Organisational Framework for the Management of Personal and Public Involvement in BHSCT
Introduction

The Health and Social Care Act (2009) places a duty on Health and Social Care organisations to involve people. This framework outlines the Belfast Health and Social Care Trusts approach to Personal and Public Involvement (PPI).

High quality engagement and involvement of patients, clients, service users, carers and communities can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvement in the experience of those people using our services. PPI is about more than consultation – it is about active involvement of people at a range of levels.

In 2008, the Trust published its first involvement framework, “Involving You”. This document outlined the Trusts guiding principles on PPI and also stated clear actions to involve people in the activities of the Trust. Since then, there has been much progress on PPI, both within the Trust and regionally. This Framework will explain how we intend to build on these foundations to further embed PPI into the business of the Trust.

While there has been a long history of involvement within Health and Social Care, the 2009 Health and Social Care Reform Act put in place legislation outlining the Trusts duty to involve people. As a result of this, Health and Social Care organisations are now held to account on PPI activity and are monitored against clearly defined standards for PPI.

What is PPI?

PPI stands for Personal and Public Involvement. It is a term used to describe the ways in which patients, clients, service users, carers and communities are involved in Health and Social Care.

| Personal | refers to service users, patients, carers, consumers, customers, relatives, advocates or any other term used to describe people who use Health and Social Care as individuals or as part of a family. |
| Public | refers to the general populations and includes locality, community and voluntary groups and other collective organisations. Individuals who use Health and Social Care are also members of the general public. |
| Involvement | means more than consulting and informing. It includes engagement, active participation and partnership working. |
PPI should happen at a range of levels:

**Individual**
- when service users are directly involved in the planning, monitoring and evaluation of their individual care.

**Evaluation of specific services**
- involvement in evaluating or giving feedback on the provision and quality of specific services based on their personal experience

**Development of new services or service change**
- involvement in shaping and influencing the planning, development and delivery of services

**Directorate and Strategic**
- involvement in strategic development that will lead to significant areas of service development and provision

**Corporate and overall direction of the Trust**
- involvement in shaping the overall direct and organisational priorities

This means that through PPI we will involve people in:
- Ideas for their health care or treatment plan
- Developing plans for Trust services and policies
- Getting feedback on peoples experience of Trust services
- Setting priorities for the Trust
- Helping to make best use of resources
- Plans for improving the quality of the services we deliver.

Involvement can be facilitated using a wide range of methods:

- Focus groups
- Public meetings
- Service user groups
- Supporting patient, carers and clients to sit on groups and committees
- Involvement in the development of written materials and information
- Questionnaires and user satisfaction surveys
- Peer review / interviewing.

A range of training and support is available for staff to ensure that they are equipped with the appropriate knowledge and skills to facilitate high quality engagement. [http://intranet.belfasttrust.local/directorates/medical/publichealth/Documents%20Health%20Inequalities/PPI%20Staff%20Toolkit%20-%20Southern%20HSC%20Trust.pdf](http://intranet.belfasttrust.local/directorates/medical/publichealth/Documents%20Health%20Inequalities/PPI%20Staff%20Toolkit%20-%20Southern%20HSC%20Trust.pdf)

**Why do PPI?**

PPI can lead to:
- improved communication between patients and staff
- Improve understanding of conditions and treatments for patients, carers and their families, leading to better outcomes
- Improved understanding of health services for patients and the public
- More effective use of resources
- Provision of services based on user / carer identified need
- Help ensure accessible and responsive services based on local experience and need
- Increases patient confidence in local Health and Social Care
- Increases patient, client and carer satisfaction with the services delivered
- Increase patient safety
- Helps set priorities and inform decision making
- Helps improve the safety and quality of services
- A reduction in complaints through listening to constructive feedback.
Values and Principles of PPI

In 2008 the Department of Health, Social Services and Public Safety (DHSSPS) produced guidance on strengthening PPI in Health and Social Care. This guidance document outlined the values and principles of PPI within Health and Social Care. The core values are:

- Dignity and respect
- Equity and diversity
- Collaboration and partnership
- Transparency and openness

This circular was strengthened further in 2012, when another circular from DHSSPS outlined additional steps that Health and Social Care organisations needed to take to embed PPI.

