



Partnership and Engagement

Involving you, improving care

Northern Ireland Ambulance Service (NIAS) Personal and Public Involvement (PPI) Monitoring Report April 2024 - March 2025

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Content

HSC Trust PPI Monitoring Reference:	Page Number
PPI, Co-Production & Partnership Working	1
Continuous Development of PPI Monitoring Arrangements	2-3
Oversight of the Implementation of PPI and Management of Monitoring	3
Partnership Approach	3-4
Trust Monitoring Returns 2024/2025	4
Standard 1 – Leadership Recommendations & Comments	5-6
Standard 2 – Governance Recommendations & Comments	7-8
Standard 3 – Opportunities and Support for Involvement Recommendations & Comments	9-10
Standard 4 – Knowledge and Skills Recommendations & Comments	11
Standard 5 – Measuring Outcomes Recommendations & Comments	12
Trust Involvement Activity Data & Training Submission April 2024 – March 2025	13-22
Trust Involvement Human Library June 2025	23-36
Next Steps, Conclusion & Trust Priority Involvement Recommendations	37-39

PPI, Co-Production & Partnership Working

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 the Patient Client Council, Service Users, 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 (DoH) 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

Involvement Monitoring mechanisms and arrangements were developed and introduced in 2015/16. There were co-produced-Produced with members of the Regional HSC PPI Forum, including Service Users and Carers. A more streamlined Involvement monitoring process was developed and introduced in April 2022, which brought about regionally consistent approach to Involvement data collection. This approach was endorsed by the DoH and is now in its third full year of operation.

The PPI monitoring arrangements utilise 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. Recognising the need to factor in a qualitative component to the assessment and understanding of Involvement, the PHA worked with HSC partners. Service Users and Carers to develop a complementary mechanism aimed at capturing that vital qualitative element. As a result, the Involvement Human Library methodology was designed and is now in its second year of operation. The Involvement Human Library is a safe space for Service Users, Carers and Staff to share their lived experience of their Involvement, how they personally found it, the challenges, benefits and impacts. It is a chance to bring to life the work that might not otherwise be captured through a solely quantitative analysis. It provides the opportunity to present a more rounded, holistic perspective and understanding of the Involvement work going on within a Trust.

The above is further supported by a signed PPI Assurance statement bi-annually from the HSC Trust PPI leadership to confirm that the data, returns and information being submitted to the PHA has been checked, verified and is not a duplicate from a previous reporting period.

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 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 undertakes an evaluation of the returns, including comments and with input from Service Users and Carers makes recommendations to embed best practice into the Trusts. These reports are taken through internal PHA governance/reporting arrangements, before submitting to the DoH for their consideration as part of the wider system of accountability with HSC Trusts.

Partnership Approach

The HSC system is continually faced with ever-growing set of demands and expectations, whilst working within a series of constraints including severe financial pressures. The Trust PPI Leadership and PPI Team have been successful in continuing to press for Involvement, Co-Production and Partnership working in relation to Service Development/Change/Delivery and evaluation across their organisation's strategic plans and culture.

In addition, it is acknowledged and appreciated that the Trust have worked collaboratively with the PHA, DoH, HSC partners, Service Users and Carers in the updating of regional Involvement Human Library model.

Moving forward, the aim is to maintain and build on this collaborative and partnership-based approach. Cognisance will also be taken of the potential synergies and efficiencies that might be possible as PPI and PCE integrate further in 2025/2026, whilst respecting the integrity of each area. The Strategic Approach to Public Engagement, led by DoH, will also be an important consideration in this area. We need to ensure that all such developments contribute to learning, improvements for systems, organisations, Staff, Service Users & Carers.

NIAS Monitoring Returns 2024/2025

The following sections of the report draws out the findings from four distinct areas,

- 1- HSC PPI Standards Self-Assessment,
- 2- Involvement Activity Data,
- 3- Involvement Training Data
- 4- Involvement Human Library.

Taken together, this provides insights into Involvement within the Trust and a sense of the difference it can make for Services, Staff, Services Users and Carers. NIAS Involvement Monitoring returns for April 2024 to March 2025 included,

- An HSC PPI 5 Standards self-assessment report,
- 2 Involvement activity data sets,
- 2 Involvement training data sets,
- 2 signed HSC Involvement monitoring Assurance Statements,
- 1 Involvement Human Library, with 4 identified Involvement projects.

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:

- Lynne Charlton is Lead Director for PPI
- Philip Graham is Non-executive PPI Lead
- Neil Gillan is PPI Operational Lead
- Maggie Hamilton is the Experience and Involvement Facilitator
- Role descriptions for Directorate Advisers / Champions drafted. Proposed roll out in Quarter 2 2025 – 2026.



Role Description
(PPI) Adviser - V2.pdf

- Resources, materials and other documents appropriate to the Involvement section of the homepage continue to be forwarded to Communications team. [Personal and Public Involvement \(PPI\) | NIAS](#)

Recommendations and comments:**Comments:**

1.1 It is noted that Trust has a clear PPI Leadership structure and arrangements in place. It is recognised and welcomed that the Trust have made positive developments and progress in implementing the PPI recommendations for this area from 23/24 monitoring report. In particular the development of the “Involve You” Section on the Trust homepage.

Recommendations:

1.1 Consideration should be given to uploading the HSC Service User and Carer reimbursement guidance and associated forms onto the “Involve You” section.

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:

- 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 Care Opinion provided to Trust board.
- Care Opinion updates provided to Trust SMT on a weekly basis.
- Involvement and Co-production Strategy 2023 – 2026 ‘Working with our Partners’ launched during Co-production Week (July 2023).



NIAS INVOLVEMENT
& CO-PRODUCTION

- PPI Action Plan / Implementation Plan in place.
- PPI update included in NIAS’ Annual Report and the Annual Quality Report.
- NIAS regularly review arrangements for service user / carer involvement at a strategic level and intend to recruit 2 service user / carer representatives for its overarching strategy development group. To be actioned.

Recommendations and comments:

Comments:

2.1 It is recognised that the Trust has in place a Corporate and Governance structure to further embed Involvement within its organisation.

Recommendations:

2.1 The Trust should continue to progress the recruitment of 2 Service User/Carer representatives for its overarching strategy development group.

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:

- A register of current and future opportunities has been maintained.
- Current opportunities are promoted via the Engage website and the PCC.
- [Northern Ireland Ambulance Service Archives - Engage](#)
- Expression of Interest packs (including role descriptions and an outline of support on offer) have been developed.
- Induction pack template for Service Users and Carers completed: (NIAS Strategy – Caring today, planning for tomorrow; NIAS Involvement and Co-production Strategy – Working with our Partners; Co-production Guide – Connecting and realising value through people; PPI Standards leaflet; Welcome Booklet; Service User / Carer Checklist; Good meeting etiquette guide; Zoom guidance; Reimbursement guidelines; Travel claims forms; Role Descriptions; & Equality Monitoring Form)
- Induction training Programme, including PCE / PPI Awareness Raising presentation completed.
- Named points of contact are identified for all involvement activities.
- Feedback is standard practice.
- From 1 April 2024 to 31 March 2025 – 2,648 service users, carers and members of the public have either proactively engaged with NIAS or informed the planning, delivery, and evaluation of our services.
- NIAS continues to build upon its internal and external mechanisms, to promote Involvement and undertakes regular reviews of its current promotion/ engagement arrangements, to assure itself that it is reaching its wide and diverse population, addressing any potential communication, engagement or feedback barriers.
- Where significant service change / development is envisaged, NIAS utilises the regionally developed “Involvement Level Screening & Support” tool to guide Involvement work.

Recommendations and comments:**Comments:**

3.1 It is recognised and welcomed that the Trust have made some positive developments and progress for this area in implementing the PPI recommendations from 23/24 monitoring report. In particular to internal and external mechanisms, to promote Involvement and undertake a review/sense check of its current promotion/ engagement arrangements, to assure itself that they are reaching its wide and diverse population, addressing any potential communication, engagement or feedback barriers.

Recommendations:

3.1 The Trust has self-reported that 2,648 Service Users, Carers and members of the public have either proactively engaged with NIAS or informed the planning, delivery, and evaluation of our services, this is a welcomed development and should be commended.

