

Northern Ireland Ambulance Service (NIAS) Personal and Public Involvement (PPI) Monitoring Report January 2022 - March 2023

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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 HSC 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. Development and consideration of proposals for change in the way that care is provided;
3. Decisions that affect the provision of care.

To further advance Involvement and Partnership Working, the Co-Production Guide was introduced by the Department of Health in August 2018. Co-Production is a highly person-centred approach which enables people to work together in partnership on an equitable basis, to achieve positive changes in HSC services. It is deeply rooted in connecting people and realising value through peoples combined strength, knowledge and expertise.

Development and Implementation of PPI Monitoring Arrangements

Monitoring mechanisms and arrangements were developed and introduced in 2015/16 in partnership with members of the Regional HSC PPI Forum, including service users and carers. Involvement monitoring was paused with the introduction of the Co-Production Guide and then the COVID 19 Pandemic. Subsequently a DoH endorsed regional “Involvement Monitoring Task and Finish Group” was established in November 2021 under the leadership of the PHA PPI Team. A more streamlined Involvement monitoring process was created, with a focus on the collection of data in a consistent format. The group was successful in developing a data collection methodology across the 6 HSC Trusts. This approach was endorsed by the DoH and implemented by the 6 HSC Trusts in April 2022. The PPI monitoring arrangements utilises the PPI Standards and associated Key Performance Indicators (KPIs) as a framework to gather information in the first instance, it also uses a new standardised regional, Co-Produced Involvement activity and training data set, to help assess the HSC Trusts’ progress in PPI and compliance with the Statutory Duty and policy responsibilities for Involvement. It is recognised, that in the first instance, this approach generates a factual, quantitative, data-based report. This is key in bringing about a consistent approach to helping to understand Involvement activity and components thereof. However, it is acknowledged, that to fully understand the benefits and impact of Involvement, that in 2023/2024, together we need to co-design a methodology that captures the qualitative component of Involvement, which enables us to consider that alongside the other information provided.

Oversight of the Implementation of PPI and Management of Monitoring

The PHA have HSC wide responsibility for the oversight of the implementation of PPI Policy and are charged with encouraging and promoting Co-Production, Partnership Working and Involvement with Service Users, Carers and the Public. The DoH have tasked the PHA with assessing the progress being made in the HSC against this policy imperative and with developing and deploying monitoring arrangements in order to assess how HSC are meeting their statutory and policy obligations in respect of Involvement.

The PHA uses the Personal and Public Involvement (5 Standards) Assessment Monitoring compliance return, the monitoring data return, PPI training data return, alongside the HSC Assurance Statement to assess progress in these matters. The PHA undertakes an evaluation of the returns, including comments and makes recommendations (with input from Service Users and Carers from the PHA PPI Regional Forum). The PHA PPI Team then take these reports through its internal governance/reporting arrangements before submitting to the DoH for their consideration as part of the wider system of accountability with HSC Trusts.

Recognition of pressures and Partnership approach

It is recognised with the impact of the COVID 19 pandemic and the pressures on the HSC, that Trusts faced huge challenges in delivering services to address ever increasing health and social care needs. In that environment, it has been difficult to keep Involvement on the agenda and whilst there are lessons to be learned for the system, it is evident that Trusts managed to keep Involvement mechanisms and support operational. There is clear evidence that substantive work has been undertaken to rebuild and strengthen arrangements and support for Involvement in the interim. In particular it is recognised and appreciated, that the HSC PPI staff worked collaboratively with the PHA, DoH and Service Users & Carers to redesign and reintroduce an Involvement monitoring programme in 2022/2023, which helps provide a more effective insight into Involvement activity, impacts and benefits.

Future Monitoring Developments

The PHA working in collaboration with HSC partners, Service Users and Carers is leading on the further development of monitoring arrangements, which will facilitate the identification and sharing of qualitative information and learning associated with Involvement, Co-Production and Partnership Working. It is also anticipated that this will form part of the verification arrangements that are planned to be introduced in second half of the 2023/2024 returns.

NIAS Monitoring Returns 2022/2023

Involvement Monitoring returns for January 2022 to March 2023 included,

- An HSC PPI 5 Standards self-assessment report,
- 2 Involvement activity data sets,
- 2 Involvement training data sets,
- The NIAS HSC Involvement monitoring Assurance Statement

This was reviewed by the PHA PPI Team with indicative recommendations developed and set out in this report.

NB. It is acknowledged NIAS undertake their PPI responsibilities in the absence of a Partnership Working Officer, which other Trusts have been (partially) funded for.

Standard 1 - Leadership

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

Key Performance Indicators: PPI Leadership Structure in place across the organisation to include;

- Named executive PPI lead at board level; with clear role descriptions and objectives,
- Named non-executive PPI lead at board level; with clear role descriptions and objectives,
- PPI operational lead,
- PPI leadership structure throughout the organisation.

Trust response

The Trust have reported they have in place:

Executive PPI Lead:

- Lynne Charlton is Lead Director for PPI

Non-executive PPI Lead:

- Trevor Haslett is Non-executive PPI Lead

PPI Operational Lead:

- Neil Gillan, Co-production Partnership Lead, is PPI Operational Lead

PPI leadership structure throughout the organisation:

- Role descriptions for Directorate (Advisers / Champions) drafted. Proposed roll out in Quarter 2 2023 – 2024.

Recommendations

1.1 Consideration could be given to the development of a PPI leadership and accountability flow chart which clearly maps out the PPI responsibilities across the organisation. This should be communicated to all staff across the organisation and uploaded to the Trust website, section “Involving You” when fully developed.

1.2 It is recommended that the Trust follow through with the development and implementation of the draft PPI Leads model to ensure all staff within

	<p>each of the Directorates are aware of the PPI (Advisors/Champions) point of contact for support, advice and guidance available through this mechanism.</p> <p>1.3The Trust should consider how they can most effectively monitor the levels of demand on the Directorate champions/ advisors for PPI, to ensure there is sufficient capacity and that they have the appropriate level of knowledge, skills and expertise in this area to undertake this role.</p>
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Standard 2 – Governance

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

Key Performance Indicators;

- Corporate and Governance Structures,
- PPI Action Plan,
- PPI Annual Report.

Trust response

Corporate and Governance Structures:

- Governance arrangements now in place through Safety, Quality, Patient Experience and Performance (SPEG) Committee.
- PPI reported on in Trust Performance Update.
- Performance report in respect of 10,000 More Voices and Care Opinion provided to Trust board.
- 10,000 More Voices and Care Opinion provided to Trust SMT on a weekly basis.

PPI Action Plan:

- Co-production Strategy 2023 – 2026 drafted.

PPI Annual Report:

- PPI Annual Report to be presented to SMT, Trust Board and SPEG Committee June 2023

Recommendations

2.1 The DoH are undertaking a review of the “Change and Withdrawal of Service Circular”, it is recommended that when it is issued that the Trust ensure that this is widely shared across the organisation to help ensure awareness, understanding and compliance with the requirements of the revised circular.

2.2 To continue to ensure that the direct Service User and Carer voice is strong and not too far removed from the decision-making body of the Trust, it is

	<p>recommended that the Trust gives consideration to the number and level of Service User and Carer representatives which are integrated into the Trust governance arrangements such as the Safety, Quality, Patient Experience and Performance Committee (SPEG).</p> <p>2.3 The Trust should assure itself that PPI is factored into all appropriate decisions, projects and reporting mechanisms across the organisation.</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.

Key Performance Indicators:

- Register of opportunities,
- Support for Involvement,
- Named points of contact,
- Feedback is standard practice.

