



Northern Ireland Ambulance Service  
Health and Social Care Trust



Northern Ireland  
Ambulance Service  
**Involvement &  
Co-production  
Strategy**  
**2023 - 2026**



Working with  
our partners

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## With many thanks to:



**DiABETES UK**  
KNOW DIABETES. FIGHT DIABETES.  
NORTHERN IRELAND



**Northern Health and Social Care Trust**

For their support with sharing our online survey with their service user groups, and for participating in workshops and focus groups.

## Glossary

<b>DoH</b>	Department of Health		of community and voluntary organisations.
<b>HSC</b>	Health and Social Care		
<b>HSCNI</b>	Health and Social Care in Northern Ireland	<b>PCC</b>	Patient Client Council
<b>HSCTs</b>	Health and Social Care Trusts	<b>PCE</b>	Patient Client Experience
<b>OUFS</b>	Online User Feedback Service	<b>PHA</b>	Public Health Agency
<b>Partner</b>	For the purpose of this strategy the term partner is used to describe patients, clients, service users, carers, the public, communities of interest and representatives	<b>PPI</b>	Personal and Public Involvement
		<b>QI</b>	Quality Improvement
		<b>SMT</b>	Senior Management Team
		<b>SQEP</b>	Safety, Quality, Patient Experience and Performance Committee
		<b>TOR</b>	Terms of Reference

# Foreword

The patient and public voice is important in reminding us why we do what we do and how we can do it better. The Northern Ireland Ambulance Service (NIAS) values the lived experience and involvement of service users, carers, communities, and staff in influencing change and improvement. The Trust also recognises that this involvement can build a collective understanding of the need for and benefits of the ongoing transformation of our services.

We are therefore 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. This will ensure we are taking the strengths, knowledge and expertise of our service users, carers, communities, and staff into account in all that we do.

This strategy has been developed with service users, carers, communities and staff. We hosted focus groups and workshops and conducted an online survey with service users, carers and communities seeking their thoughts on how NIAS could further embed the vision, ethos, concepts,

and practice of PCE, PPI, Partnership working and Co-production across all aspects of our business. We also conducted an online survey with our staff to discover what supports they need to work in partnership with service users, carers, and communities in designing and improving our services.

Service users, carers, and communities will remain at the heart of everything we do and have an important role to play in shaping our future. Their ongoing involvement is the responsibility of all within the Trust and, as such, every member of staff has a role to play in the implementation of this Involvement and Co-production Strategy.



**Lynne Charlton,**  
**Director of Quality Safety and**  
**Improvement**  
Northern Ireland Ambulance Service

## Involvement & Co-production Strategy 2023 - 2026: Working with our partners



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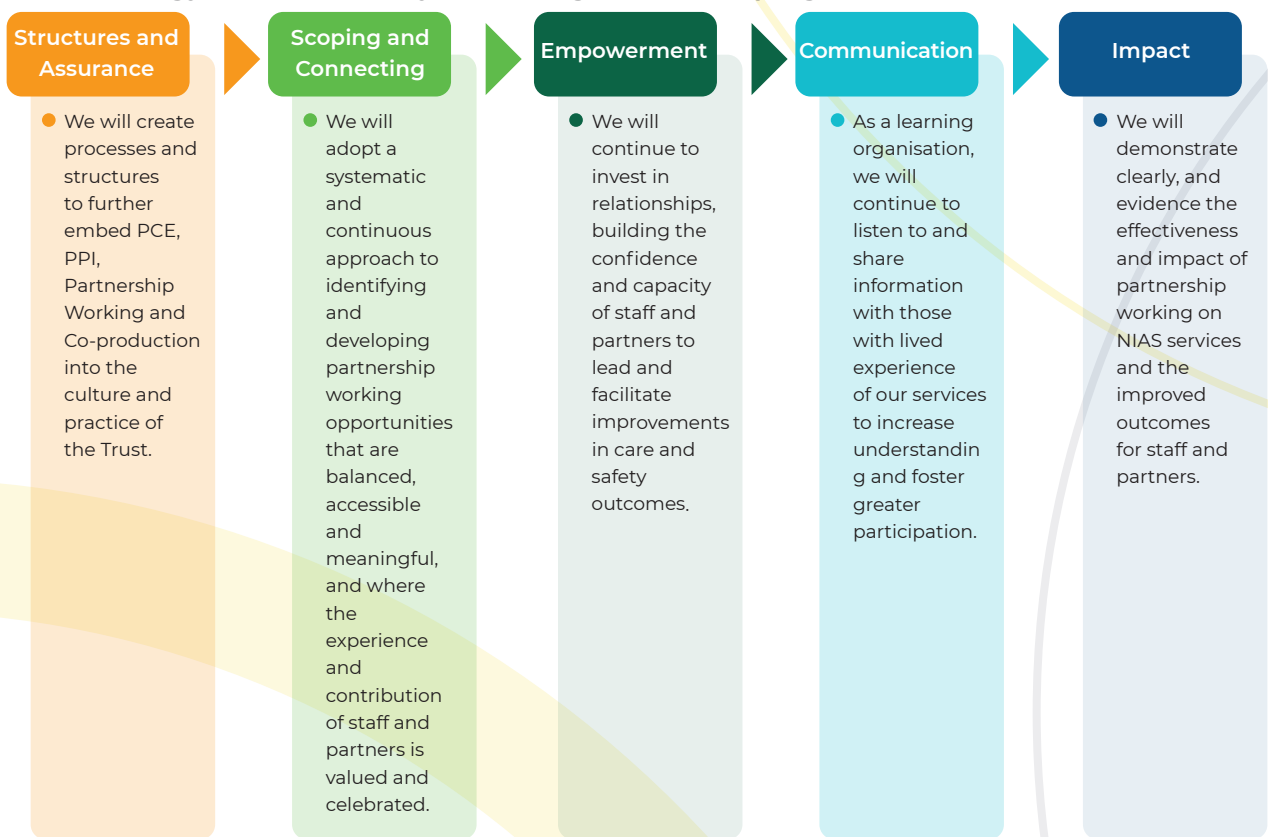


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# 1. Executive Summary

The Northern Ireland Ambulance Service (NIAS) values the lived experience and involvement of our service users, carers, communities, and staff in influencing change and improvement. We recognise that this involvement can also build a collective understanding of the need for and benefits of the ongoing transformation of our services. The strategy which has been developed with our staff and partners, outlines how we will develop our Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model.

The strategy sets out five key themes against which progress will be measured.



Personal and Public  
Involvement (PPI)



Involving you,  
improving care



## 2. Definitions

### 2.1. Patient Client Experience (PCE)

PCE enables service users, families and carers to share their experience of Health and Social Care (HSC) services and is a powerful tool in improving existing services and identifying new and better ways of meeting need.

Robust analysis of these experiences, presents learning by identifying positive practices within the system to nurture and develop and also highlights areas for improvement, where experience has been challenging.

PCE is usually the starting point for Involvement, Coproduction and Quality Improvement initiatives and the regional programme in Northern Ireland includes the Online User Feedback Service (Care Opinion) and 10,000 More Voices.

Further information about Care Opinion and 10,000 More Voices can be found here:

[www.careopinion.org.uk](http://www.careopinion.org.uk)

<https://10000morevoices.hscni.net>



### 2.2. Personal and Public Involvement (PPI)

As defined in the Health and Social Care Order (2009), PPI is the term used to describe the active and meaningful involvement of patients, clients, service users, carers and communities in HSC in ways that are relevant to them.

PPI is the active participation of patients, clients, service users, carers, and the public in how services are planned, delivered, and evaluated. This includes developing relationships, building strong active partnerships, and

having meaningful conversations with a range of stakeholders to create services that best meet patients' needs.

Personal refers to service users, patients, carers, consumers, customers, relations, advocates, or any other term to describe people who use HSC services as an individual or part of a family.

Public refers to the general population and includes locality,

community and voluntary groups and other collective organisations.