The principles of PPI outlined in the DHSSPS document are:

1. The commitment to PPI will be reflected in the leadership and accountability arrangements in Health and Social Care organisations
2. PPI is the responsibility of everyone in Health and Social Care organisations
3. Appropriate assistance is required to support and sustain effective PPI
4. Everyone is an expert in their own right, whether by experience, by profession or through training
5. Opportunities should be created to enable people to be involved at the level at which they choose
6. The purpose and expectation of PPI are clearly understood
7. Different forms of PPI need to be used to achieve the required outcomes and to meet the needs of the people involved
8. Timely, accurate, user friendly information and effective two-way communication are key to the success of PPI activities
9. The organisation’s commitment to PPI will be demonstrated through its recognition of the right of people to initiate engagement with it
10. Peoples understanding of Health and Social Care services and the reasons for decision making are improved through PPI activity
11. Peoples capacity to get involved is increased and the PPI processes are improved through learning from experience
12. Learning from PPI should lead to improvements in the safety, quality and effectiveness of service provision in Health and Social Care organisations.

https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%2028SQSD%29%2029%2007_2.pdf
https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%2028SQSD%29%2001-12_0.pdf
https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%2028SQSD%29%2003-12_0.pdf
Progress to date in Belfast Health and Social Care Trust (BHSCT)

While it has often been a challenge to ensure effective PPI within the organisation, there have been a number of developments within the BHSCT.

A PPI Steering group was established and met over a seven year period. During this time, the Group had input to, and provide challenge on engagement process related to a number of strategic issues, including the Strategic Services Review and the development of New Directions.

A Carers Reference Group was developed and continues to meet, providing opportunities for Trust Services to receive input on a range of carers issues.

The Equality, Engagement and Experience Steering Group was established to ensure that PPI was included as part of the Trust assurance structure.

Funding has regularly been secured to develop new and innovative PPI projects including work with HIV service users, engagement with families of children with Spina Bifida, patients and carers with neurological conditions and women using maternity services.

The Trust has regularly delivered Introduction to PPI training and provided mentoring and support for a range of staff via the Community Development Team.

A Consultation Scheme has been produced in line with DHSSPS guidance and a Reimbursement policy for people involved in PPI activity is in place.

The Trust has worked closely with the PHA to support the development of a range of regional programmes of work, including a PPI training programme for staff.

While there are still many areas within the Trust were PPI still needs to be developed, many services continue to carry out regular PPI activity. Implementation of this Framework will ensure that PPI is further development and embedded into the work of BHSCT.

DHSSPS PPI Standards

In March 2015 the DHSSPS published new standards for PPI in health and social care. These standards also have performance indicators against which Health and Social Care organisations will be measured. The five standards are:

**Standard 1 – PPI Leadership**
HSC organisations will have in place clear leadership arrangements for PPI to provide assurances that PPI is embedded into policy and practice.

**Standard 2 – PPI Governance**
HSC organisations will have in place clear corporate governance arrangements for PPI to provide assurances that PPI is embedded into policy and practice.

**Standard 3 – Opportunities for Involvement**
HSC organisations will provide clear and accessible opportunities for involvement at all levels. They will facilitate the involvement of service users, carers and the public in the planning, delivery and evaluating of services.

**Standard 4 – Knowledge and Skills**
HSC organisations will provide awareness raising and training opportunities as appropriate to need, to enable all staff, to deliver on their statutory PPI obligations.