Trust response

Register of opportunities:

A register of current and future opportunities has been developed Opportunities:

- Patient Voice Forum
- Research Public Involvement Committee
- BWV Cameras Stakeholder Advisory Panel
- Readers list
- Current opportunities are promoted via Engage website and the PCC whilst NIAS develop an 'Involving You' section for its website. Once complete the register of opportunities will be uploaded making it more accessible to the public.

Support for involvement:

- Expression of Interest packs (including role descriptions and an outline of support on offer) developed for 3 of the opportunities identified above.

Recommendations

3.1 It is recommended that the Trust continue in the development of the 'Involving you' section on the Trust home page. Once operational it will enhance and raise awareness of the opportunities for Service Users and Carers to get involved in the Trust.

3.2 The Trust are encouraged to also consider utilising more pro-actively the Engage website to also promote Involvement opportunities.

3.3 Consideration should be given to the development of a Trust wide database of Service Users/Carers and 3rd sector groups that currently collaborate or

<ul style="list-style-type: none"> • 8 Expressions of Interest forms relating to the Research Public Involvement Committee returned to the named point of contact (Research and Development Manager). • Induction pack for Service Users and Carers (NIAS Strategy – Caring today, planning for tomorrow; Co-production Guide – Connecting and realising value through people; PPI Standards leaflet; Welcome Booklet; Service User / Care Checklist; Good meeting etiquette guide; Zoom guidance; Reimbursement guidelines; Travel claims forms; Role Descriptions; Training Needs Analysis; & Equality Monitoring Form) • Induction Programme, including PPI Awareness Raising presentation drafted. • From 1 April 2022 to 31 March 2023 – 332 individuals have informed the planning, delivery, and evaluation of NIAS Services. <p>Named points of contact: Feedback is standard practice:</p>	<p>which may be appropriate to partner with to further enhance effective Involvement within and across HSC and local community.</p> <p>3.4 It is recommended that the Trust conduct a “sense check” with Service Users/Carers in respect of their experience of feedback to inform its systematic integration into planning, development and evaluation of processes.</p> <p>3.5 In the recommended “Sense Check” with Service Users and Carers, it is further suggested, that the Trust ascertain if people think that Involvement opportunities are purposeful, promoted effectively and are they accessible.</p>
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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.

Key Performance Indicators:

- Basic PPI awareness raising included as staff induction process
- Provision of PPI training and up-take rates
- Service User/Carer Involvement in design, delivery or evaluation of PPI training

Trust response

Basic PPI awareness raising included as staff induction process:

- Engage and Involve (E-learning) is promoted at Staff Induction.
- From 1 April 2022 to 31 March 2023, 127 members of staff have completed mandatory PPI e-learning

Provision of PPI training and up-take rates:

- 9 members of staff have completed PPI awareness training.

Service user/carers involvement in design, delivery or evaluation of PPI training:

- A QSI working group to be established to progress QSI Sharepoint Page– to be completed by Q2 2023 – 2024. The following support material has been selected to support staff deliver on their statutory PPI obligations:
 - Co-production Guide – Connecting and Realising Value through People
 - Health and Social Care Reform Act NI 2009
 - Policy Circular: HSC (SQSD) 29/07 – Guidance on strengthening PPI in HSC

Recommendations

4.1 The Trust are encouraged to give consideration to undertaking a review of PPI in inductions and staff appraisal processes to ensure that they are effectively embedding it into the culture and practice of the organisation and staff.

4.2 The Trust should continue to ensure that PPI is included as a responsibility in Trust job descriptions.

4.3 It is recommended that the Trust develop an organisation wide training plan covering different levels and the setting of targets i.e. percentage or number of organisation staff availing of particular types of Involvement training, all within an agreed timeframe.

<ul style="list-style-type: none"> ▪ Policy Circular: HSC (SQSD) 01/12 – PPI – Regional protocol on exceptional circumstances for consultation schemes ▪ Policy Circular: HSC (SQSD) 03/12 – Guidance for HSC Organisations on arrangements for implementing effective PPI in the HSC ▪ PPI Standards Checklist ▪ Checklist for Involvement ▪ Recruitment Pathway Guide ▪ Designing a Role Description ▪ Developing an Involvement Plan ▪ GREAT Leaflet – staff ▪ Key steps for Involvement ▪ Methods of working with hard to reach groups ▪ A guide to online questionnaires ▪ A guide to hosting virtual focus groups 	<p>4.4 The Trust should consider an appropriate mechanism to ensure Service Users and Carer input to / representation on the QSI Working Group.</p>
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Standard 5 – Measuring outcomes

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

Key Performance Indicators:

- Service user/carers involvement in monitoring and evaluation of PPI Activity
- Assurance Trust is undertaking PPI on all major decisions in relation to planning, implementation and evaluation.

Trust response	Recommendations
<p>Service user/carers involvement in monitoring and evaluation of PPI Activity</p> <ul style="list-style-type: none"> • A Patient Voice Forum to be established in 2023 – 2024 to support the monitoring and evaluation of PPI Activity. <p>Assurance Trust is undertaking PPI on all major decisions in relation to planning, implementation and evaluation:</p> <ul style="list-style-type: none"> • NIAS is committed to developing our Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model. 	<p>5.1 It is recommended that the Trust ensure that the Regional Involvement Monitoring tool is fully embedded across all its Directorates and Divisions that staff are aware of the need to complete this at the end of each Involvement activity.</p> <p>5.2 The Trust should consider the development of an internal Involvement monitoring implementation plan, to help the organisation meet the regional Involvement monitoring requirements and maximise the data return rates for each reporting period.</p> <p>5.3 It is recommended that the Trust give consideration to how they clearly evidence and communicate how Service Users/Carer input was factored into all major decision making in regards to planning, implementation and evaluation of services.</p>

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NIAS Involvement Activity Data Submission January 2022 – March 2023

Background:

NIAS have been a partner in the development of a regional and standardised data collection template for Involvement activity across the HSC system. They have submitted returns on both reporting periods (January 2022 – September 2022 and October 2022 March 2023). The graphics below reflects their reported Involvement activity across a number of factors.

Figure1. How many Involvement activities have NIAS started and completed from January 22 – March 23?

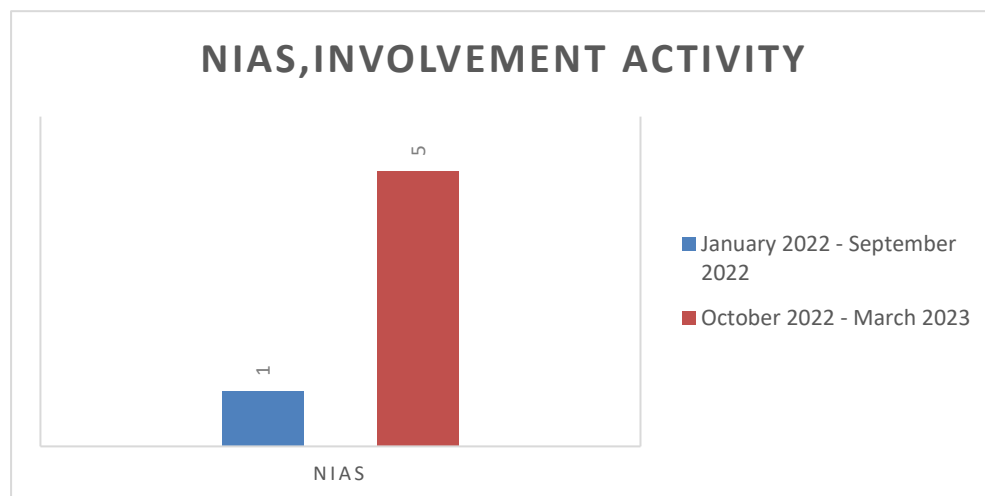


Figure 1 demonstrates the total number of started and completed Involvement activities have taken place from January 2022 to March 2023. From January 2022 to September 2022 there were 2 Involvement activities, 1 of which was fully completed within the set reporting period and 1 working towards completion, that would be utilised in the next reporting period. From October 2022 to March 2023 there were 5, giving a total of 6 Involvement activities. It is recognised that the above number may not be a full reflection of all Involvement activity taking place in the NIAS, potentially due to under reporting in some services and the embedding of the new Involvement Activity Data collection tool across the different Directorates.