In 2015, the Public Health Agency (PHA), working with partner HSC organisations, service users and carers, developed five standards and associated key performance indicators for PPI in HSC.

The aim of the PPI standards is to set out what is expected of HSC organisations and forms the basis against which progress will be monitored.

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Further information about PPI and the five standards can be found here:

<https://engage.hscni.net>

Personal & Public Involvement (PPI) – Involving You, Improving Care (hscni.net)

<https://www.publichealth.hscni.net/publications/setting-standards-%E2%80%93-personal-and-public-involvement-ppi>



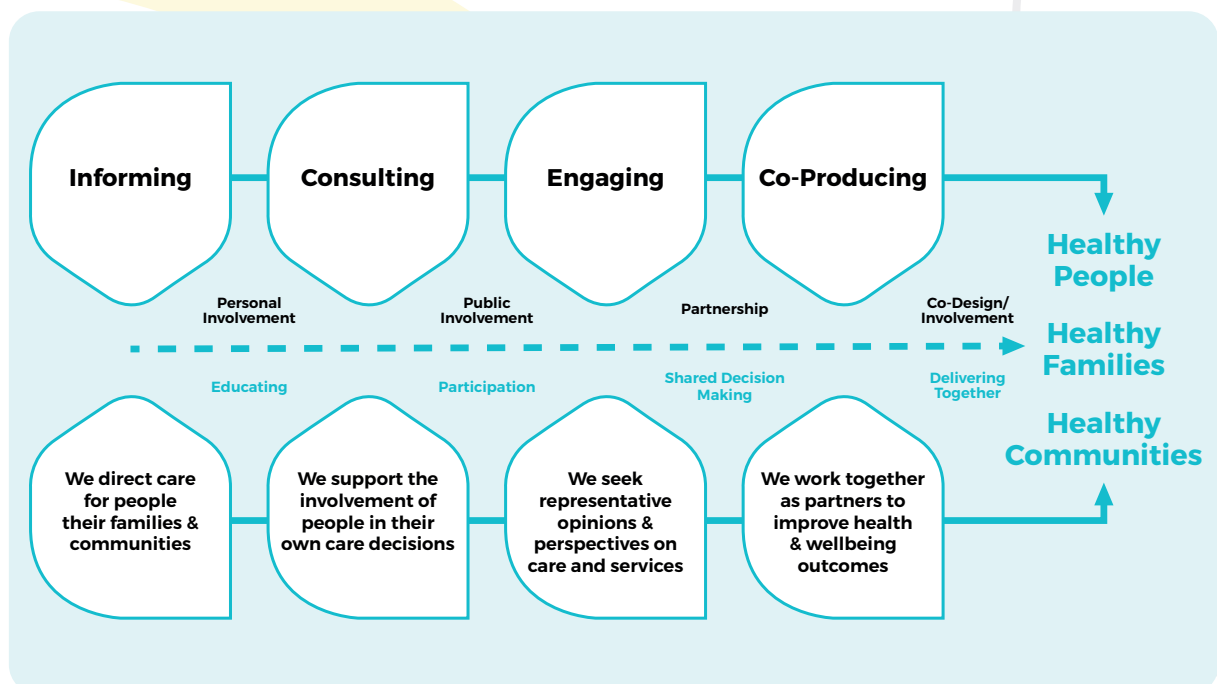
## 2.3. Co-production

As defined in the Co-Production Guide for Northern Ireland – 'Connecting and Realising Value through People', a highly person-centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery, and experience of HSC. It is deeply rooted in connecting

and empowering people and is predicated on valuing and utilising the contribution of all involved. It seeks to combine people's strengths, knowledge, expertise, and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes. It is a genuine partnership approach

which brings people together to find shared solutions, in practice co-production involves partnering with people from the start to the end of any change that affects them. It works best when people are empowered to influence decision making and care delivery processes.

The Co-Production Pathway shows how Involvement, Engagement and Co-Production approaches are part of a continuum, outlined below:



## 2.4. Co-design

A partnership approach which seeks to establish a representative co-design team of people, who come together to design care pathways, develop new and revise existing services models. The work of co-design teams is governed by person centred values, a shared ambition and commitment

to generate solutions in line with the quadruple aim outlined in **Health and Wellbeing 2026: Delivering Together.**

Further information on the quadruple aim is provided in section 3.



## 2.5. Co-delivery

A partnership approach which aims to empower multidisciplinary teams to deliver integrated care solutions for their population. It also involves developing and

integrating expert patient, peer and community led services into the delivery of health and social care.

## 2.6. Lived and Learned Experience

Lived Experience is used to describe the direct experiences, perspectives and views of patients, clients, service users, peer advocates, and carers of their own

HSC needs and that of the services they received. Learned experience includes all those staff who are directly involved in leading, managing and providing HSC.

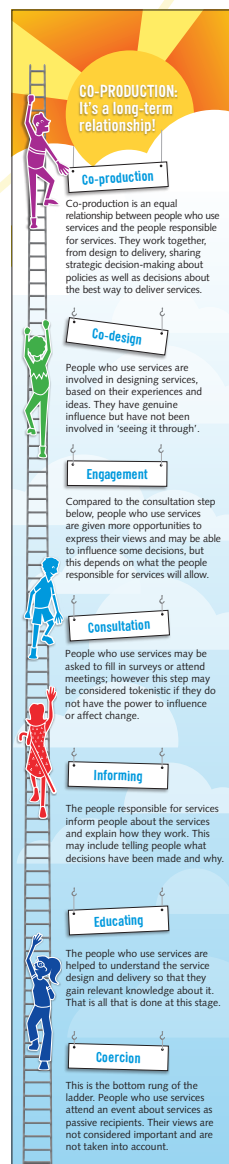
## 2.7. Shared Decision Making

A collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care needed immediately or in the future.

It is about choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values and making sure the person

understands the risks, benefits and possible consequences of different options through discussion and information sharing.

It empowers people to make decisions about the care that is right for them at that time, with the option of choosing to have no treatment or not changing what they are currently doing always included.



Think Local  
Act Personal  
(National  
Co-Production  
Advisory  
Group)  
[www.thinklocalactpersonal.org.uk/assets/COPRODUCTION/Ladder-of-coproduction/](http://www.thinklocalactpersonal.org.uk/assets/COPRODUCTION/Ladder-of-coproduction/)

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### 3. Strategic Context

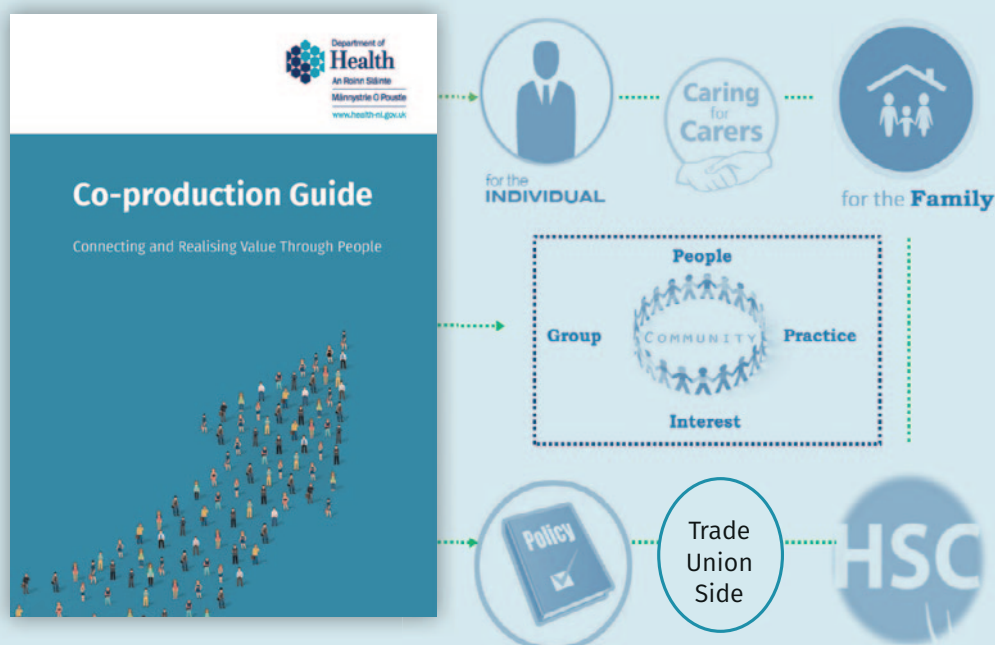


PPI has been a statutory requirement since 2009 and has been further enhanced by the Department of Health's (DoH) Co-production Guide for Northern Ireland 'Connecting and Realising Value through People' which was published in 2018.