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:

- PCE / PPI awareness raising was included in the staff induction process for newly qualified Paramedics and newly recruited Ambulance Care Attendants. 91 members of staff completed PCE / PPI awareness raising at their induction in 2024 – 2025.
- Engage and Involve (E-learning) is also promoted at Staff Induction. From 1 April 2024 to 31 March 2025, 563 members of staff have completed mandatory PPI e-learning.
- Members of the Partner Voice Forum are supporting a task and finish group to inform the current PCE / PPI awareness raising programme.
- NIAS continues to support the PHA PPI team to collectively develop a standardised regional Involvement training programme.
- NIAS continues to progress the discussion to proactively support PPI in staff appraisal processes.
- PPI is included as a key responsibility in Trust job descriptions.
- A training needs analysis will be completed by members of the Partner Voice Forum during 2025 - 2026.

Recommendations and comments:

Comments:

4.1 The Trust has self-reported that PPI is included as a key responsibility in Trust job descriptions, this is a welcomed development.

Recommendations:

4.1 The Trust should consider reviewing and sense checking that the emotional and mental health support mechanism and system they have in place are serving the needs of Service Users and Carers during and after their Involvement contributions.

Standard 5 – Measuring outcomes

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

Key Performance Indicators:

- Service user/carer 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:

- The Partner Voice Forum continues to support the monitoring and evaluation of PPI Activity.
- 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.
- The Experience and involvement team continue to embed the regional Involvement Monitoring tool across directorates and divisions.
- Resources, materials, and other documents appropriate to the Involvement section of the homepage continue to be forwarded to Communications team.

Recommendations and comments:

Comments:

5.1 It is recognised and welcomed that the Trust have made some positive developments and progress for this area in implementing the PPI recommendations from 23/24 monitoring report. In particular to ensuring that the regional Involvement Monitoring tool is fully embedded across its directorates and divisions and that staff are aware of the need to complete this at the end of each involvement activity.

Recommendations:

5.1 The Trust should consider uploading the previous 22/23 & 23/24 PHA Involvement monitoring reports onto it “Involve You” section on its homepage.

NIAS Involvement Activity Data Submission April 24 – March 2025

NIAS have been and continue to be a key partner in the development and embedding of a regional and standardised data collection template for Involvement activity across the HSC system. They have submitted returns on both reporting periods (April 2024 – September 2024 and October 2024 – March 2025). The graphics below reflect 6 reported Involvement activity data areas that include, (the remaining 10 data areas are collated in a summary report that accompany the main Involvement monitoring report 24/25).

- 1- Over all Involvement Activity 24/25
- 2- Involvement per Trust Directorate 24/25
- 3- Involvement per Level(s) of Involvement 24/25
- 4- Involvement per Area(s) of Involvement 24/25
- 5- Number of Service Users, Carers, Staff and Public Involvement per Levels of Involvement
- 6- Trust Involvement outcomes 24/25

Figure 1. How many Involvement activities have the NIAS started and completed from April 2024 – March 2025?

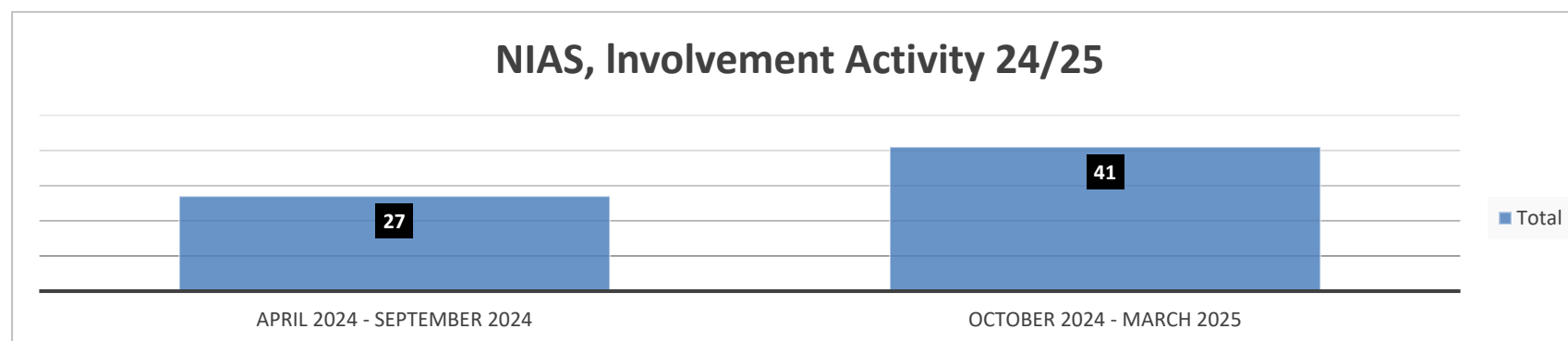


Figure 1 demonstrates the total number of started and completed Involvement activities have taken place from April 2024 to March 2025. From April 2024 to September 2024 there were 27 Involvement activities reported and from October 2024 to March 2025 there were 41, giving a total of 68 Involvement activities reported.

Figure 2. Involvement activity across NIAS Directorates from April 2024 – March 2025.

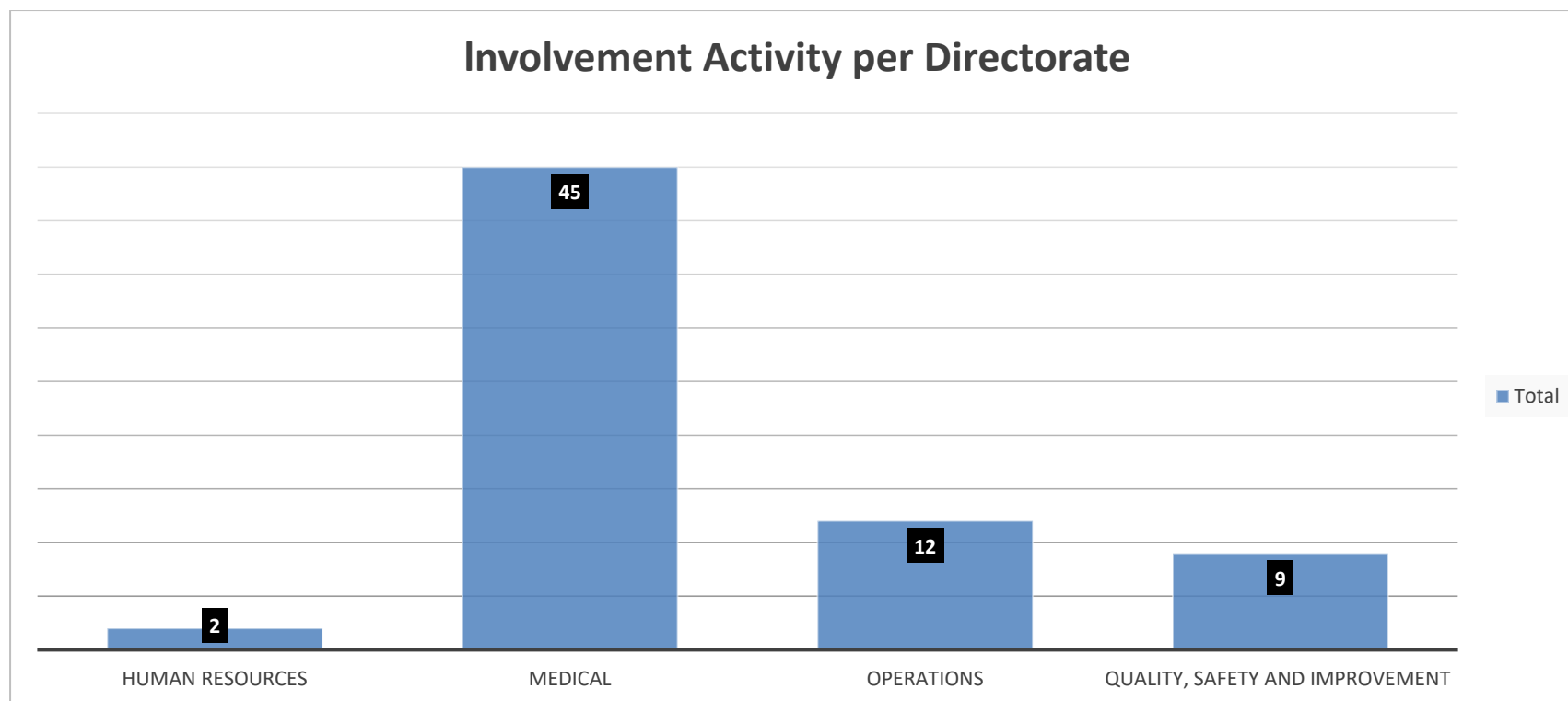


Figure 2, demonstrates the breakdown in Involvement activity across NIAS Directorates from April 2024 to March 2025. NIAS have evidenced a spread of Involvement activity across its Directorates with the majority of Involvement activity taking place in Medical and Operations.