**Standard 5 - Measuring Outcomes**
HSC organisations will measure the impact and evaluate outcome of PPI activity.

http://www.publichealth.hscni.net/sites/default/files/PPI_leaflet.pdf
## Action Plan

### Standard 1 – PPI Leadership

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>A clear organisational structure is developed to support PPI within the Trust</td>
<td>A named executive and non-executive lead for PPI is identified</td>
<td>December 2015</td>
</tr>
<tr>
<td></td>
<td>An operational lead for PPI is identified at a corporate level</td>
<td>December 2015</td>
</tr>
<tr>
<td></td>
<td>Each Directorate will identify a PPI lead</td>
<td>December 2015</td>
</tr>
<tr>
<td></td>
<td>A Trust PPI standing forum will be established with a clear terms of reference, to include a role in planning and monitoring PPI activity within the Trust.</td>
<td>May 2016</td>
</tr>
<tr>
<td></td>
<td>A clear role will be identified for the Carers Reference Group</td>
<td>June 2016</td>
</tr>
<tr>
<td>Develop a clear understanding of PPI and the associated roles and responsibilities throughout the organisation</td>
<td>Disseminate the PPI framework throughout the organisation</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td>Support the roll out of the PHA commissioned PPI training</td>
<td>To commence March 2016</td>
</tr>
<tr>
<td></td>
<td>Use the HUB to regularly showcase examples of PPI practice, ensuring a regular focus on carer involvement</td>
<td>To commence Dec 2016 then ongoing</td>
</tr>
<tr>
<td></td>
<td>Facilitate PPI networking / showcasing events twice a year</td>
<td>To commence September 2016</td>
</tr>
</tbody>
</table>
## Action Plan

### Standard 2 – PPI Governance

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that effective governance and reporting structures are in place</td>
<td>Ensure that PPI is explicit in the Trust Delivery Plan and directorate management plans</td>
<td>From April 2016</td>
</tr>
<tr>
<td></td>
<td>Ensure that carer involvement in particular is explicit in Directorate management plans</td>
<td>From April 2016</td>
</tr>
<tr>
<td></td>
<td>Ensure that PPI is clearly linked to the management of change agenda within the Trust</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Provide regular reports on PPI to Trust Board via the Equality, Engagement and Experience group</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Ensure that PPI is reported on at the governance and accountability meetings of each Directorate and ensure that carer involvement is highlighted</td>
<td>Twice yearly</td>
</tr>
</tbody>
</table>

| Action plans for PPI to be in place for all Directorates | Develop a template to support the measurement of impact of PPI for use within Directorates | June 2016 |
| | All directorates to develop PPI actions plans to reflect their service areas | Ongoing |
| | Review the PPI registration document | June 2016 |
| | Ensure that carer involvement is highlighted in the registration document | June 2016 |
| | Disseminate the PPI registration document and support its roll out | March 2016 then ongoing |
| | Ensure that PPI is reflected in the Personal Development Plan's and Personal Contribution Plan's of Trust staff | To commence April 2016 |
## Action Plan

### Standard 3 – Opportunities for Involvement

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
</table>
| Regularly identify and promote opportunities for involvement across the Trust | Carry out a scoping activity to get a baseline of current PPI activity, highlighting current carer involvement  
All directorates to review opportunities for involvement 3 times a year and highlight specific opportunities for carer involvement  
Opportunities for involvement to be promoted via the Trust Website, Service user and carer groups, community and voluntary sector networks and other relevant promotional methods  
Develop closer links with the complaints department to identify opportunities for PPI on recurring themes / issues  
Develop a database of patients, clients, service users and carers who are interested in becoming involved | December 2016  
Ongoing  
To commence March 2016  
September 2016  
To commence March 2016 |
| Identify barriers to involvement and address these                        | Development clear and accessible information on involvement and ensure that this is widely disseminated  
Ensure the people who have been involved receive feedback on the impact of their involvement  
Link with Patient Client Council, to develop a support package, including relevant training, for those people who wish to become involved | March 2016  
Ongoing  
December 2016 |
# Action Plan

## Standard 3 – Opportunities for Involvement (continued)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify barriers to involvement and address these (continued)</td>
<td>Develop strong links with Belfast Strategic Partnership, Belfast Health Development Unit, Local Commissioning Group and Community Planning process to identify opportunities for joint engagement, thus avoiding duplication.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Ensure the reimbursement policy is circulated and that reimbursement forms for patients, clients, service users and carers are easily available. | January 2016 |