#### Who can use this Co-Production Guide?

As outlined in figure 5 the Guide has been developed for all those involved in the design and delivery of health and social care specifically with:

1. people who use services their families and/or Carers,
2. local communities, community groups, communities of practice and community of interest.
3. Policy Makers, system Leaders, staff who deliver care and TUS.



In October 2016, 'Systems not Structures: Changing Health and Social Care', a report commissioned by the DoH and delivered by the Expert Panel, was published. The then Minister of Health launched a 10-year plan in response: **'Health and Wellbeing 2026: Delivering Together'**.

Health and Wellbeing 2026: Delivering Together, commits HSC to:

- Adopt the co-production and co-design model for the development of new and reconfigured services.
- Maximise the lived experience (patient and carer) voice across the system.
- Engage staff, particularly staff who are closest to those who use our services in co-design and in the co-delivery of services.

- Build and strengthen partnership working with other providers of care, including those in the community and voluntary sector and in other government sectors in support of Programme for Government (PfG) priorities.

Section 4 of Health and Wellbeing 2026: Delivering Together, 'The Approach' identifies partnership working as one of the five enablers in the delivery of HSC transformation.

In August 2018, the Chief Nursing Officer for Northern Ireland asked HSC Trusts to create a single plan which builds on and brings together existing PCE, PPI, Partnership working and Co-Production work.

In 2020, NIAS launched **'Caring today, planning for**

**tomorrow – Our Strategy to Transform: 2020 – 2026'**, which sets out an ambitious long-term plan on how we will contribute to Health and Wellbeing 2026: Delivering Together and our commitment to work with communities and partner providers in the design and development services, using the principles of Co-production.

This Strategy and the resulting Implementation Plan sets out our vision, commitment, and integrated approach to PCE, Public consultations, PPI, Partnership working, Service user feedback and Co-production activities. Within NIAS this also includes the Online User Feedback Service (Care Opinion) and 10,000 More Voices

Some of the work and initiatives outlined in this strategy have already commenced, however, this strategy will identify both quantitative and qualitative measures which will provide assurance that our goals are being achieved and are promoting better outcomes for partners and staff.

**Personal and Public Involvement (PPI) - DoH Guidance to HSC | Department of Health (health-ni.gov.uk)**

**Co-Production Guide for Northern Ireland - Connecting and Realising Value Through People | Department of Health (health-ni.gov.uk)**

**Systems, Not Structures - Changing Health and Social Care - Full Report | Department of Health (health-ni.gov.uk)**

**Health-and-wellbeing-2026-delivering-together (health-ni.gov.uk)**

**NIAS-Our-Strategy-To-Transform-2020-2026-V19-06.03.2020-HP | NIAS (hscni.net)**

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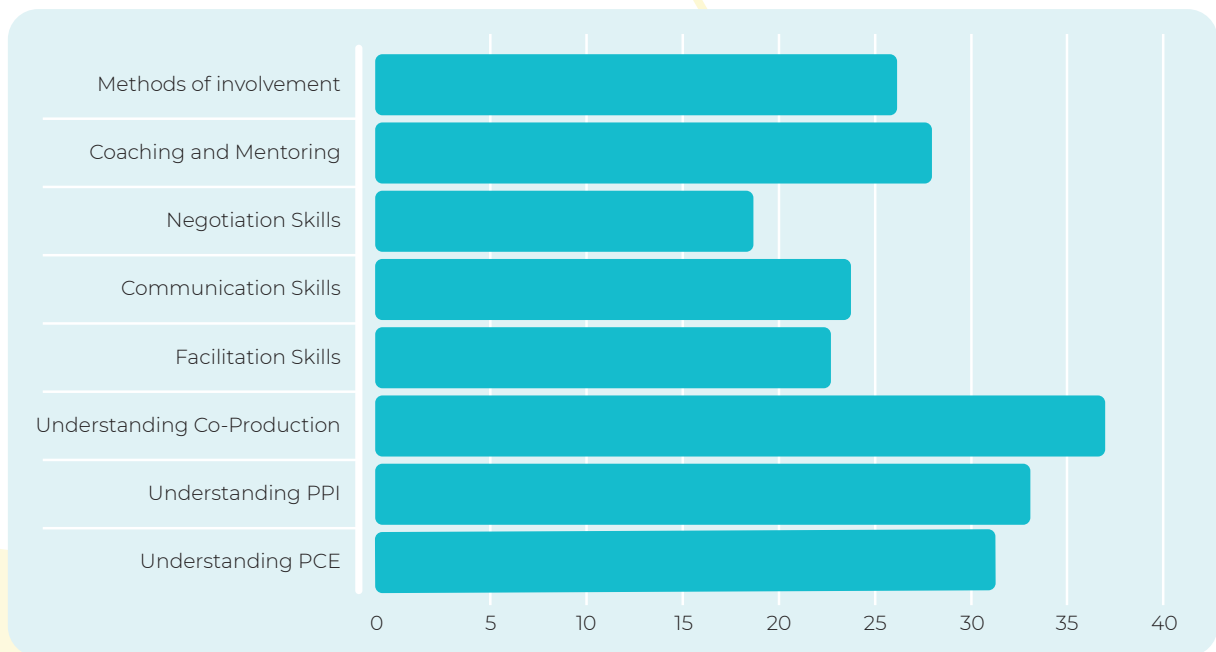


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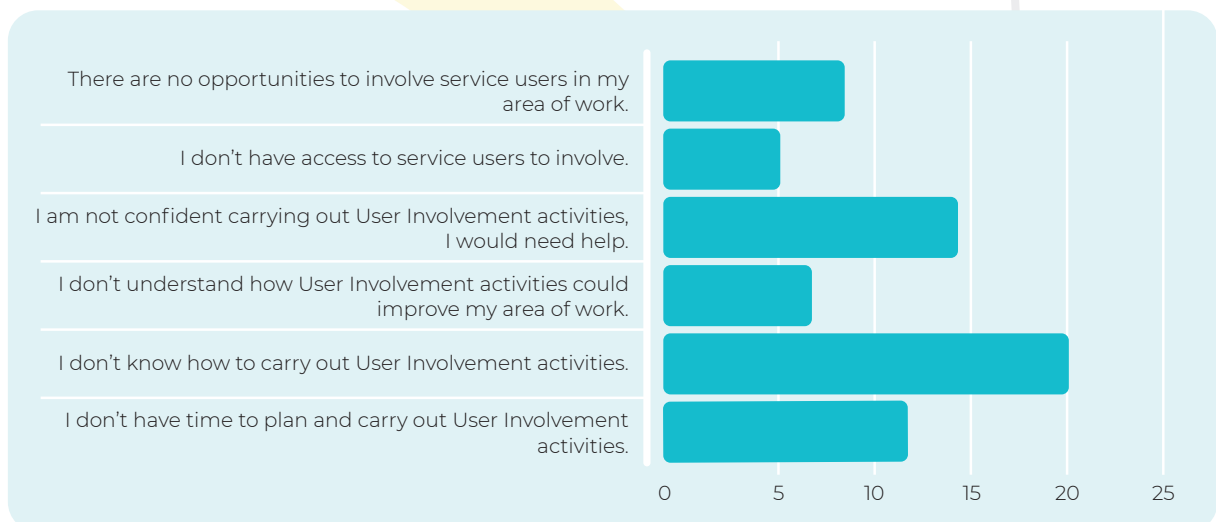
## 4. Staff Feedback

Responses to an online survey by staff from across the Trust, indicate that involvement in the form of 'shared decision making' happens daily. Staff also highlighted that the barriers to implementing higher levels of involvement were having the skills, confidence, and time to carry out this work.