Figure 3, NIAS Involvement Activity per Areas of Involvement April 2024 to March 2025.

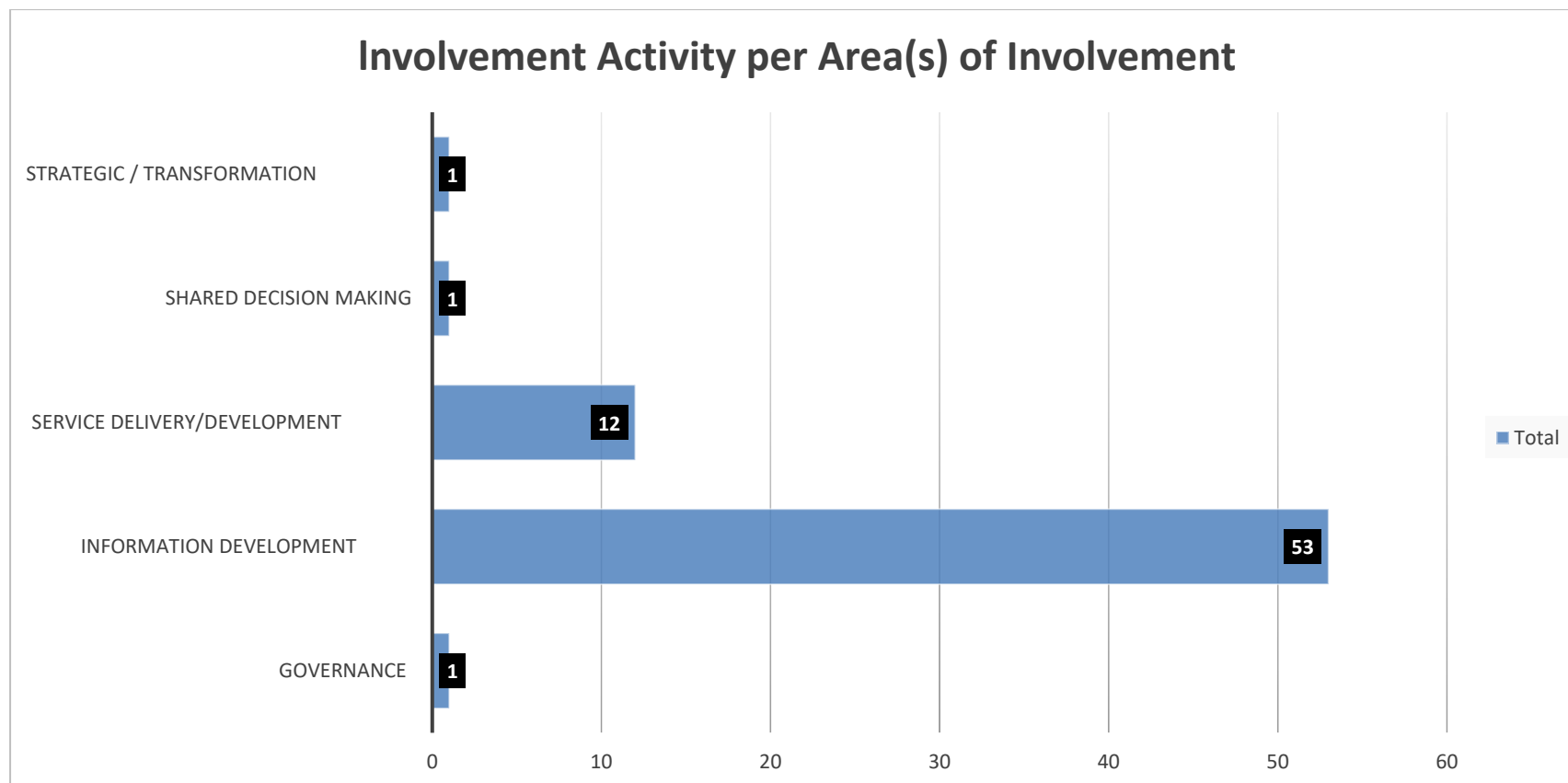


Figure 3, demonstrates the breakdown of Involvement activity per area of Involvement across NIAS. The majority of Involvement activity has taken place in Service Delivery & Development and Information Development.

Figure 4, NIAS Involvement Activity per Levels of Involvement April 2024 to March 2025.

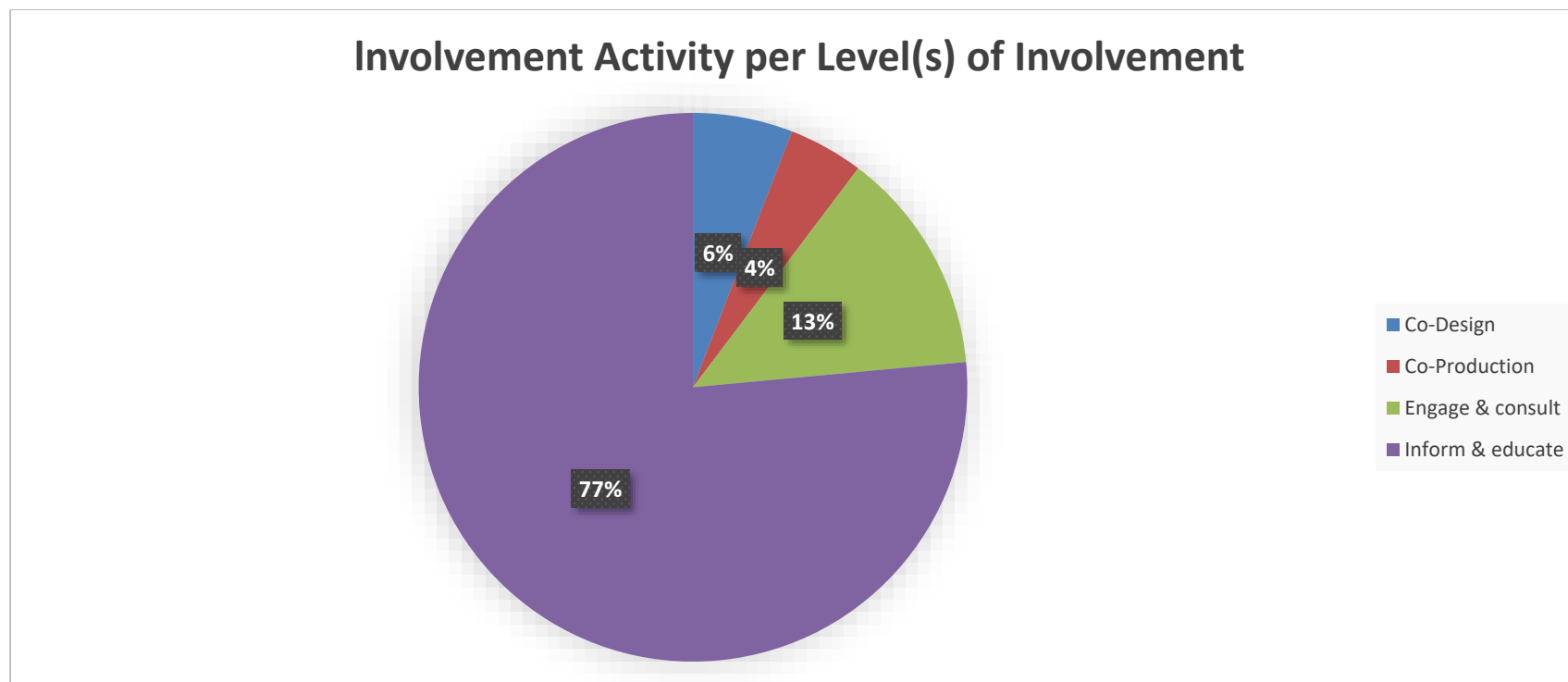


Figure 4, demonstrates the Involvement activity per level of Involvement across NIAS from April 2024 to March 2025. The majority of Involvement activity fell into inform & educate (52). NIAS continues to have a spread of Involvement related activities across the remaining levels of Involvement.

