

**Western Health and Social Care Trust
(WHSCT)**

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

September 2017

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Introduction

This is the PPI monitoring report for the Western 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 Performance & Service Improvement, Teresa Molloy
- Named Non-executive PPI Lead – Stella Cummings
- Named PPI Operational Lead – Siobhan O'Donnell
- PPI Leadership Structure as follows:
 - Trust Corporate Plan 2017-2021 includes the corporate objective – partnerships which incorporates PPI.
 - PPI Link People within Directorates.
 - PPI Forum in place.

Action undertaken against the recommendations presented in 2015/16

- The Trust outlined leadership activity for PPI across the organisation which included issuing correspondence to Directorates to raise awareness of PPI, meeting with SMT's to provide briefing on PPI and training available including e-learning and sharing leaflets and posters.
- The Trust reported that a PPI Leads model is in operation. A number of staff completed PPI training, who then act as point of contact and a link between the PPI Forum and the Trust. Each PPI link person (some are on PPI Forum and some are not) cascade PPI information across the organisation in a two way approach.
- The Trust reported that PPI responsibility has been moved to the Health Improvement Department. This has involved a restructuring of the team with additional resources being allocated in Autumn 2017 to appoint a Band 6 Officer.
- The Trust reported that steps have been taken to integrate co-production into the

culture of the organisation. The Trust reported that it has embarked on a programme of work with the PPI Forum to look at the understanding of co-production and build on the existing skills and expertise to ensure the Trust is equipped to support service areas in this programme of work.

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 In relation to the PPI Link model in operation, it is recommended that the Trust ensures that:
 - Each PPI Link person is aware of the service user/carer groups operating in their respective Directorates.
 - 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.
- 3 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 PPI Forum reports to the Trust Governance Committee, which in turn reports to the Trust Board on PPI.
- PPI Action Plan - PPI Strategy and Action Plan 2015 – 2017 is in place
- PPI Annual Report - Annual progress report 2015/16 is in place.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that a patient story is presented at every Trust Board meeting. This is used to demonstrate how lessons are being learnt and involvement activity is being integrated into the work of the Trust to continually improve the quality and safety of services.
- The Trust provided an up-date on the work of the PPI Forum:
 - The Non-Executive Director for PPI is Chair of the PPI Forum who is responsible for reporting to the Trust Board on PPI matters.
 - Role of Co-Chair exists and this is being held by a Service User.
 - Group terms of reference have been reviewed and up-dated.
 - Membership has been reviewed and strengthened to increase service user/carer representation, and evidence has been presented to demonstrate this.
 - A series of facilitated workshops have been undertaken to identify gaps and areas for action which will support the PPI Forum to enhance its function to support and monitor involvement work in the Trust.
- The Trust reported that PPI is identified as a directorate level risk and a number of controls assurances are in place to support the Trust to comply with PPI.
- The Trust outlined that PPI is included in 2016/17 Directorate Action Plans and an annual progress report is completed on PPI annually which is shared with the

PPI Forum and Trust Governance Committee. Accountability for PPI is undertaken by Directorates through their Performance Management meetings and Trust Directorate Action Plans. The PPI Operational Lead also meets with each Directorate Senior Management Team at least annually, to provide a briefing, updated information and to support the Directorates to better consider how PPI at a strategic level is being implemented in relation to the PPI Standards and considering then if any key actions can be identified for that Directorate for the year ahead.

- The Trust shared the new Case Study template which has been co-produced with the PPI Forum. The template will record PPI activity and feed into the annual progress report. This tool will also be used to identify where there is low PPI activity and will be used to target training to such service areas as required. The information gathered from this tool is being used to inform that Annual PPI Report for the Trust.
- The Trust outlined the assurance framework in place for ensuring the involvement of service users and carers in all major decisions taken by the Trust. It was reported that all major decisions are subject to equality screening which is also the mechanism to determine the level of involvement which has taken place as part of the proposal development. This mechanism requires the extent of involvement to be evidenced and this is quality assured by the Trust Equality/PPI team.

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 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.
- 4 It is recommended that the PPI Forum continues to be strengthened in relation to the involvement of service users and carers and their active involvement in the work of the group.

Standard three - Opportunities and Support for Involvement

Background - Trust performance against KPI's

- Register of opportunities – Baseline has been undertaken to determine service user/carer groups operating across Trust – verification to be completed. Central register of opportunities for people wanting to get involved is available on the Trust website.
- Support for involvement - range of support mechanisms in place for service users/carers to get involved.
- Named points of contact – currently being developed and linked to the scoping exercise.
- Feedback is standard practice – form developed but not embedded as standard practice

Action undertaken against the recommendations presented in 2015/16

- The Trust outlined the work to develop the central register of opportunities. A baseline has been undertaken to determine service user/carer groups operating across Trust and this information is currently being verified to determine the status of the groups. The Trust anticipates that this will be completed in September 2017 and be available via the Trust website. The register will be updated at least twice yearly by Directorates. Aligned to this work will include the identification of a named point of contact for all involvement activity.
- The Trust reported that the corporate website includes a section to allow people to register their interest to get involved. A “Interest in Getting Involved” section has been included on Trust website. This information is collated and sent to the relevant Directorate for action with the service user as required. The E&I office follow up to ascertain if Directorate has actioned 6 weeks after E&I office provide the information to Directorates for their action.
- The Trust reported that a number of mechanisms to effectively communicate the range of resources to support involvement is available, including:

- A PPI Engage event in March 2017 for staff and public to showcase PPI in practice in the organisation and outline the range of resources and support available. A number of members of the public registered to join the PPI Forum as a result of attending this event.
- A range of good practice and PPI templates, including a generic service user/carer induction pack and meeting etiquette guide is in place.
- Various communication methods are utilised in the Trust including staff intranet, sharepoint, facebook etc.