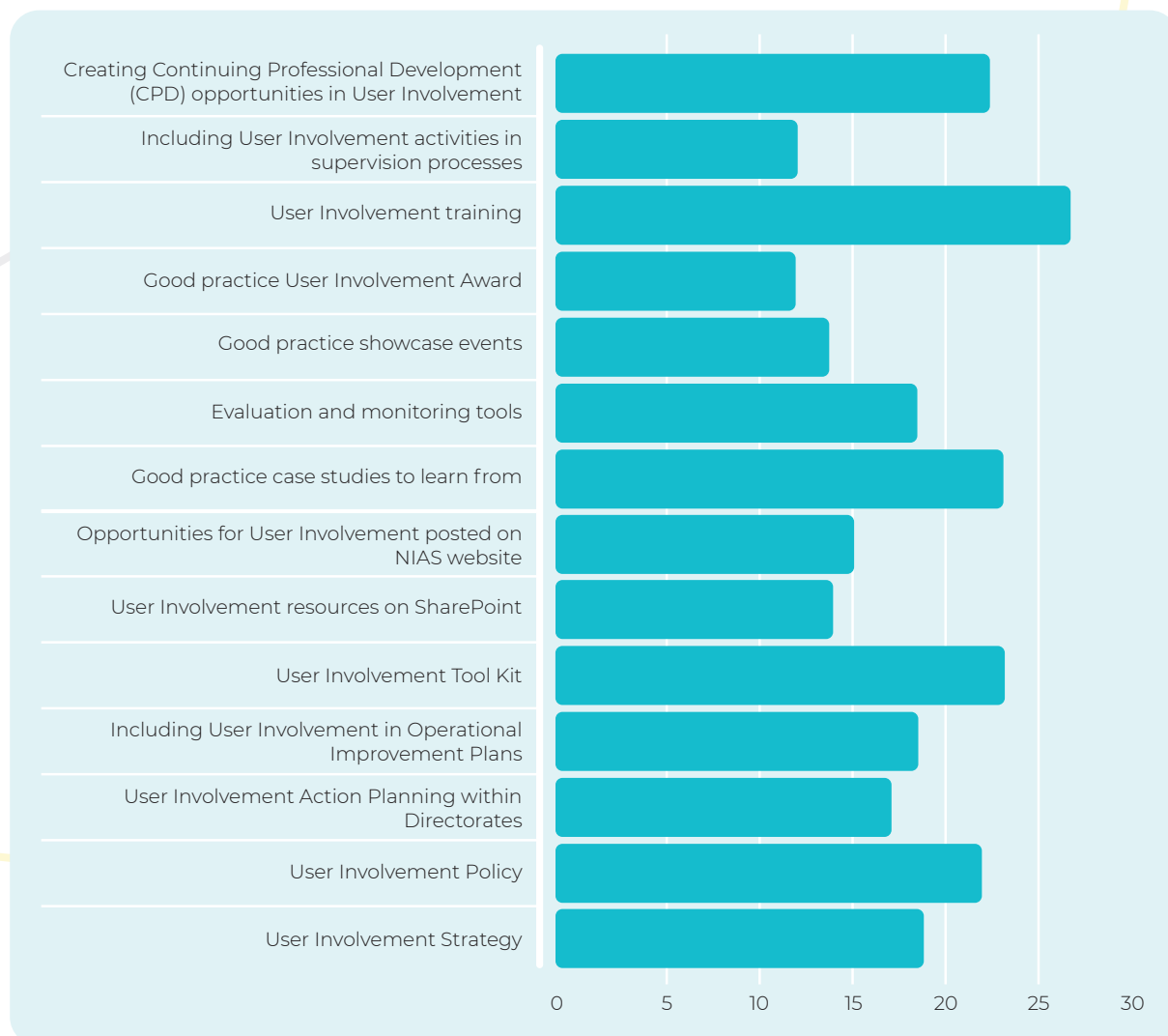
Training is an important element in supporting staff to better understand and become more skilled and confident with User Involvement activities (PCE, PPI, Co-Production). Which of the following types of training do you think would support you?



What do you think are the main barriers that stop you including User Involvement activities (PCE, PPI, Co-Production) in your usual work for NIAS?



What do you think are the most important supports NIAS could provide to staff to get the best outcomes possible from User Involvement activities (PCE, PPI, Co-Production)?



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This strategy aims to create a pathway for how these challenges could be overcome through the actions outlined within its Key Themes:



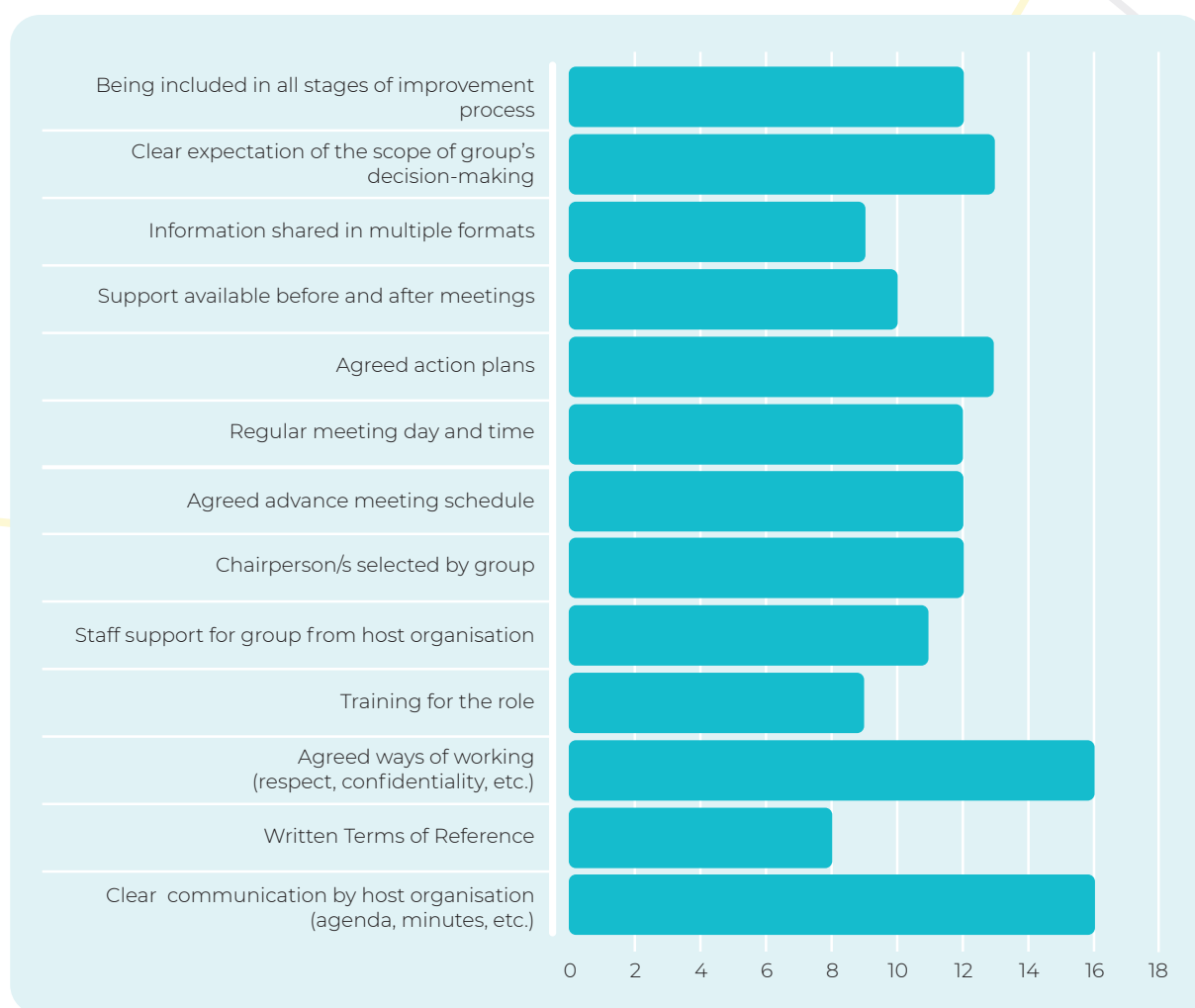
### Overcoming the challenges

- By prioritising and embedding involvement in its corporate planning processes, NIAS can grow its capacity to involve partners appropriately and from the earliest possible stages.
- By strategically identifying corporate priorities for involvement, senior managers can empower their teams to plan the time needed for involvement work and develop the skills and experience to make it a success.
- By embedding involvement within corporate planning, NIAS can build the appropriate supporting structures for staff, within supervision, within learning and development planning, and through recognising good practice.
- By creating a range of flexible training options, individuals and teams can build their skills and confidence to identify and facilitate appropriate involvement opportunities.
- By building appropriate involvement support processes, staff can be guided to shape opportunities and connect with partners, to ensure involvement activities are aligned to outcomes, involve partners meaningfully, and are evidenced and evaluated for impact and organisational learning.

## 5. Service User / Carer Feedback

An online survey, focus groups, and workshops were conducted with the help of community partners. These involved people currently involved in Service User Groups, Strategic Policy Consultation Groups and PPI Research Groups. This input helped NIAS to understand the barriers to, and enablers for, involving partners meaningfully in our work. It also helped us to understand what makes involvement work meaningful for those taking part in these activities.

What supports do you think are important for a group to work effectively?



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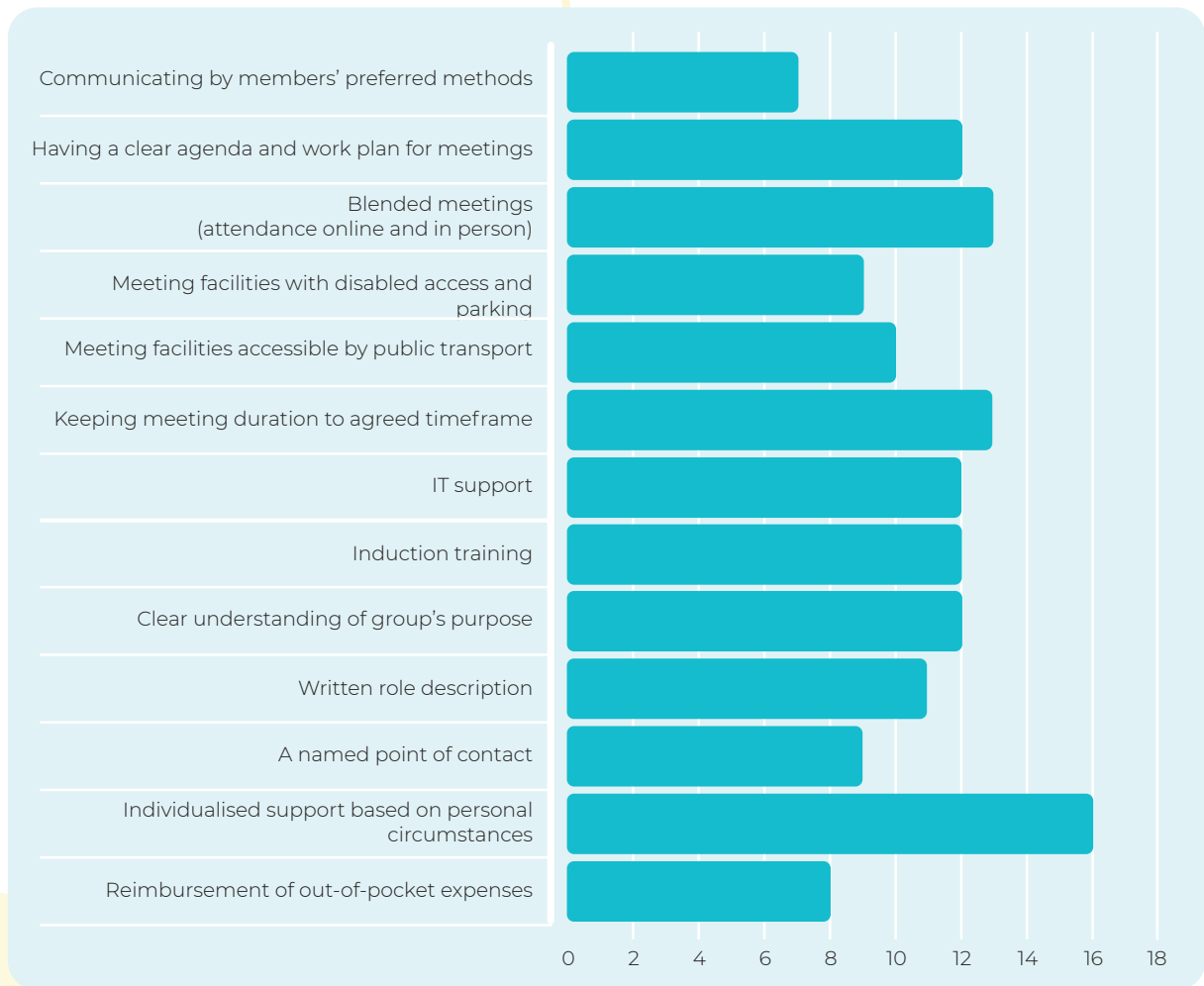


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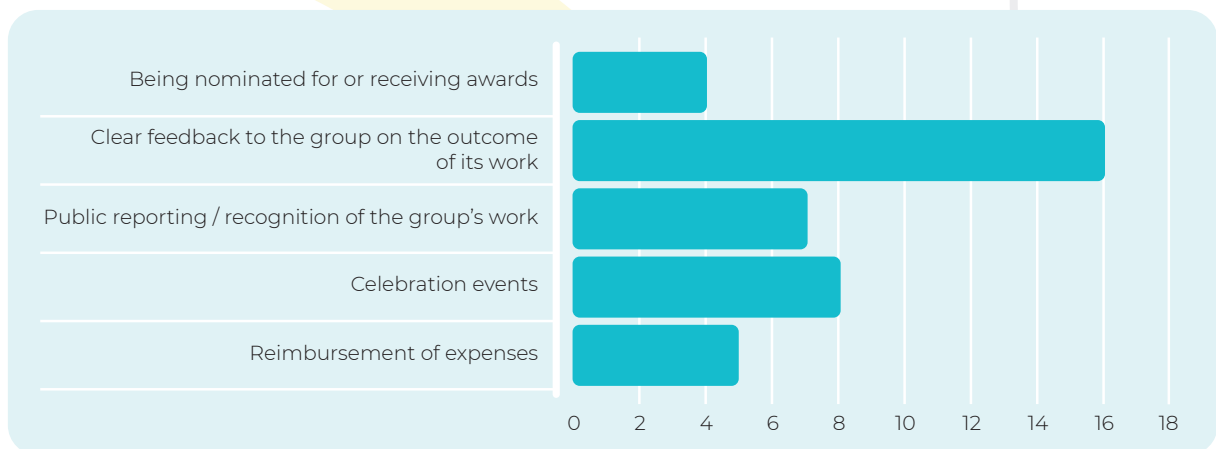


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**What should NIAS consider providing when inviting service users, carers, and members of the community to get involved in service development and improvement groups?**



**What if any recognition is useful or even essential to you?**



## 6. Service User / Carer Comments

Have respect for one another.