Comments,

Where possible NIAS should maximise opportunities to push Involvement as high up the Involvement ladder as appropriate and possible.

Figure 5, NIAS Service Users, Carers, Staff and Public Involvement per Levels of Involvement.

Level(s) Of Involvement	Count of Level(s)	Sum of Public	Sum of Carers	Sum of service users	Sum of Staff	Totals
Co-Design	4	33	5	11	9	58
Co-Production	3	1	2	6	7	16
Engage & consult	9	6	7	120	149	282
Inform & educate	52	2427	0	10	120	2557
Grand Total	68	2467	14	147	285	2913

Figure 5, demonstrates the breakdown per Service Users, Carers, Staff and Public across the different levels of Involvement in NIAS. From the data supplied it is evident that the level of Involvement for Service Users and Carers is focused on Inform & Educate.

Comments,

The Trust should reflect on the breakdown of Involvement participants, to assure itself, that the appropriate numbers and levels of engagement are being facilitated across the various categories.

Figure 6, NIAS Involvement Outcomes April 2024 – March 2025.

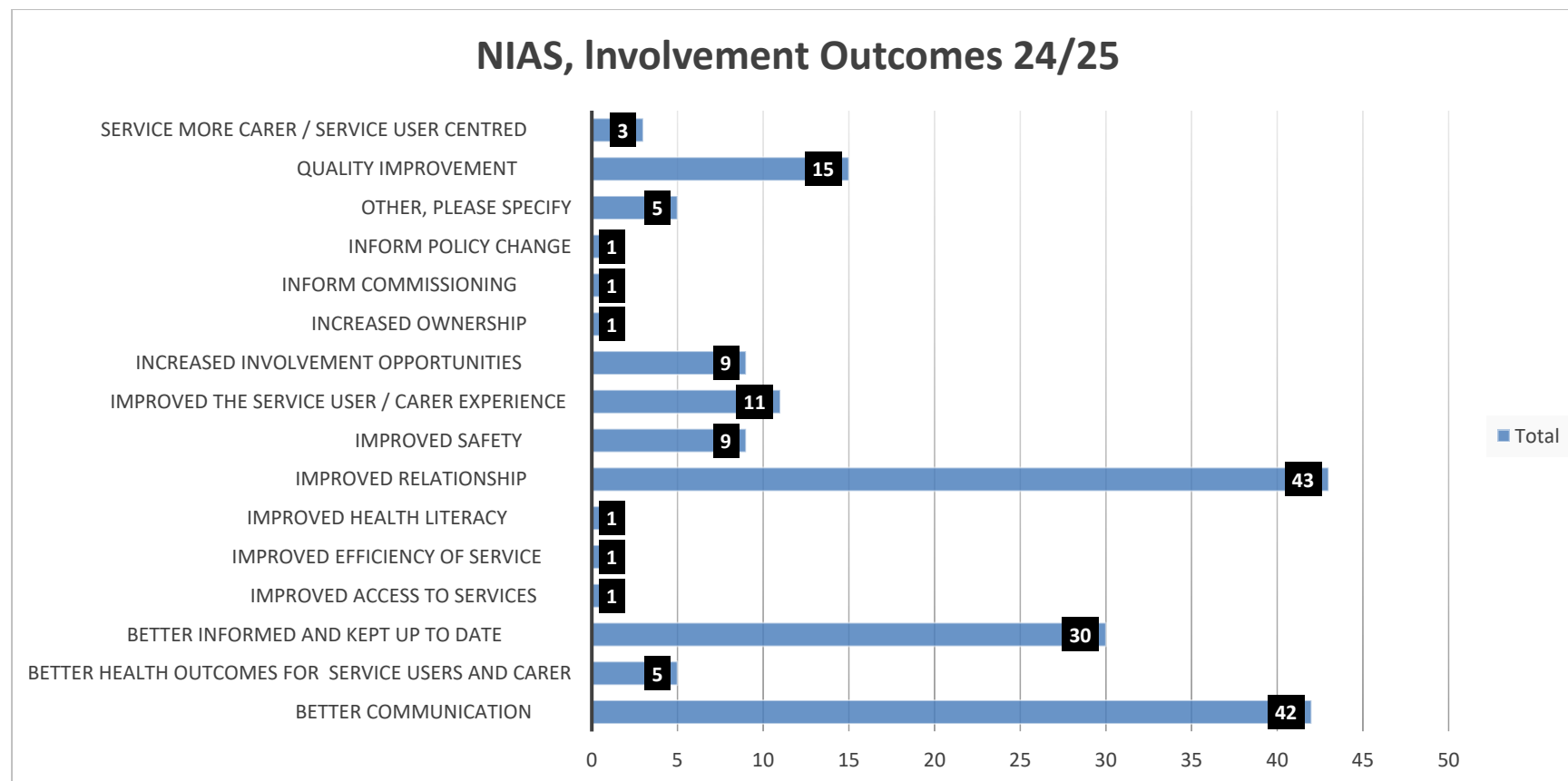


Figure 6, demonstrates the wide range of Involvement outcomes and impact that the Involvement activities has made across NIAS from April 2024 to March 2025.

NIAS Involvement Training Data Submission April 2024 – March 2025

Figure 7, NIAS Involvement training from April 2024 to March 2025.

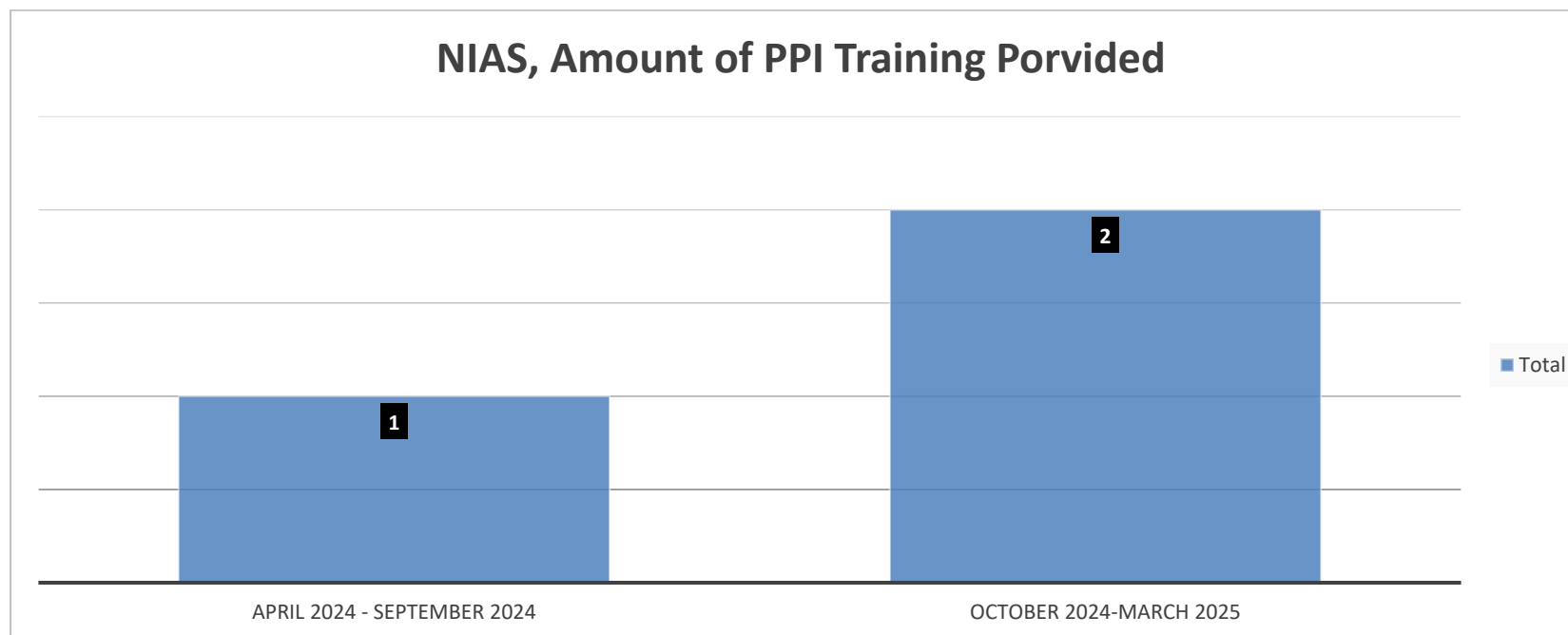


Figure 7, demonstrates the number of training sessions that the NIAS PPI Team has delivered from April 2024 to March 2025 (3).