Recommendations:

- 1 In line with the previous recommendation, the Trust should ensure that all PPI activity is branded with the regionally agreed brand to continue to raise awareness of PPI.
- 2 It is recommended that the Trust complete the verification process to determine the shape of service user and carer groups operating across the Trust by December 2017.
- 3 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.
- 4 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.
- 5 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 arrangements for new staff. All Trust job descriptions contain information on PPI. Leaflet developed for staff, outlining support and resources available.
- Provision of PPI training and up-take rates – PPI e-learning available to all staff. 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 – WHSCT service users/carers reported to have been involved in developing regional training programme.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that PPI is now included in WHSCT job descriptions.
- In relation to the PPI e-learning training, the Trust reported that:
 - The level of uptake is being reviewed through the Trust Governance Group and also the PPI Forum. Poor uptake is highlighted to the relevant Service Area SMT for action.
 - Communication is sent out quarterly to raise awareness of training to staff
 - Managers are reminded to include PPI in staff appraisals, which includes undertaking the training.
- A total of 395 have completed the PPI e-learning training.
- The Trust reported that it has not developed a PPI Training Action Plan, but action is included in the PPI Directorate Plan to increase e-learning up-take by 10% annually.
- Bi-monthly face to face Equality screening training is delivered to staff which

includes a section relating to PPI duties. As part of this training, the Training pack provided includes information relating to PPI and the PPI standards.

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 In line with previous recommendations, the Trust should develop a PPI Training Action Plan to incorporate the role out of Engage & Involve PPI training 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 – 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 is reported to have a flowchart in place for significant developments/changes/investments to ensure PPI is built into the process.

Action undertaken against the recommendations presented in 2015/16

- The Trust reported that a flowchart has been included in a pack developed and disseminated to all senior management, to outline how PPI is included in the decision-making process. This includes a tools section to outline what is required to embed PPI into practice.
- The Trust outlined the PPI case study template, which was co-developed with the PPI Forum, to capture PPI involvement in Directorates and good practice. This will be the tool used in future years to monitor PPI activity.
- The Trust shared a recent case example to highlight that historic decisions without good PPI, has led to a major issue. The case example shared was within Learning disabilities and the Trust has embarked on a programme of work to re-build relationships and involve the service users and carers in the programme of work.

Recommendations:

- 1 The Trust has outlined the effective 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 service user/carers representatives from the Trust PPI Forum. 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.

Representatives in attendance expressed a view that the involvement of service users and carers had impacted positively on the work of the Trust, that it had led to improvements in the experience of those using the services and had brought about improvements in quality, safety and efficiency of services. Examples were given in relation to the individual Trust groups including:

- The Altnagelvin Renal Unit service user/carers committee was highlighted as a model of good practice. A staff representative attends every bi-monthly meeting and is responsible for communication between the group and the service area. A Consultant also attends on a quarterly basis to link with the group and report back as to what action has been implemented or to outline why it has not been implemented. Various initiatives have been designed in partnership with service users and carers and alterations to services have taken place as a result of the direct involvement of lay people from the committee, for the benefit of patients, carers and indeed staff.
- The Prostrate Group in operation in the Trust has made significant improvement to services, much of it emerging from service user/carers input.
- RASDAN has a local committee for autism with WHSCT representation. It was reported that the RASDAN group was found to be useful, but had been closed/terminated by the Trust with no replacement established. It was felt by the service user/carers representative who spoke about this, that this action

effectively closed down an effective communication channel between service users and carers and the Trust service area, and they were a party to the decision to stand this group down.

Representatives in attendance were also members of the Trust wide PPI Forum, which was reported as a useful mechanism to support the sharing of information and identifying what is working well across the Trust in terms of PPI. It was felt that the input of service users and carers was valued and there is good practice operating across the Trust for the most part but that the strategic grouping could be more effectively utilised by the Trust.

Members shared that work of the WHSCT PPI Forum was taken to the Trust Board via the Forum Chair who is also the Trust Non-Executive Director for PPI. Service user / carers at the meeting indicated that feedback mechanisms needed to be strengthened to help inform the Forum as to how their involvement is being incorporated into the organisations processes at this strategic level. Members called for more openness about decision-making processes and the allocation of resources. This would include ensuring PPI was a priority for the Board and act as a champion for PPI.

Membership of service users/carers on the PPI Forum has increased recently. This was welcomed by members, as previously it had primarily been officers from Community / Voluntary sector organisations and Trust staff who comprised the bulk of those in attendance at the Forum. Members were asked what they would change if they had an opportunity and the issue of consistency in attendance from staff was raised, which made progress difficult as people felt they had to continually go over ground that had previously been covered. A similar issue had been raised from staff for consistency for service user/carer attendance. There is clearly a divergence of views in regards to which sector is not providing consistent attendance at the meetings.

It was recognised that all new staff have PPI included in their job descriptions and induction processes, but additional work was identified as required to reach all current staff to embed PPI into existing practices.

Conclusion

WHSCCT has been working to embed PPI into its structures and practices. It is positive to see an increased number of service users and carers are now involved in the strategic PPI Forum and that an investment will be made in the next financial year to help support the PPI team.

However there remains work to be undertaken by the Trust to fully integrate the voice of the service user and carer into the work of the organisation. 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.

There is a need to ensure that opportunities and support for involvement are widely accessible across the organisation and the register will support this work. Alongside this, there is a need to continue to ensure that staff are fully supported to effectively and meaningfully involve service users, carers and the public. It is acknowledged that the Trust has increased the number undertaking the e-learning and a plan is in place to increase this.

The Trust has demonstrated its process 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.

Appendix 1

PPI Monitoring timetable

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.