Figure 2: Involvement activity across NIAS Directorates from January 2022 – March 2023.

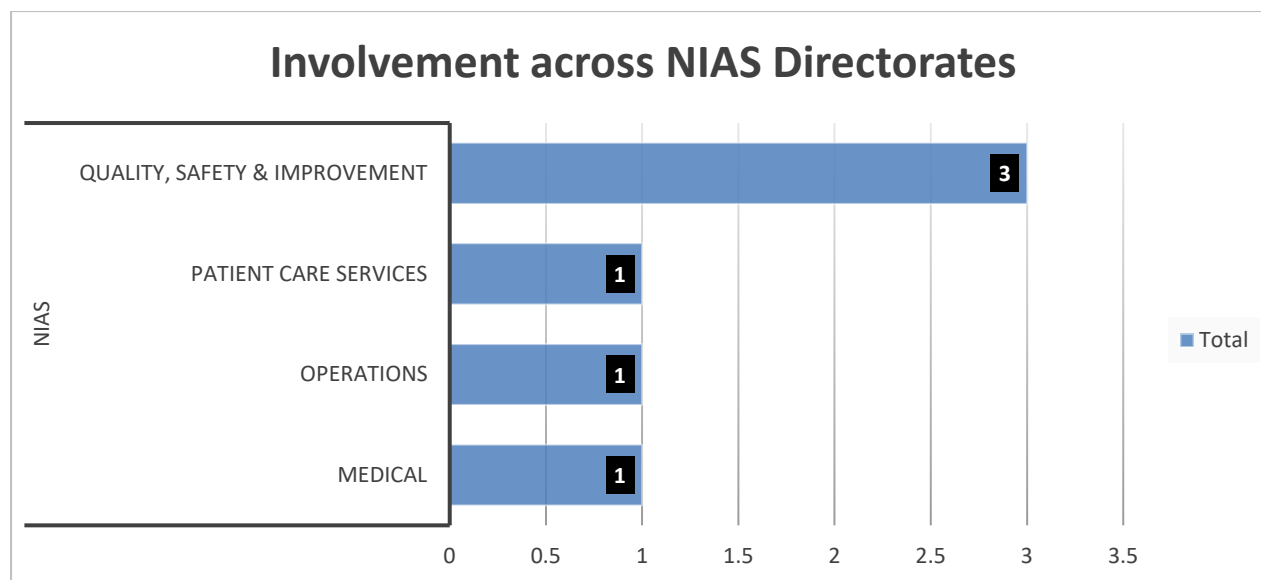


Figure 2, demonstrates the breakdown in Involvement activity across NIAS directorates from January 2022 to March 2023. NIAS have a spread of Involvement activity across its directorates with the majority of Involvement activity taking place in Quality, Safety and Improvements.

Recommendation:

It is recommended that NIAS utilise the data gathered on the spread of Involvement work to date across the Directorates to target support and resources to where Involvement might be appropriately improved/enhanced.

Figure 3: NIAS Involvement Activity per Areas of Involvement January 2022 to March 2023.

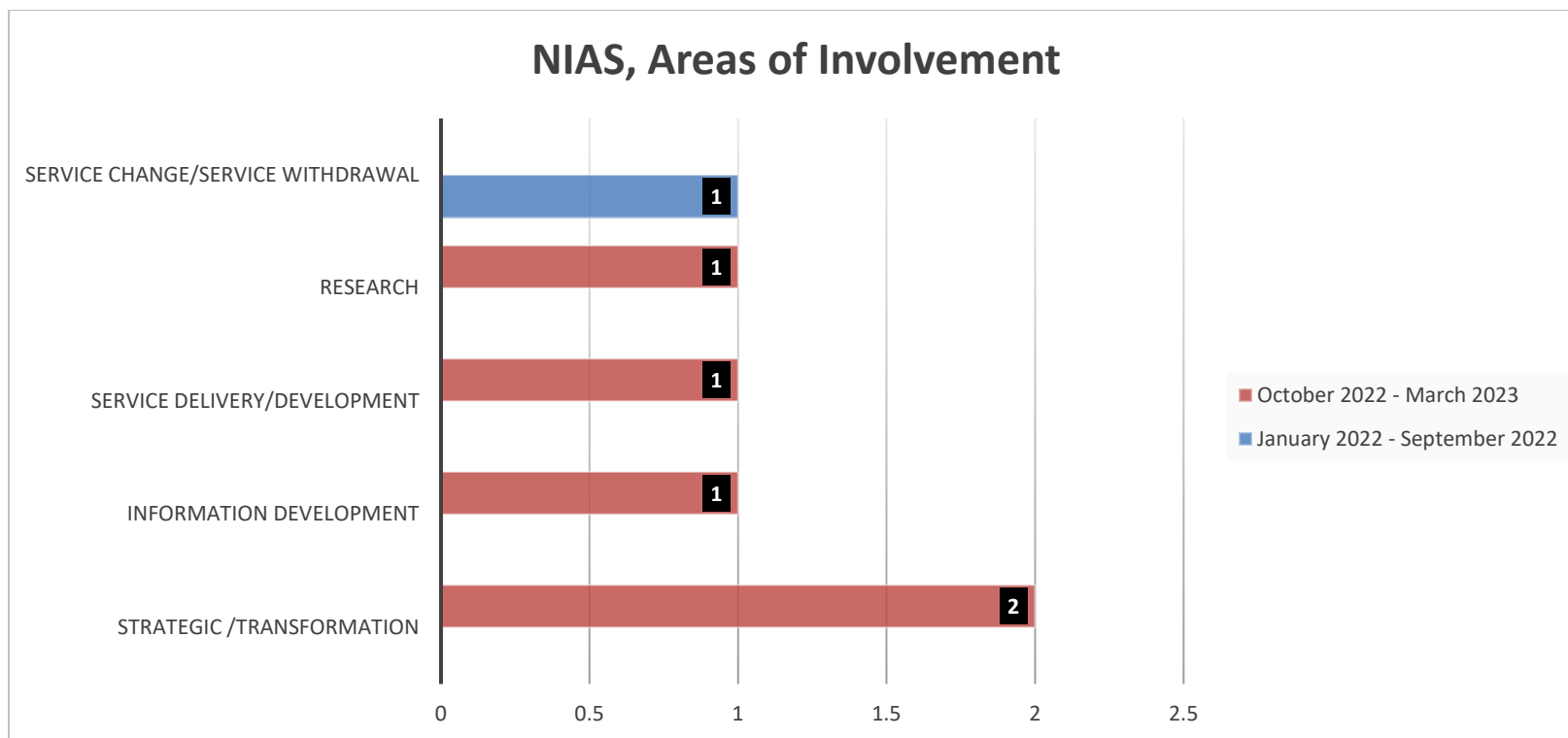


Figure 3, demonstrates the breakdown of Involvement activity per area of Involvement across NIAS, the majority of Involvement activity per area of Involvement has taken place in Strategic and Transformation.

Figure 4, NIAS Involvement Activity per Levels of Involvement January 2022 to March 2023.