The support of senior decision makers is important if groups are to work effectively.

As a deaf person access to information and good communication is vital, but doesn't always happen.

The use of various jargon acronyms can be challenging - others may not understand.

An identified single point of contact for support is important – ideally someone with a professional background.

Some people may have issues accessing affordable transport or have caring roles and online meetings may be more accessible.

I get a sense of having made a difference.

Induction training is really important. People need to know what they are there to do.

Service users and carers are giving up their time – they should not be out of pocket as a result.

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Sufficient notice of meetings and pre meeting information are important.

Governance training, it wasn't exciting, but it was helpful to understanding the committee process.

The main challenge is that user opinion is not available from the outset of projects and it is extremely difficult for the user to have sufficient influence to enable major change at later stages of any project.

You need to address barriers that prevent people from getting involved.

Support should be personalised – based on the needs of participants.

We recently refreshed our Strategic Advisory Group, the first thing we did was revisit and update the Terms of Reference (TOR), this gave everyone a much clearer idea of what the group was there to do and the rules for working together.

This strategy aims to overcome barriers and build supportive structures for involving partners by the actions outlined within its Key Themes:



### Overcoming the barriers

- By creating a Partner Voice Forum, NIAS will have a mechanism through which to engage with partners in the implementation of this strategy and the quality assurance of its resulting activities. The Partner Voice Forum will provide NIAS with the opportunity to engage with partners at the earliest stages of planning and help staff to shape opportunities for meaningful and appropriate involvement activities.
- By creating appropriate support, communication, and reimbursement processes for involvement, NIAS can honour the time, input, and commitment of partners in the improvement of its services and get the best possible impact from investing in this work.
- By honouring lived experience in improvement processes, NIAS can acknowledge that none of us is smarter than all of us when it comes to designing innovative solutions to complex problems within a restricted resource environment.
- By creating a range of involvement opportunities, NIAS can engage with partners at a level that reflects their knowledge, skills, experience, and availability, while creating a pathway to more strategic involvement for those who are interested.
- By involving partners in the planning and evaluation of involvement activities, NIAS can create meaningful opportunities and evidence their outcomes. This learning can support continuous improvement, and it can show partners the impact of their efforts. While partners see helping to improve services as a reward in itself, evidence of success can also be used to cascade learning throughout NIAS and HSC. Highlighting success stories and rewarding great practice can become a motivation and inspiration to staff and partners to get involved.

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## 7. Our Vision for 2026

The influence of partners and staff in the planning, delivery and evaluation of services is evident at all levels of the Trust, staff value lived experience and can confidently facilitate Involvement & Co-production activities.

## 8. Our Mission

To improve the safety and quality of the health care services we provide, by supporting the application of true partnership working across the Trust.

## 9. Our Purpose

This strategy sets out through a range of actions, how we will:

- Use lived experience data both to identify areas of excellence and to drive service improvement.
- Create partnership working opportunities which enable partners and staff to influence decision making and goal setting.
- Empower partners and staff to be involved in designing solutions which enable better outcomes for those who use our services.
- Provide assurance on how the statutory duty to involve is being realised, ensuring our partners are central to all quality assurance processes.
- Measure the improved outcomes for staff and partners and share this learning across the Trust and with relevant stakeholders.

## 10. Our Values

### What does this mean?



#### Working Together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.

### What does this look like in practice

- I work with others and value everyone's contribution.
- I treat people with respect and dignity.
- I work as part of a team looking for opportunities to support and help people in both my own and other teams.
- I actively engage people on issues that affect them.
- I look for feedback and examples of good practice, aiming to improve where possible.



#### Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.

- I put the people I care for and support at the centre of all I do to make a difference.
- I take responsibility for my decisions and actions.
- I commit to best practice and sharing learning, while continually learning and developing.
- I try to improve by asking 'could we do this better?'



#### Openness & Honesty

We are open and honest with each other and act with integrity and candour.

- I am open and honest in order to develop trusting relationships.
- I ask someone to help when needed.
- I speak up if I have concerns.
- I challenge inappropriate or unacceptable behavior and practice.



#### Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

- I am sensitive to the different needs and feelings of others and treat people with kindness.
- I learn from others by listening carefully to them.
- I look after my own health and wellbeing so that I can care and support others.

These values and the behaviours they instil, form the foundations for the culture and ethos for the whole organisation. We recognise that organisations that are committed to PCE, PPI, Partnership working, and Co-production exhibit these values. These actions outlined in this strategy will further embed these values and behaviours into the culture and practice of the Trust.

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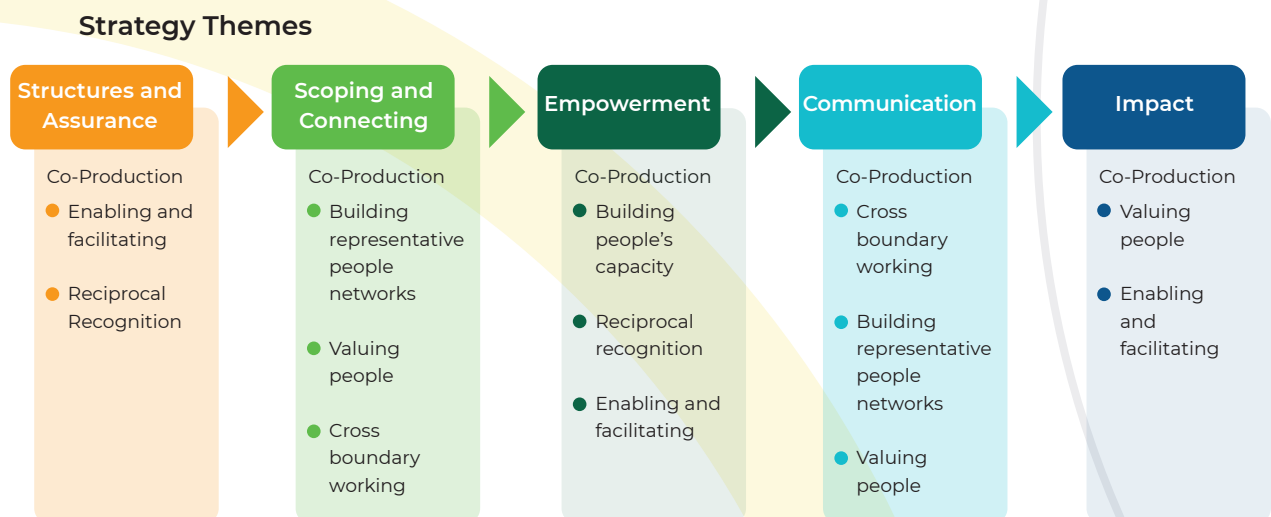
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# 11. Key Themes

This strategy sets out five key themes against which progress will be measured:

- **Structures and Assurance** – We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.
- **Scoping and Connecting** – We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of staff and partners is valued and celebrated.
- **Empowerment** – We will continue to invest in relationships, building the confidence and capacity of staff and partners to lead and facilitate improvements in care and safety outcomes.
- **Communication** – As a learning organisation, we will continue to listen to and share information with those with lived experience of our services to increase understanding and foster greater participation.
- **Impact** – We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services, and the improved outcomes for staff and partners.

These key themes tie directly with the DoH's 'Co-production principles' as outlined in the table below:



## Key Theme 1: Structures and Assurance

We will create processes and structures to further embed PCE, PPI, Partnership Working and Co-production into the culture and practice of the Trust.



### We will achieve this by:

- Developing comprehensive and cohesive governance and reporting arrangements for PCE, PPI, Partnership working and Co-Production, agreed at executive level and communicated throughout the organisation and with relevant stakeholders.
- Developing policies and procedures to provide guidance on the appropriate involvement of partners and staff.
- Ensuring that there is a leadership structure throughout the Trust with each directorate having a named senior adviser for PCE, PPI, Partnership working and Co-Production.
- Supporting directorates and strategy work-streams develop, implement and report on annual PCE, PPI, Partnership working and Co-Production plans, as an integral part of the corporate planning process.
- Establishing a Partner Voice Forum to guide the implementation of this strategy and to quality assure all resulting activity.
- Developing a business partnership model between the Trust Co-production team and directorates and strategy work-streams, to ensure that there is appropriate support in place.