Comments,

The NIAS should continue to build upon the amount of Involvement related training sessions it provides across the Trust Directorates and Divisions as appropriate to need.

Figure 8, NIAS Types of Involvement training provided from April 2024 to March 2025.

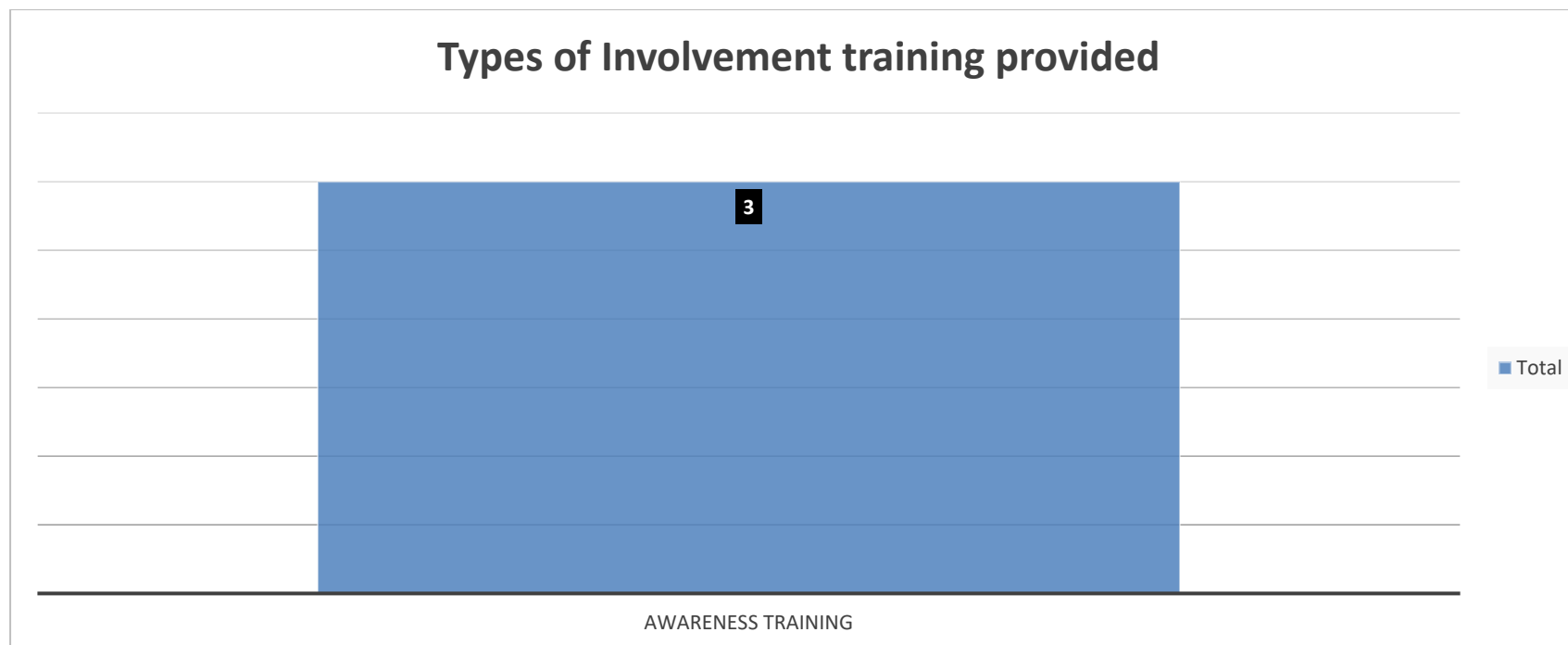


Figure 8, demonstrates the types of training that the NIAS PPI Team provides.

Figure 9, NIAS Duration of Involvement training from April 2024 – March 2025.

- The variation in NIAS Involvement training was 1-3 hours

Figure 10, NIAS number of Staff, Services Users, Carers and Total trained in Involvement from April 2024 – March 2025.

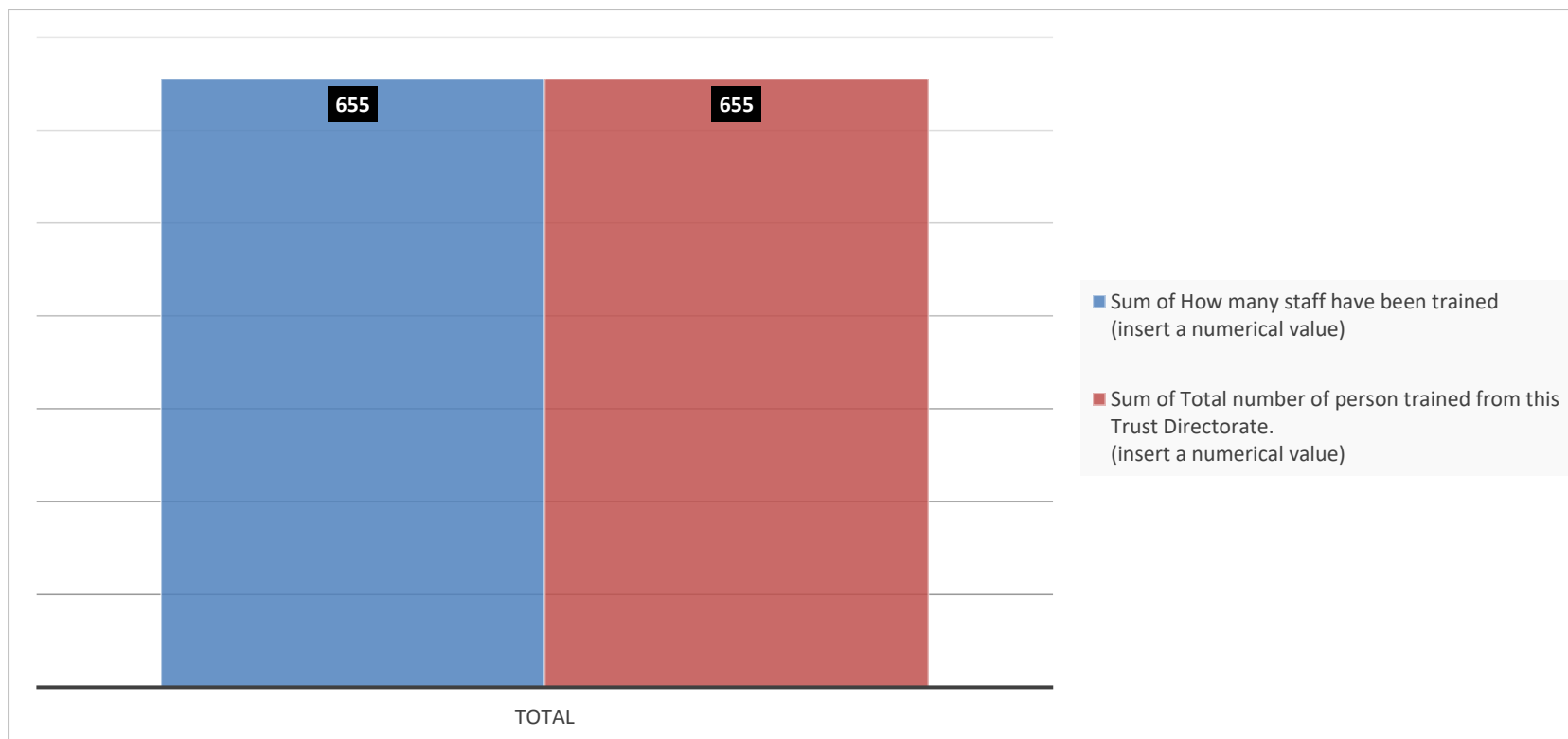


Figure 10, Demonstrates the total number of people trained in 2024/2025 reporting period. The Trust trained 655 staff during 2024/2025. However, 0 Service Users and 0 Carers accessed Involvement training via the Trust in the same reporting period.