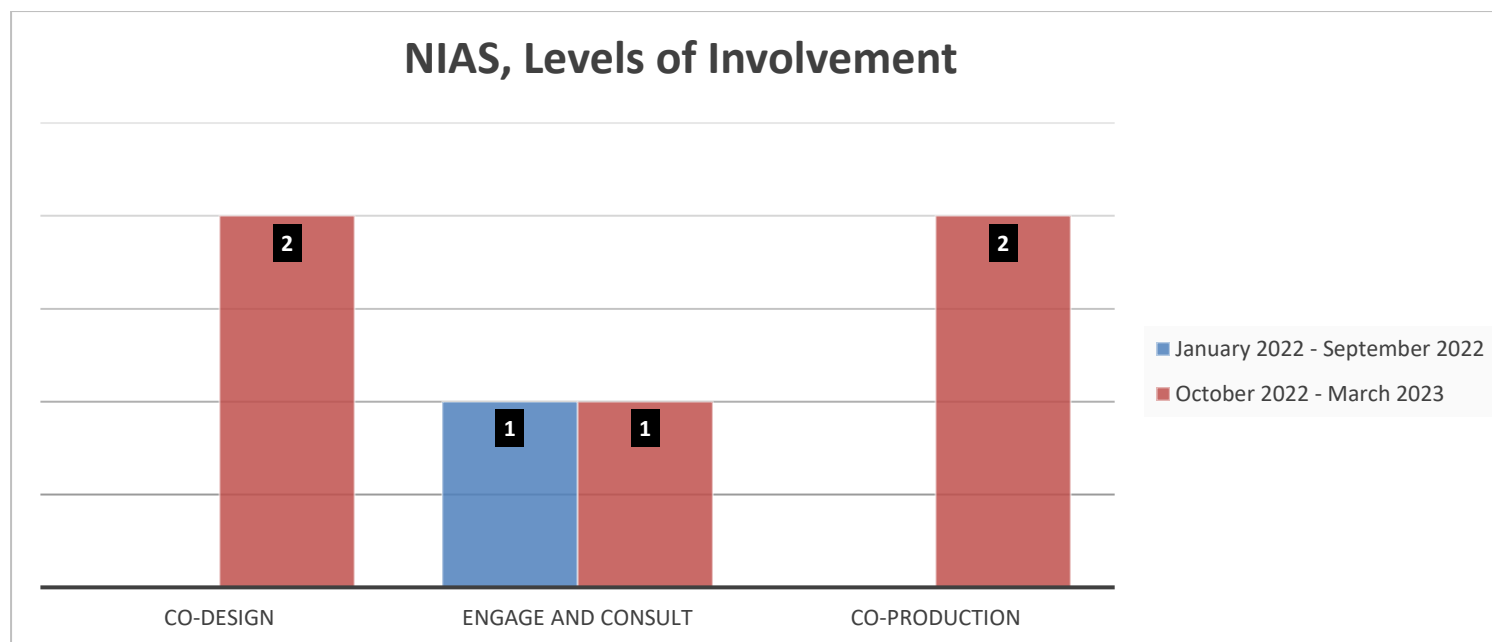


Figure 4, demonstrates the Involvement activity per level of Involvement across NIAS from January 2022 to March 2023. The majority of Involvement activity fell into Co-design and Co-Production.

Recommendation,

It is recommended that NIAS explore if there are more opportunities to engage in other levels of Involvement across the Directorates.

Figure 5, Involvement Activity break down per Levels of Involvement for each NIAS Directorate January 2022 to March 2023.

NIAS Directorate	Co-Design	Co-Production	Engage and consult	Grand Total
Medical		1		1
Operations			1	1
Patient Care Services			1	1
Quality, Safety & Improvement	2	1		3
Grand Total	2	2	2	6

Figure 5, demonstrates the breakdown per levels of Involvement across the different NIAS Directorates.

Recommendation,

The Trust could consider refocusing some of its Involvement resources, training etc to Directorates that have thus far primarily been engaged in Involvement activity at the level “Inform and educate” encouraging a move towards higher levels of Involvement activity if appropriate.

Figure 6, NIAS Service Users, Carers, Staff and Public Involvement per Levels of Involvement.

Levels of Involvement	Number of Public	Number of Carers	Number of Service User	Number of Staff	Sum of Total
Co-Design	39	2	35	96	172
Co-Production	26			37	63
Engage and consult	25	0	60	12	97
Grand Total	90	2	95	145	332

Figure 6, demonstrates the breakdown per Service Users, Carers, Staff and Public across the different levels of Involvement in NIAS.

Recommendation,

It is recommended that the Trust reflects on the breakdown of Involvement participants, to help ensure itself that the appropriate numbers and levels of engagement are being facilitated across the various categories.

Figure 7, NIAS Involvement Activity per Programme of Care from January 2022 – March 2023.

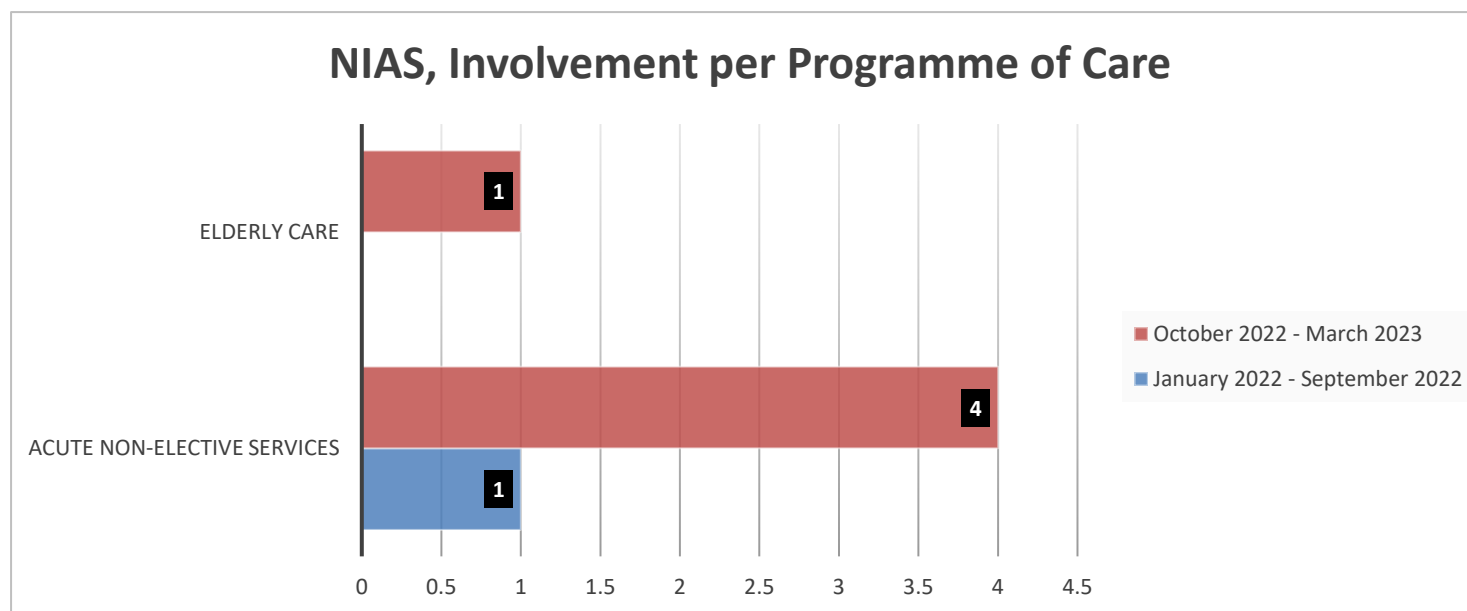


Figure 7, demonstrates the number of Involvement activities per Programme of Care across the different reporting periods. There is a spread of Involvement across 2 Programmes of Care in NIAS, with Elderly Care and Acute Non-Elective Services showing the majority of Involvement.

Recommendation,

It is recommended that the NIAS continue to build upon the amount of Involvement activities across its Programmes of Care. Support and resources should be pro-actively targeted to areas where Involvement could be appropriately improved.