### We will measure our progress by:

- Having in place comprehensive and cohesive governance and reporting arrangements for PCE, PPI, Partnership working and Co-Production.
- Having in place policies and procedures to provide guidance on the appropriate involvement of partners and staff.
- Having a named senior adviser for PCE, PPI, Partnership working and Co-Production within each directorate with an associated role description outlining key responsibilities in relation to promoting best practice approaches and the monitoring and evaluation of activity.
- The production of annual PCE, PPI, Partnership working and Co-Production plans for each directorate and strategy work-streams.
- The submission of bi-annual progress reports on annual PCE, PPI, Partnership working and Co-Production plans from each directorate and strategy work-streams.
- Having in place a Partner Voice Forum with agreed Terms of Reference and a plan of work to drive the implementation of this strategy.

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## Key Theme 2: Scoping and Connecting

We will adopt a systematic and continuous approach to identifying and developing partnership working opportunities that are balanced, accessible and meaningful, and where the experience and contribution of staff and partners is valued and celebrated.



### We will achieve this by:

- Supporting directorates and strategy work-streams identify and develop opportunities for staff and partners to influence service delivery and transformation.
- Developing a register of existing and future partnership working opportunities, which is accessible to the public.
- Collaborating with key organisations, networks and partnerships across the public, community, and voluntary sectors to increase awareness of existing and future partnership working opportunities.
- Supporting directorates and strategy work-streams identify, recruit and induct partners, who reflect the diversity of the communities we serve.
- Ensuring that partners are appropriately reimbursed for any out-of-pocket expenses as set out in Regional Reimbursement Guidance and where appropriate, remunerating them for their contribution, where this is deemed to fall within the qualifying scope, scale and nature of the eligibility criteria, as defined in agreed Regional Remuneration Guidance, when finalised and adopted.
- Valuing and celebrating the lived experience and contribution of staff and partners by providing feedback on the improvements they have influenced and by hosting annual recognition events and awards.





### We will measure our progress by:

- Increasing the number of Partnership working opportunities identified and developed by 10% year on year, across the lifetime of this strategy, broken down across directorates and strategy work-streams.
- Having in place a register of existing and future partnership working opportunities, with these being promoted on our website NIAS | NIAS (hscni.net) and Engage Personal & Public Involvement (PPI) – Involving You, Improving Care (hscni.net) and via the Patient Client Council.
- Having in place a stakeholder map of key organisations, networks and partnerships across the public, community and voluntary sectors with bi-annual updates being issued to increase awareness of existing and future partnership working opportunities.
- Increasing the number of partners identified, recruited and inducted by 10% year on year, across the lifetime of this strategy, broken down across directorates and strategy work-streams.
- Increasing the number of partners being reimbursed for out-of-pocket expenses by 10% year on year, across the lifetime of this strategy.
- Evaluating annual recognition events and awards.
- Hosting annual reviews with partners to capture their experiences of supporting directorates and strategy work-streams, and to provide structured feedback on the improvements they have influenced.

### Building Representative People Networks

A core principle of co-production is to move towards balanced meaningful participation engagement and shared ownership. It is about developing effective collaborative partnerships in order to co-design and co-deliver services. It is dependent on developing representative and sustainable networks, with people from all sectors including those who have been marginalised and are hard to reach. The **principle of representative** means that co-design and co-delivery groups should reflect a balance of people who use services, staff who provide services and as appropriate other external partners. This requires detailed stakeholder mapping using the **'ARE IN'** principles.

- > **Authority:** People with the ability to act to influence change and enable it to happen when a solution has been developed by the group.
- > **Resources:** People who know what we have capacity to do/not do (e.g. finance / HR / access / influence).
- > **Expertise:** In the topic (social, economic, technical, professional etc.)
- > **Information:** That others need (data etc)
- > **Need:** Service users, carers, staff and others who will be affected by the outcome.

Mapping stakeholders in this way will help strengthen existing networks; enable the development of new networks; and to bridge networks where gaps exist. It also creates a real opportunity to maximise social capital through the development of peer led / community networks.

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## Key Theme 3: Empowerment

We will continue to invest in relationships, building the confidence and capacity of staff and partners to lead and facilitate improvements in care and safety outcomes.



### We will achieve this by:

- Providing partners with role descriptions, inductions, ongoing support, access to relevant resources and by agreeing Terms of Reference (TOR) at the outset, to ensure clarity of purpose and scope.
- Developing a detailed understanding of staff and partner's knowledge and skills and collaborating with colleagues in Quality and Service Improvement and across HSC to develop and deliver education and training programmes in response.
- Creating space to bring together different and representative perspectives in order to develop innovative solutions which improve outcomes for people, their families and communities.
- Creating an involvement pathway to develop the knowledge, skills and experiences of partners, thus enabling their participation in strategic and regional initiatives and forums.
- Ensuring PCE, PPI, Partnership working and Co-production responsibilities form part of the induction programme for all new staff and are a standardised part of team meetings and staff supervision and appraisals.
- Ensuring partners are central to the design and delivery of PCE, PPI, Partnership working and Co-Production education and training programmes.

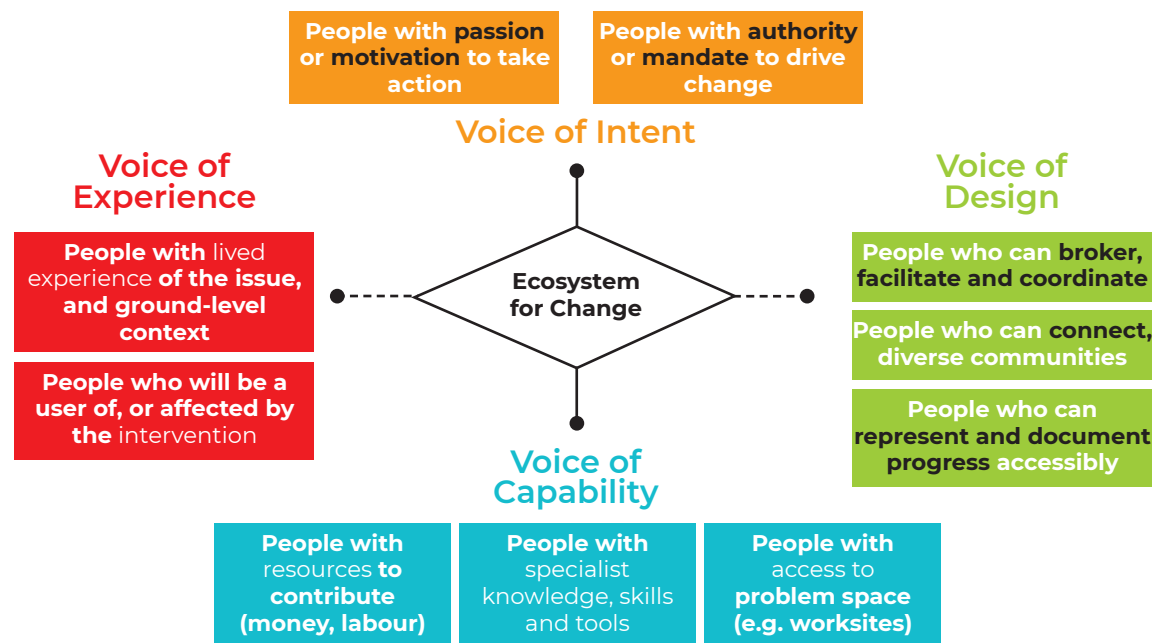




### We will measure our progress by:

- Developing a programme of induction and ongoing support for partners which is evaluated and tailored accordingly following annual reviews.
- Increasing the number of partners completing PCE, PPI, Partnership working and Co-Production education and training programmes by 10% year on year, across the lifetime of this strategy.
- Increasing the number of staff, from all professions and grades, completing e-learning or in-house PCE, PPI, Partnership working and Co-Production education and training programmes by 10% year on year, across the lifetime of this strategy.
- Increasing the number of existing and newly established internal fora where different and representative perspectives are brought together to develop innovative solutions which improve outcomes for people, their families, and communities.
- The number of partners progressing along the involvement pathway into strategic and regional initiatives and forums.
- Having PCE, PPI, Partnership working and Co-production responsibilities as part of the induction programme for all new staff and as a standardised part of team meetings and staff supervision and appraisals.
- Having PCE, PPI, Partnership working, and Co-Production education and training programmes co-produced with partners.