## Standard 4 – Knowledge and skills

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that staff have the appropriate knowledge, skills and support to facilitate high quality PPI</td>
<td>Facilitate the roll out of the Regional PPI training programme</td>
<td>To commence March 2016</td>
</tr>
<tr>
<td></td>
<td>Develop and promote to all staff a yearly PPI training plan</td>
<td>April 2016</td>
</tr>
<tr>
<td></td>
<td>Make available relevant support materials on the Trust intranet HUB for staff</td>
<td>March 2016</td>
</tr>
</tbody>
</table>
## Action Plan

### Standard 5 – Measuring outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly demonstrate the impact of PPI across the Trust</td>
<td>Continue to work with the Public Health Agency and PPI colleagues regionally to develop a template for measuring the impact of PPI</td>
<td>September 2016</td>
</tr>
<tr>
<td></td>
<td>Disseminate information on the PPI standards to all staff</td>
<td>December 2015</td>
</tr>
<tr>
<td></td>
<td>Ensure that all monitoring information is returned to the Public Health Agency in a timely fashion</td>
<td>March 2016</td>
</tr>
<tr>
<td></td>
<td>Work with colleagues in other Health and Social Care organisations to develop PPI indicators for use at operational level.</td>
<td>To commence March 2016</td>
</tr>
<tr>
<td>Regularly monitor the level of PPI activity across the Trust and produce a PPI annual report</td>
<td>Ensure that all PPI activity is registered to inform the annual report</td>
<td>To commence March 2016</td>
</tr>
<tr>
<td></td>
<td>Collect and collate information on PPI activity through the PPI registration document and ensure that carer involvement is highlighted</td>
<td>To commence January 2016</td>
</tr>
<tr>
<td></td>
<td>Ensure wide dissemination of the PPI annual report throughout the Trust and externally</td>
<td>May 2016</td>
</tr>
<tr>
<td></td>
<td>Facilitate an internal PPI award scheme to identify Trust entry to PCC awards scheme</td>
<td>April 2016</td>
</tr>
</tbody>
</table>
Appendix 1

Personal and Public Involvement (PPI) Activity Registration Form – Information and Guidance

1) What is Personal and Public Involvement (PPI)?

“PPI is the active participation of patients, service users carers, community representatives and the public in the delivery of health and social care…..it is about giving local people a say in how services are planned, delivered and evaluated”

The DHSSPS offers the following definitions associated with PPI:

Personal - service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use the HSC services as individuals or as part of a group.

Public - general population and includes locality, community and voluntary groups and other collective organisations.

Involvement - more than consulting and informing. Includes engagement, active participation and partnership working.

Examples of PPI activities include:

• Focus groups with service users, carers or the public to inform service change or improvement projects
• Workshops with services users, carers or the public to help develop strategies or policies
• Inclusion of service users, carers or the public on steering groups or committees
• Involvement of service users, carers or the public on project planning and implementation work
• Involvement of service users, carers or the public in audit or research.

2) Who should complete this form?

This form should be completed by the member of Trust staff who is leading on the PPI activity.

3) What should I write on this form?

There are no right or wrong answers – we are interested to hear about any PPI activity that you are planning or engaged in, and any of the methods you are using / planning to use. Lengthy answers are not required – please just describe the key elements of your PPI activity.

Please send all completed forms to:
Sandra McCarr
Senior Manager – Patient and Public Involvement
2nd Floor Graham House
Knockbracken Healthcare Park
Saintfield Road, Belfast, BT8 8BH

Tel: 028 9504 6739
Mob: 07920 858745
E: Sandra.McCarry@belfasttrust.hscni.net
# Personal and Public Involvement (PPI) Activity Registration Form

Title of PPI Activity / Project

## DETAILS of PERSON LEADING PPI Activity

<table>
<thead>
<tr>
<th>Name:</th>
<th>Service Group/s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position / Job Title:</td>
<td>Specialty:</td>
</tr>
<tr>
<td>Base/ Location:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
</tbody>
</table>

### Title of PPI activity:

Aims and objectives of the initiative (what do you hope to achieve):

How are you involving people (please give some detail about the ways in which you are going to involve clients / service users / families / carers and the public, for example using questionnaire, focus groups, on steering group - how do you access these people?)