Figure 8, NIAS Involvement methods from January 2022 – March 2023.

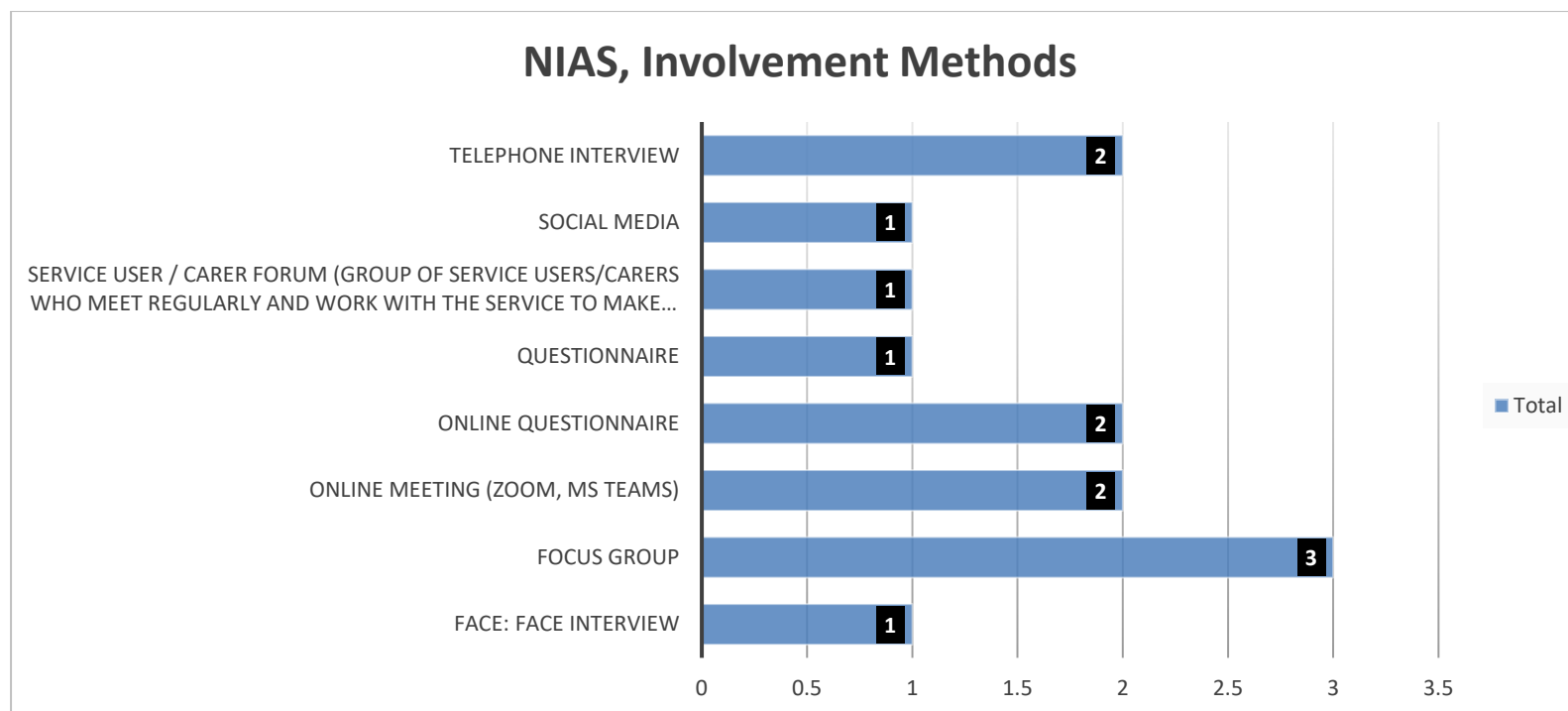


Figure 8, demonstrates the wide use of different Involvement methods that NIAS have utilised to help ensure that they are engaging Service Users and Carers across their organisation.

Recommendations,

It is recommended that the NIAS could consider a more proactive use of their Involvement platforms such as their Social media and continue to develop an “Involve You section” on their website to further enhance Involvement.

Figure 9, NIAS category breakdown in Service Users and Carers invited to participate in Involvement Activities from Jan 2022 to March 2023.

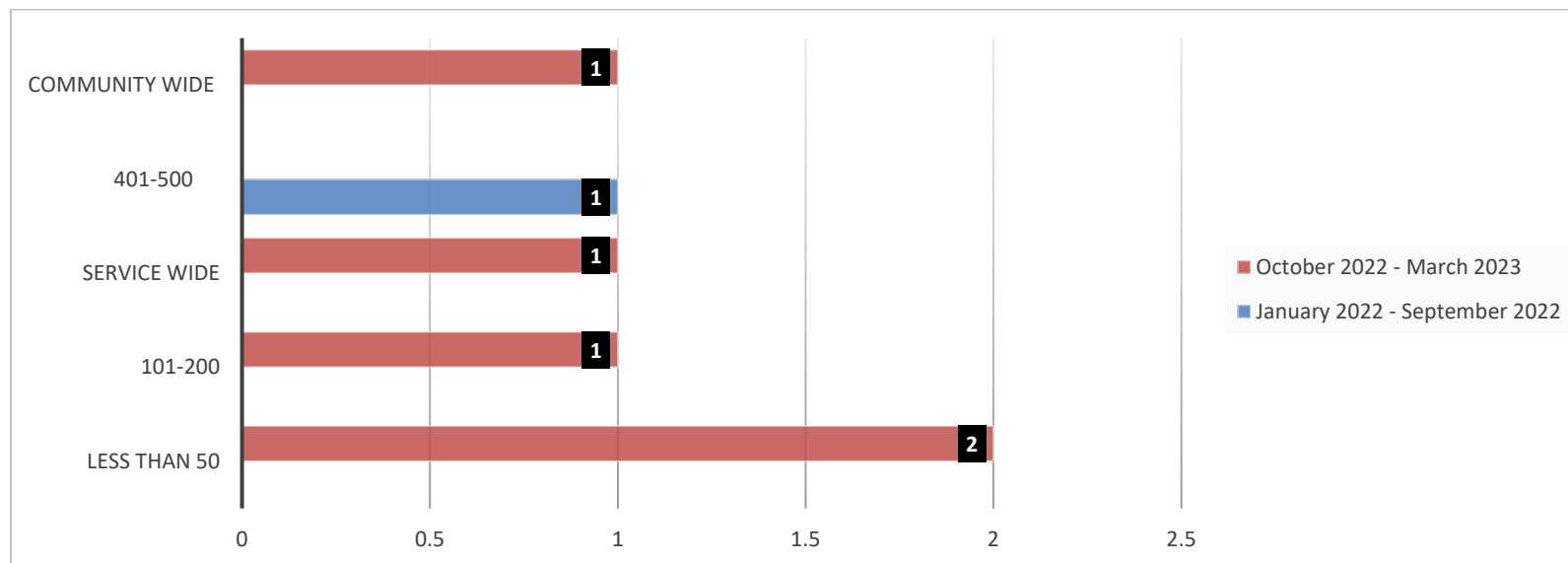


Figure 9, demonstrates that the category of “Less than 50” Service Users and Carers invited to participate in Involvement activities is the main category size of group of people engaged.

Recommendation,

It is recommended that the Trust continues to explore opportunities where appropriate, to expand numbers of Service Users/ Carers (and Public) invited to participated in Involvement activities.

Figure 10, NIAS Did you provide feedback to Service Users and Carers from January 2022 – March 2023?

