing information to support people with a learning disability, for example the BHSCT AAA screening leaflet.

At a Trust level, BHSCT outlined the Patient Council which has been established in Muckamore Abbey Hospital. This group involves service users in the decision making process in the hospital. A recent example was shared to show how service users were involved in reviewing how CCTV surveillance would be installed and how the information would be stored and used.

All Trusts have a contract in place with an Advocacy organisation such as ARC, Disability Action and Mencap who are engaged to fulfil this work via a contract awarded through a tender process. This support is in place to ensure there is more support to provide advocacy services for people with a learning disability.

All new staff working in Learning disability across Trusts are provided with an induction which includes PPI. Various examples were provided on how people with a learning disability are involved in training HSC staff on what a learning disability is. In SEHSCT, service users are actively involved in training staff to increase understanding of learning disabilities. In BHSCT, people with a learning disability are involved in the recruitment and selection of staff for Muckamore Abbey Hospital, which is supported by a training programme to build capacity for people with a learning disability to participate in this process. It was recognised that it is not mandatory for staff in other identified hospital settings ie Emergency Department, to receive training on involving people with learning disabilities. At a Trust level it can be difficult to engage with other Directorates and it was suggested that a rolling programme on 'what is a learning disability' is required. The role of the Link Nurse was shared as a crucial role.

The WHSCT outlined the Carers Voice Forum which meets twice a year in different localities across the Trust, to engage with carers to look at what is working and what can be improved. A recent area for consideration was the provision of short breaks which allowed an opportunity for carers alongside people with a learning disability to get involved in reshaping a service.

Service Users and Advocacy representatives in attendance at the meetings provided a range of examples of where they are involved in HSC Trusts. Not all examples provided were specific to learning disabilities in hospital settings but never the less it is excellent to evidence the wide range of examples where people with learning disabilities are involved in setting the direction of their own care and also in the HSC Trusts plans.

## **Conclusion**

By undertaking this session, the range of work being undertaken to involve and engage with people with learning disabilities and their carers is evident. It is also recognised that there is a regional programme of work associated with the Gain recommendations which supports the sharing of good practice and also consistency across Northern Ireland. This report therefore does not present further recommendations as involvement is already embedded into this regional work. There is a necessity to ensure that this work is actioned and outstanding recommendations or action required is progressed to ensure that the involvement of people with a learning disability is embedded into practice across HSC services.

This report presents a snapshot in time and it is hoped that this will input into both the regional and Trust level programme of work.



## **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 the initial monitoring process undertaken in 2015, identifying areas for improvement and restructuring the monitoring process. We acknowledge the time commitment dedicated to this work to review the materials and participate in the meetings and thank members for their input into this area of work.

The PHA would also like to acknowledge the HSC Trust, PPI teams who coordinated the on-site visits and engagement with the PPI representatives and colleagues working in learning disability. We appreciate the time and commitment given to completing the self-assessment and 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 with learning disabilities across Trust settings. We truly appreciate your time and also your engagement to support services.



## Appendix 1: PPI Monitoring Process with HSC Organisations