NIAS Involvement Human Library June 2025

Background:

A regional Task and Finish group was established in October 2023 to examine how qualitative components of Involvement initiatives might be captured, examined and fed into the monitoring and learning process. Following the successful initial pilot process in June 2024, the Task and Finish group was recalled to further streamline the Involvement Human Library model from late 2024/ early 2025. The group consisted of the PHA Involvement, HSC Trust PPI teams, DoH colleagues and Service Users & Carers.

The Involvement Human Library:

The Involvement Human Library Process now forms an integral part of the PHA led Involvement monitoring and accountability arrangements. Every Service User and Carer who is involved in Involvement with the HSC Trusts has a unique story to tell, the Involvement Human Library approach provides the space for non-judgmental dialogue and reflection. A limited number of Involvement based projects (some selected by the Trust) and others identified from monitoring returns are invited to participate in the Involvement Human Library process.

The Involvement Human Library utilised a hybrid approach of in-person, written responses, or online options to help enable as wide inclusive a process as possible. The model also offers day time and evening time sessions, to maximise participation. The Involvement Human Library process utilised 3 consistent open questions/ discussion areas to help steer the conversation during sessions.

The Involvement Human Library process has a number of functions, these include;

- Recognition of the work of staff and the contributions of Service Users and Carers,
- An opportunity to share Involvement learning and best practice across the region,
- Support the embedding of Involvement, Co-Production and Partnership Working,
- Provide a space for openness and transparency to enable the PHA & HSC Trust PPI Team(s) to create a positive and meaningful experience for staff, Service Users and Carers in line with our HSC values,

- A level of assurance and accountability that Involvement, policy and legislative responsibilities are being met.

Involvement Human Library Discussion areas/questions:

Each Involvement project is asked the same consistent set of questions; with Service User/Carer and HSC staff questions being slightly different, to reflect the various roles they played during the Involvement project. Every Involvement project is provided these questions in advance of the Involvement Human Library process. The Co-Produced thematic themes, questions and descriptions for these discussion areas are outlined below;

Service Users and Carers who participated in the Involvement project:

Reference:	Thematic theme(s):	Description(s):	Question(s):
1	Transparency	<i>An open and honest Involvement project, with clear objectives, outcomes and parameters. Where everyone feels included and part of a transparent Involvement process.</i>	How did you find out about your Involvement project ?
2	Respect & Inclusion	<i>Everyone involved treats each other with respect and courtesy regardless of roles or titles. Placing value on everyone contributions. Every effort is made to enable the Service User and Carers voice, opinions and observations are heard and represented.</i>	Did you feel respected in your Involvement Project ? How were you helped to share your stories and ideas?
3	Impact	<i>The Involvement project has made a positive impact on the service or HSC Trust, by increasing or promoting safety, efficiency, better relationships, communication or making the service more Service User and Carer focused etc. As a result of been involved the Service User and Carer has experienced a professional or personal development in terms of a better understanding, increased confidence or awareness etc.</i>	Did the Involvement Project make a difference to services? What did you get from being part of the project?

HSC Staff member who lead on the Involvement project:

Reference:	Thematic theme(s):	Description(s):	Question(s):
1	Transparency	<i>An open and honest Involvement project, with clear objectives, outcomes and parameters. Where everyone feels included and part of a transparent Involvement process.</i>	What was it like to lead the Involvement Project ?
2	Respect & Inclusion	<i>Everyone involved treats each other with respect and courtesy regardless of roles or titles. Placing value on everyone contributions. Every effort is made to enable the Service User and Carers voice, opinions and observations are heard and represented.</i>	How did you make sure people felt respected and heard?
3	Impact	<i>The Involvement project has made a positive impact on the service or HSC Trust, by increasing or promoting safety, efficiency, better relationships, communication or making the service more Service User and Carer focused etc. As a result of been involved the HSC Staff member has experienced a professional or personal development in terms of a better understanding, increased confidence or awareness etc.</i>	Did the Involvement Project make a difference to services? What did you get from being involved?

NIAS Involvement Human Library has taken place on Thursday 5th June 2025, at the Junction Dungannon. The below information is an outline of the PHA PPI Panel, SHSCT PPI Team and the Involvement projects (Service Users, Carers & Staff) who participated in this pilot process

PHA PPI Panel

- Emmett Lynch, PHA Senior PPI Officer,
- James Mc Laughlin, PHA Involvement and Engagement Officer,
- Brigid Mc Keown, NHSCT Service User & Carer,
- Cathy Malcolm, WHSCT Service User & Carer,
- Louise Hagan, BHSCT Service User & Carer.

NIAS PPI Team

- Maggie Hamilton, NIAS PPI Staff,
- Neil Gillen, NIAS PPI Lead.

Involvement Project 1: NIAS Partner Voices Forum Communication Group

- Maggie Hamilton, NIAS Staff,
- NIAS Service User & Carer,
- NIAS Service User & Carer.

Involvement Project 2: NIAS Partner Voices Forum Training & Development project

- Neil Gillen, NIAS PPI Lead,
- NIAS Service User & Carer.

Involvement Project 3: Volunteer Car scheme

- Yvonne Michael, NIAS Staff,
- NIAS, Service User & Carer,
- NIAS, Service User & Carer,
- NIAS, Service User & Carer,
- NIAS, Service User & Carer,
- NIAS, Service User & Carer.

Involvement Project 4: Research Public Involvement Committee Cardiac Arrest study (Unable to attend).

- Julia Wolfe, NIAS Staff,
- NIAS, Service User & Carer.

The below report reflects the conversation and learning from the SHCT Involvement Human Library Session on the 26th June 2025.

<p align="center">Question 1 (Transparency): Service User and Carer Questions: How did you find out about your Involvement project?</p>
<p>Based on the narrative derived from this Service Users and Carers provided, below is a summary of the key learning points:</p> <p>Improving Public Communication: A core goal of the group is to enhance public messaging and awareness about NIAS services and how to use them effectively.</p> <ul style="list-style-type: none"> • <i>First involved in the group through an advert. The invite came out via email, which was an open call asking to get involved with the NIAS PPI team.</i> • <i>Neil Gillen told me about it as I was previously involved with him in other PPI projects in the SHSCT. I was delighted to be asked as we were looking at how we can improve public messaging and awareness raising in NIAS and what type of services they can provide at local community level.</i> <p>Expanding Service Provision: A number of Involvement projects focused on exploring how NIAS can provide services at a local, community level, going beyond the traditional ambulance role.</p> <ul style="list-style-type: none"> • <i>I was signposted towards this Involvement work through community and development colleagues. I have always worked in the community sector and held a high interest in it. I really like this group because it has a wide and varied representation from across different communities.</i> <p>Value of Diverse Perspectives: The Service Users and Carers highly value the group's "wide and varied representation from across different communities". This indicates a strong belief that diverse experiences lead to better health and project outcomes.</p> <ul style="list-style-type: none"> • <i>A previous NIAS ambulance driver told me about it, I thought that sounds interesting so I got involved.</i> • <i>I always wanted to give something back so when this opportunity came up I went for it.</i> • <i>Someone from the NIAS PPI Team came to Age NI discussed Co-Production and how NIAS would like to involve our voices and contributions into their work areas.</i>

Participant Empowerment and Identity: Service Users and Carers view themselves not just as "volunteers" or "service users" but as active contributors to the organisation. One Service User self-identified as a "Participant instructor" that highlights a desire for a more collaborative, co-productive role rather than a passive one.

- *It was a loose conversation, if I am to be really honest. I thought to myself I have never done any such work with them before, but I have used an ambulance. Perhaps I could add some value, and I am glad that I did. I don't see myself as a volunteer or Service User, I like to think of myself as a "Participant instructor".*

Motivations for Involvement: Service Users and Carers are motivated to join for a variety of reasons, including a desire to "give something back," a belief that their unique professional skills (like from a taxi business owner) are valuable, and a curiosity to add value based on their own experiences as a Service User.

- *I started during COVID-19, I felt that my skills or running and owning my own taxi business could really help. I then retired and took this up. I have not looked back since, but I always wants to give something back.*

The Power of Co-Production: The direct mention of "co-production" with organisations like Age NI shows an emphasis on working together to create solutions, rather than simply gathering feedback.

- *Someone from the NIAS PPI Team came to Age NI discussed Co-Production and how NIAS would like to involve our voices and contributions into their work areas.*

Question 2 (Respect & Inclusion): Service User and Carer Questions:

How did you make sure people felt respected and heard?