Will this activity specifically involve carers? [ ] Yes [ ] No

If you have answered yes, please describe how:

How many service users, carers or members of the public do you aim to involve?

What will you do differently as a result of your involvement activity?

Is there are any training or support that you feel you need to help you carry out this PPI activity?
APPENDIX 2

Personal and Public Involvement (PPI)

STEPS TO PLANNING

1. Do you have commitment / buy in from staff for ongoing engagement?
   - Have you facilitated discussion with staff?
   - Have you talked about benefits and concerns with staff?
   - Are you prepared to take action as a result of the involvement activity?

2. Purpose – are you clear about why you are involving people and how you want them to contribute?
   - What is it that you want to influence or change?
   - Have you developed clear terms of reference for those people participating?
   - What are the objectives of your involvement activity?
   - What levels of involvement are possible and what are the genuine constraints?

3. Who do you want to involve?
   - How will you access / recruit the people you want to engage with (for example, through staff, through existing service user groups, through established community groups etc)?

4. How will you involve people?
   - What methods will you use (for example, focus group, 1-1 interviews, questionnaires, user panels, representation on committees or steering groups etc)?
   - How will you make these methods accessible to people (for example, timing and venues for focus groups, accessible ways for completion of questionnaires etc)?
   - Have you thought about potential barriers to involvement using agreed methods?

5. What training and support might staff or patients / clients need?
   - Committee skills / facilitation skills training
   - Establishment of mentorship roles
   - Development of appropriate information

6. Have you considered resources and practical considerations to support involvement?
   - What are your timescales?
   - What financial resources are required to support the activity?
   - What expertise would you need to support involvement?

7. How will you ensure that the issues raised through the involvement activity will impact on decision making processes?

8. How will you measure:
   - The process of involving people?
   - The impact of involving people?

9. How will you feedback to staff, patients / clients and others about the impact of the involvement activity?
   - What mechanisms are in place to support you to do this?
Appendix 3

Involving You
PPI Action Planning Template

The Health and Social Service (Reform) (NI) Order 2009 places a requirement on all Health and Social Care bodies to effectively involve local people, service users and carers in the planning, delivery and evaluation of health and social care services. Each year, the Trust is required to produce a PPI action plan and annual report, and is held to account for this activity through assurance processes.

High quality engagement with, and involvement of patients, clients, service users, carers and communities can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvements in the experience of using services.

What is Personal and Public Involvement?
“PPI is the active participation of patients, service users carers, community representatives and the public in the delivery of health and social care…..it is about giving local people a say in how services are planned, delivered and evaluated”

The DHSSPS offers the following definitions associated with PPI:

Personal
- service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe people who use the HSC services as individuals or as part of a group.

Public
- general population and includes locality, community and voluntary groups and other collective organisations.

Involvement
- more than consulting and informing. Includes engagement, active participation and partnership working.

Examples of PPI activities include:
- Focus groups with service users, carers or the public to inform service change or improvement projects
- Workshops with services users, carers or the public to help develop strategies or policies
- Inclusion of service users, carers or the public on steering groups or committees
- Involvement of service users, carers or the public on project planning and implementation work
- Involvement of service users, carers or the public in audit or research.

Each Directorate is required to develop an Action Plan for Personal and Public Involvement identifying existing involvement and potential opportunities.

PPI – Action Planning Template
You are required to submit the following template detailing at least 3 priorities for PPI in the current year. Please highlight specifically how you will involve carers.
Please provide information on:

- Key PPI actions / activities
- Timescales and lead member of staff
- How you will measure the impact of the activity
- Any support / training needs that you might have.

<table>
<thead>
<tr>
<th>PPI priority</th>
<th>Key actions</th>
<th>Timescales/lead</th>
<th>How we will measure</th>
<th>Training / support needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>