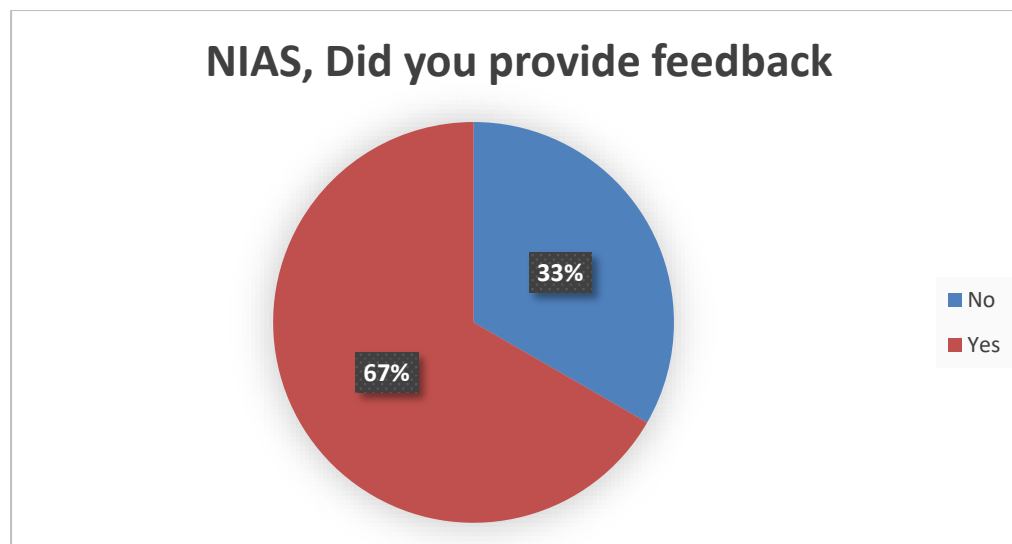


Figure 10, demonstrates the % breakdown in Involvement feedback to Service Users and Carers, 67% of NIAS Involvement projects selected Yes and 33% of projects selected No.

Recommendation,

It is recommended that NIAS continue to ensure that feedback opportunities to Service Users and Carers are maximised. This should be incorporated into Trust staff PPI training as an essential component for Involvement

Figure 11, NIAS Feedback methods from January 2022 – March 2023.

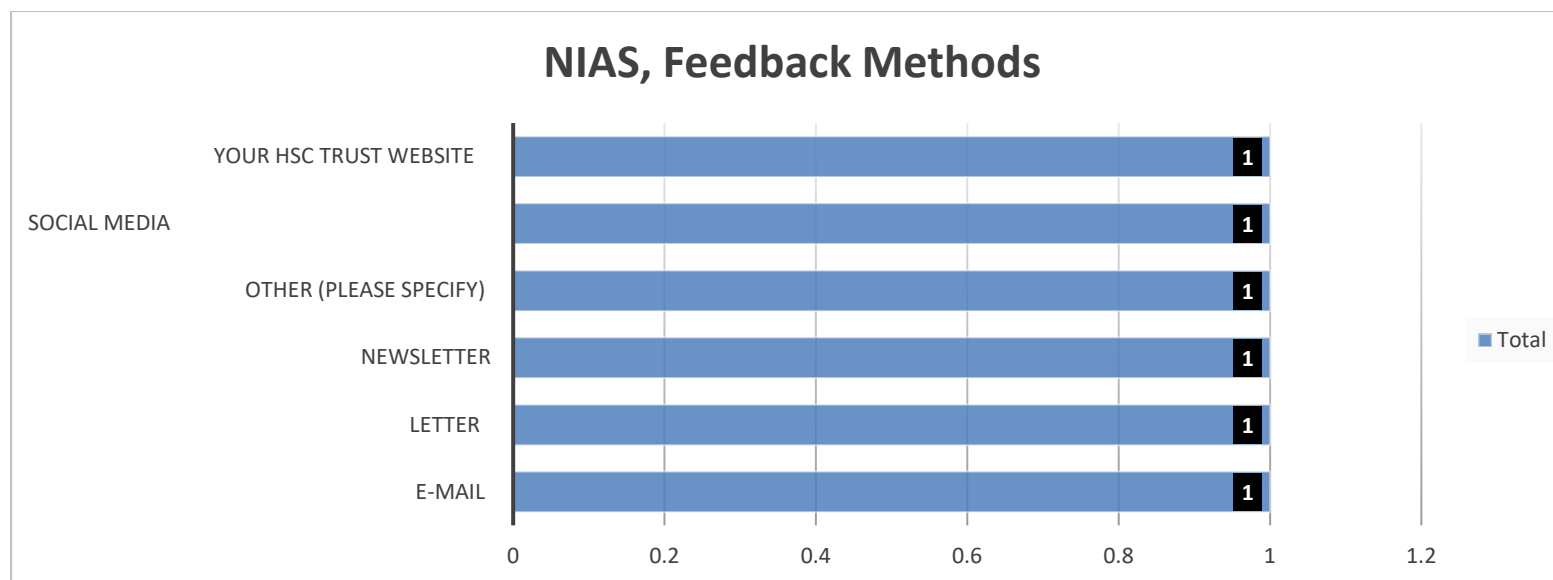


Figure 11, NIAS has evidenced that they utilise a diverse range of feedback mechanism such as email and Newsletter being the primary methods used.

Recommendation,

It is recommended that NIAS review the feedback mechanisms they currently use and ensure that they are most appropriate for the diverse population they are working with.

Figure 12, NIAS Involvement Measurement Methods January 2022 – March 2023.

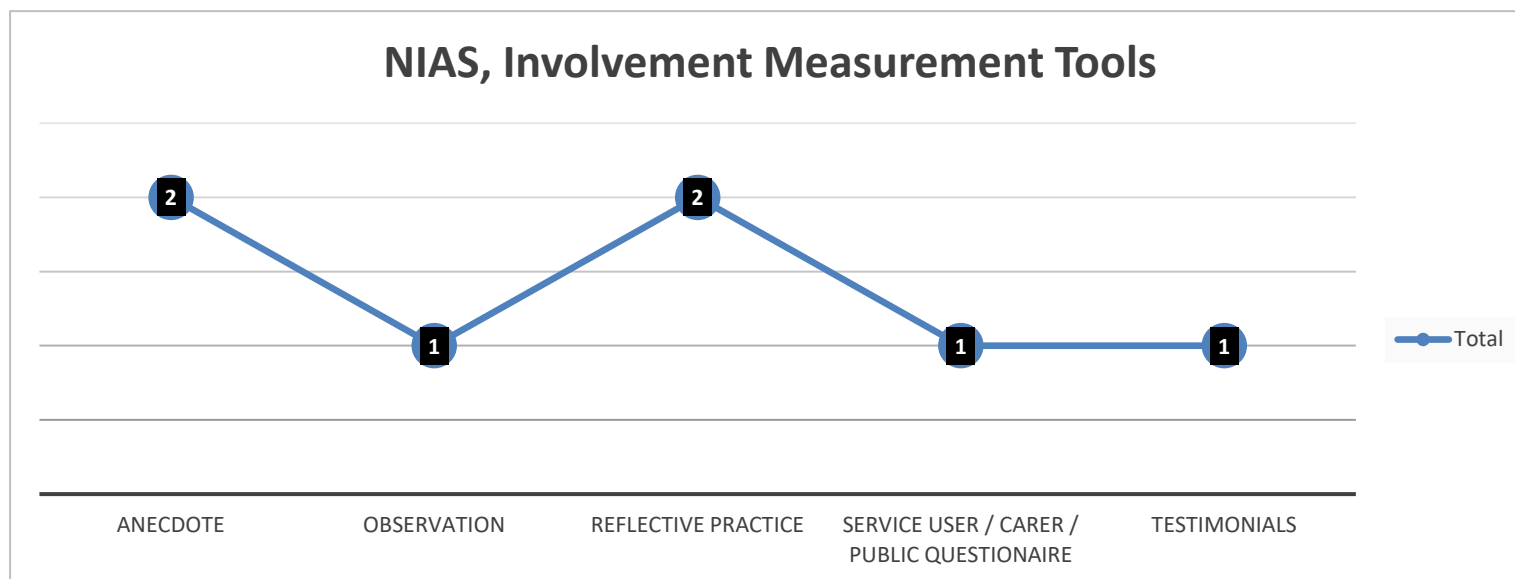


Figure 12, demonstrates the wide range of methods NIAS have utilised to help determine and measure the impact and outcomes for Involvement from January 2022 – March 2023.