## Who do we need to bring together to create viable



How do we connect people who want to do something, with people who can help them do it, while staying grounded in real-world need and context to ensure it works?

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## Key Theme 4: Communication

As a learning organisation, we will continue to actively listen to and share information with those with lived experience of our services to increase understanding and foster greater participation.



### We will achieve this by:

- Developing and delivering outreach initiatives to source feedback, ensuring that lived experience both drives new developments and makes care more patient centred.
- Developing opportunities for staff and partners to share their story directly with leaders and decision makers across the organisation, either digitally or face-to-face.
- Reviewing our consultation practices, both digitally and in the real-world environments, to ensure that there are adequate opportunities to influence.
- Implementing a structured, timely, and inclusive approach to communications.
- Developing an annual digital media communications plan in collaboration with the internal Communications team.
- Ensuring collation and presentation of appropriate evidence and information necessary for a range of internal and external reports, including reports to the Senior Management Team (SMT), Safety, Quality, Patient Experience and Performance Committee (SQEP) and Public Health Agency (PHA).





### We will measure our progress by:

- Hosting five outreach initiatives per year to source feedback from those with lived experience of our services.
- Increasing the number of NIAS specific Care Opinion stories by 10% year on year, across the lifetime of this strategy.
- Conducting one 10,000 More Voices Survey every two years to source feedback from those with lived experience of our services.
- Facilitating one opportunity per year for staff and partners to share their story directly with leaders and decision makers across the organisation, either digitally or face-to-face.
- Co-producing an annual PCE, PPI, Partnership working, and Co-Production report in collaboration with the Partner Voice Forum.
- Ensuring that Consultations undertaken, meet recognised best practice standards as set out in the Involvement and Consultation Scheme Commitment.
- Analysing visitor traffic to both the 'Involving You' section of NIAS' website and the Co-production section of Share-point.
- Producing two Experience and Involvement Newsletters each year, which capture stories of success and awards to reflect achievement.
- Increasing the number of key organisations, networks and partnerships across the public, community and voluntary sectors promoting partnership working opportunities in their Newsletters and E-zines by 10% year on year, across the lifetime of this strategy.
- Agreeing an annual digital media communications plan with the internal Communications team.
- Submitting regular progress reports to SMT, SQEP and the PHA.

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## Key Theme 5: Impact

We will demonstrate clearly, and evidence the effectiveness and impact of partnership working on NIAS services and the improved outcomes for staff and partners



### We will achieve this by:

- Establishing a baseline of current PCE, PPI, Partnership working and Co-production activity across the trust, by implementing the PHA's monitoring arrangements.
- Ensuring that robust and best practice evaluation processes and methodologies are embedded in each PCE, PPI, Partnership working and Co-Production activity, ensuring that evaluations are reviewed as part of project plans and that there is regular reporting of impact to SMT, Trust Board and the PHA.
- Evidencing and recording service user / carer involvement in the monitoring and evaluation of PPI activity.
- Equally valuing qualitative feedback and quantitative evidence.
- Developing impact flyers to capture best practice and innovative approaches to PCE, PPI, Partnership working and Co-Production and sharing this learning across the Trust and with stakeholders.
- Embracing a standardised evidence collection methodology for PCE, PPI, Partnership working and Co-Production.



### We will measure our progress by:

- The production of bi-annual progress reports on annual PCE, PPI, Partnership working and Co-production plans for each directorate and work – stream.
- The use of our impact framework and tools across directorates and works-streams, recording how they have developed and their PCE, PPI, Partnership working and Co-production approaches to improve service outcomes.
- Surveying staff and partners on the impact of their PCE, PPI, Partnership working and Co-production support provided on their work and personal development.

# Appendix 1

## The Ladder of Involvement

The ladder of involvement is a widely used model with healthcare and other sectors for describing the range of service user and carer involvement. It comprises a wide range of activities that includes

giving feedback on services, sharing stories and experiences, involvement in focus groups and consultations, and working as equals on strategy groups.

Different levels of involvement are appropriate at different times and in different circumstances. Service users and carers should be involved at a level that is most appropriate for them.

Level of Involvement	What this means	Examples
<b>Co-producing</b>	Involving Service users, carers, communities and staff in equal partnership and involving them at the earliest stages of service design, development and evaluation	Strategy Groups; Steering groups; Service User Consultants
<b>Co-designing</b>	Sharing decision making with Service users, Carers, Communities and Staff and working in partnership to improve experience	Citizens panels; Task and Finish groups
<b>Engaging</b>	Service users, Carers, Communities and Staff can make suggestions and influence outcomes	Partnership boards; reference groups; service users on policy groups; service user forums
<b>Consulting</b>	Service users, Carers, Communities and Staff are asked what they think about pre - determined plans, but have limited opportunities to influence	Surveys; Focus Groups; 1-1 interviews
<b>Educating</b>	Service users, Carers, Communities and Staff are told what is happening and the reasons for this	Information leaflets; Promotional materials; Presentations
<b>Informing</b>	Service users, Carers, Communities and Staff are told what is happening but have no influence	Websites; Newsletters; Press releases

*Adapted from Arnstein's Ladder of Participation (S. Arnstein, 1969)*

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# Appendix 2

## Involvement Impact Template

Linking to the Ladder of Involvement and, in recognition of Co-production being a mind-set, capturing the journey to meaningful involvement is essential if we are to demonstrate positive change across the organisation.

We want to enable and facilitate staff, service users and carers to plan projects and capture the impact of their work. Teams can use this template to consider and capture the anticipated impact of

their involvement work. It uses the Theory of Change model as a practical framework to apply in thinking about, planning for and capturing outcomes.

Plan sections	What is recorded
<b>Strategic Outcomes</b>	Impact from the work relevant to: <ul style="list-style-type: none"> <li>● Trust Corporate Plan</li> <li>● Five key themes for involvement</li> </ul>
<b>Service / Project Outcomes</b>	<b>The difference the work has made for service users, carers, communities and staff</b> e.g. Changes made to service pathways as a result of this work have resulted in.....
<b>Outputs</b>	<b>What is produced from the project</b> e.g. We have a new service pathway and 40 staff are now trained in our new processes and policies.
<b>Activities</b>	<b>What the work was about and how the team worked</b> e.g. We created with service users, carers and community partners a collaborative forum. The forum developed our project plan and decided the outcomes we wanted to achieve. Staff with service users also co-designed and co-delivered a training programme for staff.
<b>Enablers</b> (internal and external factors)	<b>What the work depends on to be successful</b> e.g. willingness of service users and carers to work with the team and the openness of senior managers to change our existing pathway.
<b>Inputs</b>	<b>What was used to support the work</b> e.g. Guidance and training from the Co-production team and a best practice visit to another local project.
<b>Evidence</b>	<b>Why the work happened – what information supported this</b> e.g. Patient experience feedback.
<b>Assumptions</b>	<b>The team check and question assumptions about their work across all of the above project levels</b> e.g. If we do X here, that will lead to Y result



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## Involvement & Co-production Strategy 2023 - 2026: Working with our partners





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