Based on the narrative derived from this Service Users and Carers provided, below is a summary of the key learning points:

Improving Communication and Services: A primary focus for some of the Involvement projects was to enhance public messaging and awareness about NIAS services. This includes exploring how NIAS can provide services at a more local, community level.

- *Yes, definitely from the very start. You are given the time and space to contribute in a way that suited you.*

- *Maggie facilitated the conversation well and encouraged everybody to talk, share and get involved, she has a lovely way about her. You can share stories and experiences, everyone brings their own experience.*

Valuing Lived Experience: Service Users and Carers felt their personal life and career experiences are highly respected and directly used to develop new ideas within NIAS Involvement projects. The insight that some patients prefer a private car and personal conversation over an Ambulance, for example, is a direct result of this lived experience within their Volunteering role.

- *Yes, very much-maybe too respected at times. My lived, personal and career experience can be utilised to help develop some new ideas or ways of working. I am at a certain age where I feel I have a lot of life experience and I want to pass that on or into a positive space.*
- *Yes definitely, some patients wouldn't take an ambulance, only a private car.*
- *I feel like I making a difference, as we get great/sincere feedback from the person and the family we help.*

Making a Real Difference: Service Users and Carers feel a strong sense of purpose and genuine impact. They believe they are making a tangible difference by providing feedback that helps NIAS improve the services they provide.

- *The Chairperson at our meetings was great, she sticks to the agenda and facilitates input very well. I always liked how she said thank you to us all at the end of each meeting.*

Effective and Inclusive Leadership: The Involvement project leads are praised for their skill in guiding conversations, ensuring everyone gets a chance to speak, and maintaining a positive, respectful atmosphere. Tools like the "raised hand" feature in virtual meetings are appreciated for keeping the discussion orderly.

- *I liked the virtual meetings using the raised hand icon when you wanted to make a point, at the start of each meeting to did a quick check-in and reminded everyone about the positive values that we as a group would up hold throughout the conversation*

Focus on Empowerment: The Involvement projects are clearly designed to empower its Service Users and Carers. The rotating "Co-chair" role is a great example of this, as it helps build confidence and leadership skills for future opportunities.

- *It's not about control, everybody was facilitated well, respected and asked to have their say. I liked the idea of a joint Co-chair, which was rotated to help develop people's skills and confidence. This will really help our confidence for the next Involvement opportunity.*

Building Community: Beyond their formal work, Service Users and Carers have formed friendships and a sense of mutual respect. They feel they've become part of a supportive community, meeting "amazing families from all walks of life". The group is not only effective in its project objectives but also a lot of them felt a deep reward for their participation, fostering a sense of purpose, respect, and community.

- *I love doing what I do, I have made friends with people I never knew before. I have meet amazing families from all walks of life. I feel a strong sense of mutual respect, for me it's all about helping people in the community.*

Question 3 (Impact): Service User and Carer Questions:

Did the **Involvement Project** make a difference to services? & What did you get from being involved?

Based on the narrative derived from this Service Users and Carers provided, below is a summary of the key learning points:

Group Purpose and Impact: Some the Involvement projects main purpose was to improve NIAS's public communication and services. They hope to create clearer messages and a better understanding of NIAS's role within local communities. Service Users and Carers felt their contributions are crucial for this, and they have a strong sense of making a genuine difference by helping to improve the service for others.

- *It is probably early days to measure the impact as we are still working on other projects and messages, however I do hope that the messages are clearer and increases local community understanding.*
- *A key impact for me now, is looking at the Terms of Reference for our group and asking ourselves, how best can be effective for NIAS to help support and enhance communications messages.*
- *We are up against a machine, that in my opinion is still developing their knowledge and skills in Involvement, I feel this will take time to really bed into the organisation's mindset.*

Group Dynamics and Culture: A significant amount of Service Users and Carers praise their Involvement experience for its inclusive and supportive environment. Service Users and Carers felt that the project leads are skilled at encouraging everyone to contribute, and the group has developed practices like using a "raised hand" feature in virtual meetings to ensure conversations

are orderly. Participants felt their lived experience is highly valued, and a core part of the group's success comes from its diverse representation.

- *Using the knowledge and experience of Community & Voluntary organisations, Service Users and Carers will play a positive role for NIAS into the future.*
- *Being a "Participant Instructor" I do not want to be someone who rolls in and roll us out of projects or organisations. For me it's an idea of giving back, be a positive active citizen I want to give it back to the system, as they health system has helped me out so much in recent years.*

Personal Rewards and Motivation: For many, the Involvement opportunity is a way of "giving back" to a health system that has helped them. Service Users and Carers find immense satisfaction in improving the service for other people and dispelling myths about negative experiences. This sense of purpose, along with the personal connections and friendships they've formed, are seen as powerful, non-monetary rewards.

- *Sometimes we need to stop and take stock of where we started and how far we have come. Involvement outcomes takes time, it should be allowed to develop at a sensible pace. The last thing we want is tick box Involvement exercises, It can't be that way, you will lose trust and your reputation with be negative. A big outcome for me is, doing this for other people, so we have a better service and to dispel myths of bad HSC experiences.*

Challenges and Future Outlook: Service Users and Carers recognize that fully integrating the PPI mindset into a large organisation will take time and patience. They emphasise that meaningful Involvement shouldn't be a "tick box" exercise but a careful process that builds trust and reputation. A key goal for the future is to refine their own structure to ensure they can be as effective as possible in helping NIAS enhance its communication and services.

- *People rely on you. Some people are on their own. We reassure patients and the families we will get their loved one to the appointment. You build up a relationship with people and I think they love the service as it is door-door, it is open and friendly.*
- *Anybody can drive, anyone can be take a person to an appointment, but not everyone cares. I think we do care, I think we really love for the people we support. Money can't buy you the satisfaction that we get from what we do.*

Question 1 (Transparency): Staff Questions
What was it like to lead the **Involvement Project**?

Based on the narrative derived from the Staff provided, below is a summary of the key learning points:

Staff Role and Mindset: The staff's role is not one of a traditional leader but rather a facilitator and partner. They express a strong belief in co-production, viewing their job as working with—not for—people with lived experience. Staff see themselves as learners, not experts, and approach each project with an open mind, believing that lived experience is more powerful model and when you align this with professional knowledge, it can really have a positive impact on services.

- *I really enjoyed it, at the start I felt like I was sitting back listening, but now I couldn't wait to get into the work, meet the group and build positive relationships with them. After one meeting, we decided to put positive messages on the back of some difficult reports i.e. waiting times. I was conscious that we were meeting via MS Teams so I organised an in-person meeting, which I felt added some much more value to the whole process.*

Overcoming Challenges and Building Buy-In: Staff members felt, they faced at times the challenge of getting internal buy-in from some Senior management. The success of their efforts is demonstrated by the fact that they have now persuaded Senior leaders, which they feel makes a significant difference. This highlights the effort required to embed Involvement into a large organisational structure.

- *It was not about me leading as a staff member but working together with people who have lived experience. Sometimes I have had to persuade senior managers to buy in and they have now, which is greatly appreciated, it makes such a difference.*

Fostering Relationships and Support: Staff members actively work to build a supportive and trusting environment. They organised an in-person meeting to enhance the group's relationships, recognising the limitations of virtual communication. They express great pride in the participants and are committed to ensuring they have a support network to build confidence and feel safe. This goes beyond simply running a meeting and shows a focus on the well-being and long-term development of the Service Users and Carers.

- *I believe in involvement, I am a community worker by work background. I'm not an expert, I learn as I go. I enter each Involvement project with an open mind. I enjoy listening, you hear better ideas from people, especially those who have lived experience. I honestly feel that lived experience know more than I do, and what I try to do, is take that powerful*

learning and combine it with my health knowledge and work experience. As the lead for PPI in NIAS, I want Service User and Carer Involvement at the heart of what we do here. I will take personal steps to ensure that a person's voice is heard and respected.

- I love working with these great people. I always listen to their concerns. I am very proud of each of them, they bring so much quality to the table, NIAS would be lost without them.
- I want to develop and ensure that they have a support network for each other, so they can talk, build their confidence feel safe at their work.

Question 2 (Respect & Inclusion): Staff Questions

How did you make sure people felt respected and heard?