Recommendation,

It is recommended that the Trust incorporate Involvement measurement methodologies into their PPI training for staff across all its Directorates, to help ensure that the organisation can further evidence/measure the impact of Involvement.

Figure 13, NIAS Involvement Outcomes January 2022 – March 2023.

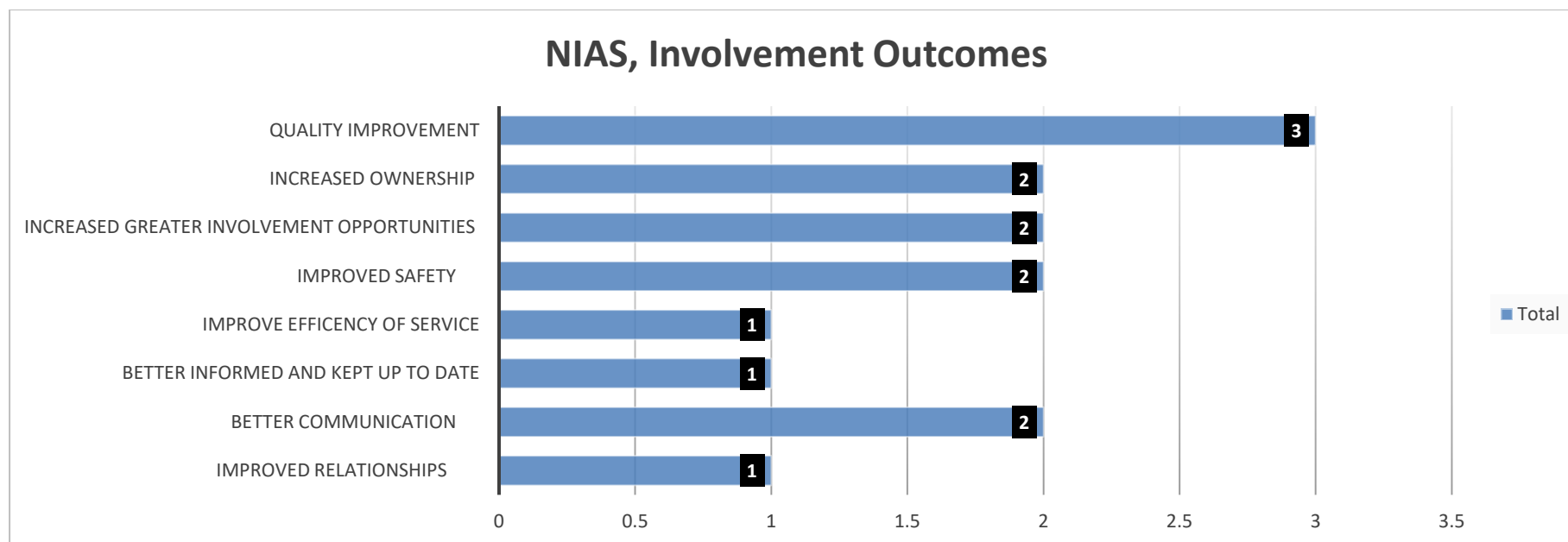


Figure 13, demonstrates the wide range of Involvement outcomes and impact that the 6 Involvement activities has made across NIAS from January 2022 to March 2023.

Recommendation,

The Trust should ensure that the evidence of the impacts are captured and written up as good practice to be shared and replicated where possible and appropriate.

Figure 14, NIAS Did you record Section 75 data for your Involvement project from January 2022 – March 2023?

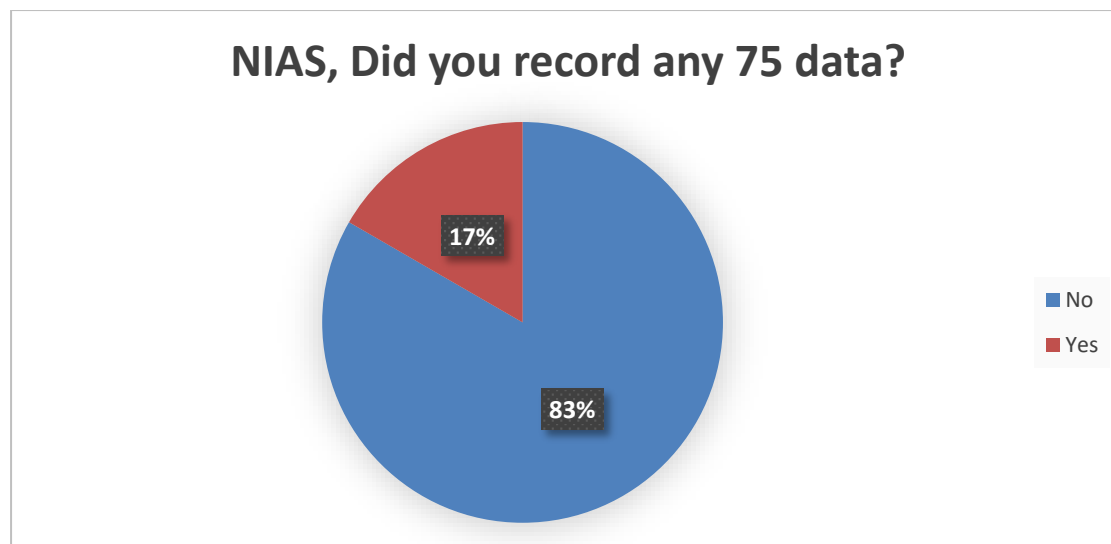


Figure 14, demonstrates the % breakdown in Involvement projects that did record Section 75 data, 17% of NIAS Involvement projects selected Yes and 83% of projects selected No.

Recommendations,

It is recommended that all Involvement projects should ensure that they are proactively trying to collecting Section 75 Data for each Involvement activity. This could be incorporated into the NIAS PPI training programme for staff.

NIAS Involvement Training Data Submission January 2022 – March 2023

Background:

NIAS have been a partner in the development of a regional and standardised data collection template for Involvement training across the HSC system. They have submitted returns on both reporting periods and the below reports shows their Involvement training activity.

Figure 1, NIAS Involvement training from January 2022 to March 2023.

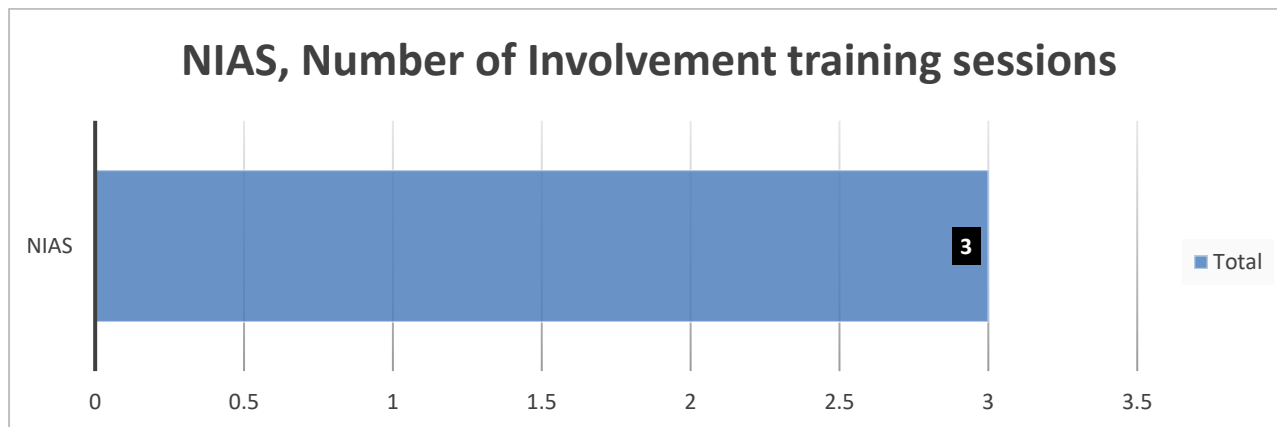


Figure 1, demonstrates the number of training sessions that NIAS PPI Team has delivered from January 2022 to March 2023.

Recommendation,

NIAS could consider how best to increase the amount of Involvement related training sessions it provides across the Trust Directorates and Divisions.

Figure 2, NIAS Types of Involvement training provided from January 2022 to March 2023.

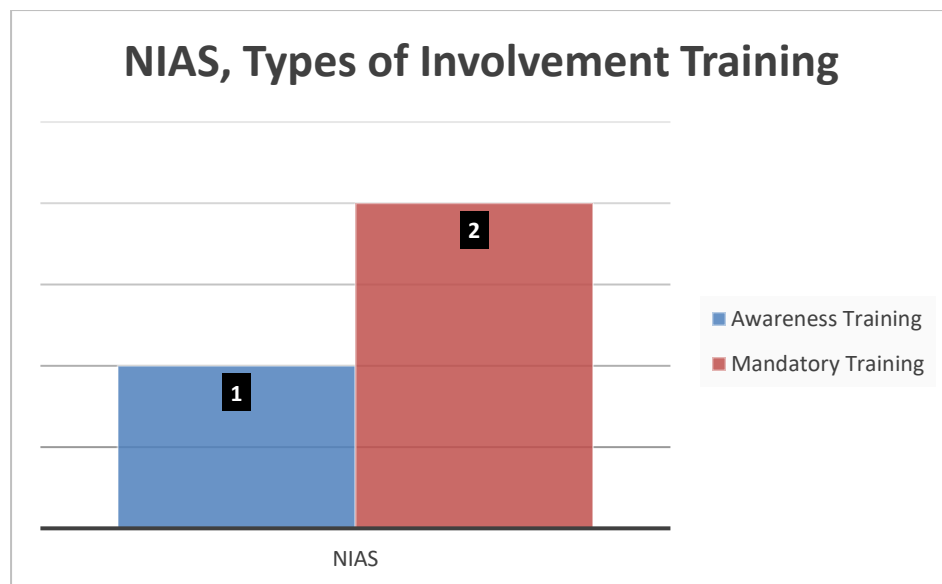


Figure 2, demonstrates the types of training NIAS PPI Team provides to the organisation

Figure 3, NIAS Duration of Involvement training from January 2022 – March 2023.

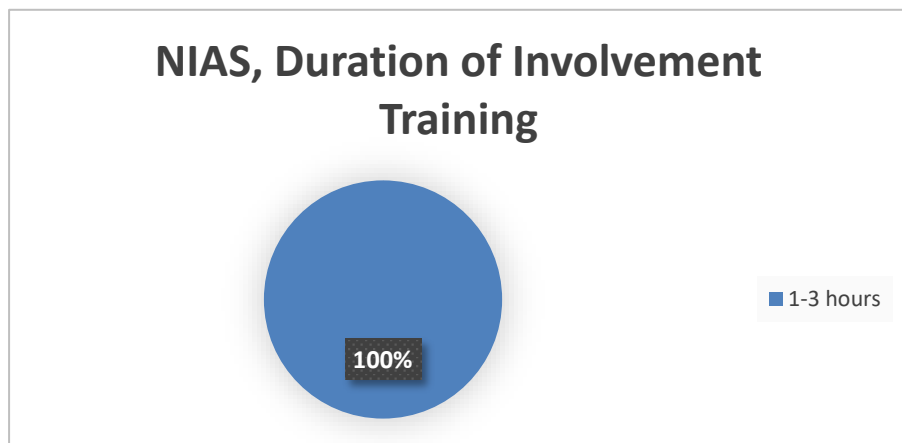


Figure 3, demonstrates the average duration of the Involvement training being provided within NIAS.

Figure 4, NIAS number of Staff, Services Users, Carers and Total trained in Involvement from January 2022 – March 2023.

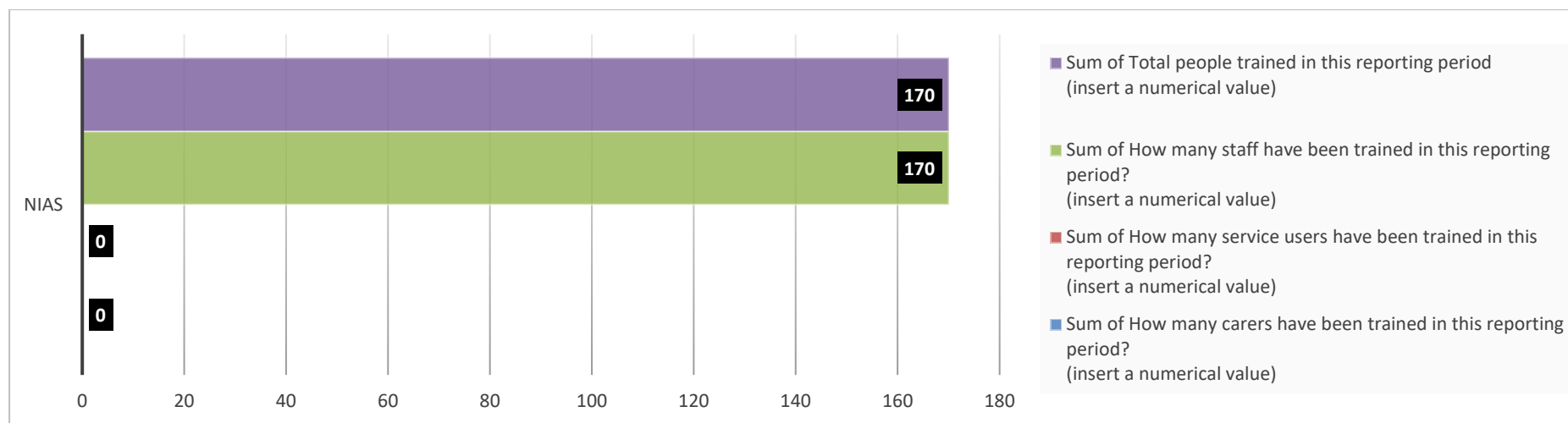


Figure 4, demonstrates the total number of people trained from January 2022 – March 2023.

Recommendation,

The Trust should consider developing a formal Involvement Training Plan with indicative training targets for staff, service users and carers from across its Directorates.

Conclusion

The Trust have been an active partner in the HSC wide collaborative monitoring arrangements. The data gathered through this process in 2022/2023 provides an indicative insight into key aspects of progress in terms of embedding Personal & Public Involvement into the culture and practice of the HSC organisation.

The Trust are encouraged to consider embedding the recommendations contained in this report into the governance, operational structures and culture of the organisation. In doing so, the Trust will make additional progress and further integrate Involvement within their organisation to the benefit of the Trust, staff and most importantly Services Users and Carers.

As alluded to earlier in the report, work has commenced with Trust partners in respect of a co-designing an approach that effectively captures qualitative information from identified good practice Involvement projects. It is anticipated that future monitoring reports will therefore, more comprehensively reflect the range, depth and benefits that are accrued from the Involvement activity that has, is and will be happening across the HSC. The aim being to help the HSC system to identify, replicate and upscale best Involvement practice.