Based on the narrative derived from the Staff provided, below is a summary of the key learning points:

Group Purpose and Impact: The main purpose for some Involvement projects was to improve NIAS's public communication and services. Members feel their lived experiences directly contribute to positive change, helping to dispel myths and build a more compassionate service. Both participants and staff acknowledge that creating a lasting impact is a long-term process, not a quick-fix exercise.

- *I needed to get to know the group and understand different personalities. I also had to let the Forum develop organically initially, as we wanted to create a space where people could talk, share ideas and be open. I do think we achieved this. I would always debrief after meetings, with any Service Users/ Carers that need any support, or ring those who could not attend. I always tried to follow up with quieter members, which was really interesting as their ideas and observation were valuable. I never assume that the group agreed with what I was thinking, I am always open to thinking about things from a different perspective.*

Group Dynamics and Culture: The Involvement projects should celebrate its inclusive and supportive environment. This was achieved through effective facilitation, which prioritises trust and open conversation. Service Users and Carers felt their voices are respected and heard, while staff members see themselves as partners and learners, adapting their approach to meet the group's needs.

Personal Rewards and Motivation: For many Staff, the Involvement work is deeply personal. Staff are motivated by the Service Users and Carers desire to "give back" and improve the health system for others. Staff are committed to empowering Service Users

and Carers and building a strong support network. The shared sense of community and the powerful connections they build are seen as invaluable rewards.

- *I always stay humble and be aware of language I use has no jargon. I can show respect as I can alter my language to meet the needs of the group members. I feel I have good facilitation skills, which help ensure everyone is heard. I follow up with more quiet members, this gives them an extra opportunity to feed into a process, which means their voice and contributions are not been lost. We always ask the group for feedback, and then try are best to implement some of that feedback into the next meetings.*

Overcoming Challenges: The Involvement projects at times felt, they faced the challenge of integrating the PPI mindset into a large organisation, which both Service Users, Carers and staff recognise takes time and patience. They are committed to a process that is genuine and collaborative, rather than a "tick box" exercise, which they believe is essential for building trust and ensuring the group's long-term success of future Involvement opportunities.

- *Always communicating with them and make sure it is not a tick box process, checking in with them on a regular basis. I always ask are there new or better ways of working with you. The group always come forward with a different approach, this help keeps the role live and interesting.*

Question 3 (Impact): Staff Questions

Did the **Involvement Project** make a difference to services? & What did you get from being involved?

Based on the narrative derived from the Staff provided, below is a summary of the key learning points:

Organisational and Cultural Change: The most significant outcome is a visible shift in NIAS organisational culture. Internal staff are showing more interest in the PPI team's work, seeking training, and actively trying to learn more. A major milestone in this change is the first-ever inclusion of a Service User/Carer on an internal NIAS Strategic Working Group, demonstrating a move toward genuine Co-production and partnership working. This progress is greatly supported by the NIAS Senior Management Team, whose buy-in has helped influence the organisation's overall attitude toward Involvement, however this is an area that will require continuous support and resource to really embed this way of working into the organisation.

- *I have seen a difference within the organisation. Internal staff are wanting to know more, volunteer or get us to deliver training to their teams or projects. We have had an agreement to allow the first Service User/ Carer to join an internal strategic*

working group within NIAS. This is a massive change in terms of culture and mindset within the organisation. In more recent times we have recruited 2 new Service Users and Carers to attend the Regional Forum HSC PPI Forum.

Group Dynamics and Personal Rewards: The Involvement project leads should celebrate and take pride in the fact they have created an inclusive and supportive environment, which is built on mutual respect and effective facilitation. Service Users and Carers felt their lived experiences are highly valued and that they are truly making a difference in NIAS. Beyond the formal work, the shared commitment to helping others has led to strong friendships and a sense of a "work family". This strong community and the feeling of giving back are powerful motivators and seen as significant positive outcomes in themselves.

- I think it has, we are fortunate that our NIAS Senior Management Team fully support us in what we are trying to achieve. This has a really positive knock on effect, as it helps influence the organisations work culture and attitude towards Involvement.*
- NIAS are very much in listening mode and I feel we are making positive steps in this area of work. We are consistently trying to reflect the needs of the local communities that we serve.*

Commitment to Growth: Staff understand that embedding this new mindset of Involvement is a long-term process, not a quick fix. They are committed to a genuine, collaborative approach and consistently seek feedback to improve their methods. This dedication to continuous learning and adaptation ensures Involvement work remains relevant and impactful, reflecting the needs of the communities it serves.

- Yes, I love my work. Realising that there are good people out there, who are willing to give up their time and give back is to be admired. For the people who help us in the Volunteer Care Scheme, it is not about money, it is a selfless job. I really care for my work colleagues and feel we have developed strong friendships and sense of community or work family. In itself that is a massive positive outcome.*

Recognition and acknowledgements

The PHA would like to recognise and acknowledge the NIAS Involvement projects that participated in the Involvement Human Library on the 5th June 2025, in particular the Staff, Service Users and Carers that fully engaged in this process. Their efforts and contributions during the Involvement Human Library added significant value, provided unique insights and pragmatic learning opportunities. It is evident that all projects demonstrated positive examples of Involvement, Co-Production and Partnership working and how maximising the contributions of Service Users and Carers into HSC work-related areas, will help support the collective drive towards a more efficient, effective and person-centred HSC system. The Involvement projects were able to deliver such positive outcomes despite the huge challenges they face in delivering services at local level.

Next Steps in the Involvement Human Library

NIAS is encouraged to continue to utilise the Involvement Impact Stories template for all projects that participated in the Involvement Human Library June 2025, and offer this opportunity out across all its recorded Involvement projects, so we can up-scale, replicate and motivate others in the Involvement field to engage more with Service Users and Carers for associated benefits including improving Public Health.

Conclusion

The Trust have been an active partner in the HSC wide collaborative monitoring arrangements and the development of the Involvement Human Library model. The quantitative and qualitative data gathered through this process in 2024/2025 provides an indicative insight into key aspects of progress in terms of embedding Personal & Public Involvement into the culture and practice of the Trusts. It is evident that there is a wide and diverse range of Involvement work going on in the Trust and an organisational commitment to grow and develop this further.

We invite the Trust to continue to work in partnership with the PHA and to utilise the Involvement Impact Story Template, so that together we can more comprehensively reflect the range, depth and benefits that are accrued from the Involvement activity that is happening across the HSC. The aim being to help the Trust and the wider HSC system to identify, replicate and upscale best Involvement practice, bringing about improvements in quality, safety, efficiency and public health.

The Trust are encouraged to actively consider the recommendations and comments contained in this report, which aims to support them to make additional progress and further integrate Involvement within their organisation to the benefit of the Trust, staff and most importantly Services Users and Carers. The following summary prioritises the recommendations:

Trust Prioritised Involvement Monitoring Recommendations 2024/2025:

To further enhance and embed PPI in the culture and structure of the Trust, it should progress, integrate and implement the recommendations below into their Involvement work plan. The Trust will be requested to provide an update on the Involvement recommendations in the HSC PPI Standards return in April 2026.

Standard 1 – Leadership

- The Trust should undertake a review of the documents, resources and links on the Trust “Involve You section” and assure itself, that these are up to date.

Standard 2 – Governance

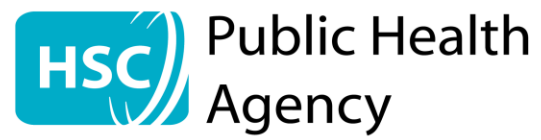
- The Trust should continue to progress the recruitment of 2 Service User/Carer representatives for its overarching Strategy Development Group and explore other steering groups or committees within the organisation that could benefit from Service User and Carer representation.

Standard 4 – Knowledge and Skills

- The Trust should consider reviewing and sense checking that the emotional and mental health support mechanism and system they have in place are serving the needs of Service Users and Carers during and after their Involvement contributions.
- The Trust should continue to develop and implement its Involvement Training Plan across its Directorates and proactively ensure that it is providing training to Staff, Service Users and Carers to utilise and maximise their voice/ influence.

Standard 5 – Measuring outcomes

- The Trust should consider uploading the previous 22/23 & 23/24 PHA Involvement monitoring reports onto its “Involve You” section on its homepage.
- The Trust should continue to utilise the PHA Involvement Good Practice Template for all Involvement project, with a particular focus on the projects that participated in the June 2025 Involvement Human Libraries. This approach will support the drive to spread, scale and replicate Involvement activity across the HSC system.



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