Personal and Public Involvement
A Toolkit for Staff

Revised version October 2018
Introduction

The Southern Trust is committed to ensuring the meaningful involvement of its service users, carers, local communities and partners in improving the design, delivery and efficiency of its services. The Trust continues to build on the effective community development and strong Personal and Public Involvement (PPI) approaches\(^1\) that are already well established to support its quality improvement journey embracing ‘co-production\(^2\)’ as the pinnacle of the engagement and involvement process.

This PPI Tool Kit aims to provide staff and managers with information and guidance to promote and enhance personal and public involvement within their area of service and should be read in conjunction with:

- The Trust’s Strategic Plan *Improving Together 2017/18 – 2020/21* \(^3\)
- The Trust’s Quality Improvement Strategy *2017/18 – 2020/21* \(^3\)
- The Trust’s PPI Framework *Involving for Improvement*
- The Trust’s Patient and Client Framework
- The Trust’s Consultation Scheme
- Health and Wellbeing 2026: Delivering Together, DHSSPS, 2016 \(^4\)

While this Tool Kit does not have all the answers it does contain the basic information you need to understand your responsibility in regard to personal and public involvement and guidance to help you incorporate service user, carer and public involvement in your day-to-day work.

This replaces the Trust's PPI Toolkit (2010) which was very well received and has been used in the development of regional PPI training resources.

\(^1\) A process whereby: Service users/carers are empowered and enabled to inform and influence the commissioning, planning, delivery and evaluation of health and social care services in ways that are relevant and meaningful to them. *(Health and Social Care (Reform) Act (NI) 2009)*

\(^2\) A relationship where HSC staff and service users, carers and the public share power to generate policy, plan and deliver services together, recognising that all partners have equal contributions to make in order to transform the HSC. *(Delivering together through Co-production (2017)*

\(^3\) [http://www.southerntrust.hscni.net/about/Publications.htm#D641EF1CBD394FEF8AADF9B9672B1F42](http://www.southerntrust.hscni.net/about/Publications.htm#D641EF1CBD394FEF8AADF9B9672B1F42)

Unless otherwise stated, all of the PPI resources and documents referenced in this Toolkit can be found on the Trust’s website or SharePoint using the following links:

http://www.southerntrust.hscni.net/about/1600.htm
http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

They are also available on the ENGAGE Website: http://engage.hscni.net/
When introducing or making changes to a service or policy complete an Equality Screening Template. This will help you to identify the key stakeholders, consider the impact on Section 75 groups and how this can be mitigated and determine the scale of consultation required.

Complete Personal and Public Involvement Activity Form. Use this as your guide. Consider how to involve service users, carers and the public in all service planning, evaluation and improvement and make links with the PPI Team if required.

Decide who needs to be involved
Refer to sections 5 and 8 of the Toolkit

Involve service users, carers and the public at the earliest opportunity
Refer to Section 6 – the planning process

Inform service users, carers and the public about your project
Use PPI Opportunities for Involvement Template

Agree the most appropriate method/s of involvement to use
Refer to section 7 of the Toolkit

Advise participants how to claim out-of-pocket expenses
Refer to section 11 of the Toolkit

Carry out your PPI Activity/Project
Support is also available from the PPI team

Collate results and provide feedback to all those involved
Refer to section 9 of the Toolkit

Evaluate project
Refer to section 10 of the Toolkit

Report back to line manager/Director on success, lessons learnt etc. and agree how to share with other Teams/colleagues as appropriate
Complete PPI Impact Template (Appendix 7) and return to PPI Team
## Toolkit for Involving Service Users, Carers and the Public in the SHSCT

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Personal and Public Involvement?</td>
<td>Section 1</td>
<td>7 - 16</td>
</tr>
<tr>
<td>Why do we need to involve Service Users, Carers and the Public?</td>
<td>Section 2</td>
<td>17 - 21</td>
</tr>
<tr>
<td>Core values, principles and PPI standards</td>
<td>Section 3</td>
<td>23 - 26</td>
</tr>
<tr>
<td>Levels of Personal and Public Involvement</td>
<td>Section 4</td>
<td>27 - 46</td>
</tr>
<tr>
<td>Who should be involved?</td>
<td>Section 5</td>
<td>47 - 51</td>
</tr>
<tr>
<td>The Planning process</td>
<td>Section 6</td>
<td>53 - 57</td>
</tr>
<tr>
<td>Methods and approaches</td>
<td>Section 7</td>
<td>59 - 101</td>
</tr>
<tr>
<td>Recruiting participants</td>
<td>Section 8</td>
<td>103 - 108</td>
</tr>
<tr>
<td>Feedback</td>
<td>Section 9</td>
<td>109 - 112</td>
</tr>
<tr>
<td>Evaluation /PPI Monitoring</td>
<td>Section 10</td>
<td>113 - 119</td>
</tr>
<tr>
<td>Guide to reimbursement</td>
<td>Section 11</td>
<td>121 - 125</td>
</tr>
<tr>
<td>Additional Support available</td>
<td>Section 12</td>
<td>127 - 145</td>
</tr>
<tr>
<td>Useful websites</td>
<td>Section 13</td>
<td>147 - 151</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>Section 14</td>
<td>153 - 154</td>
</tr>
<tr>
<td>Reference list</td>
<td>Section 15</td>
<td>155 - 156</td>
</tr>
<tr>
<td>Appendices</td>
<td>Section 16</td>
<td>157 - 167</td>
</tr>
<tr>
<td>Appendices</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>1. Leaflet explaining difference between PPI and PCE</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>2. Stakeholder Mapping and Identification template</td>
<td>157</td>
<td></td>
</tr>
<tr>
<td>3. INCLUSIVE poster</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td>4. Good Meeting Etiquette</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>5. PPI Feedback template</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>6. Compliments Poster template - Did we get it right</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>7. PPI Impact template</td>
<td>163</td>
<td></td>
</tr>
<tr>
<td>8. FPL Request to Pay CP1 Form</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>9. Reimbursement process flow chart</td>
<td>165</td>
<td></td>
</tr>
</tbody>
</table>
What is Personal and Public Involvement?
Are they the same thing? Are they different? Do they connect?

There are so many terms used now to describe and define the process of engaging and involving those who use health and social care services.

Ultimately the purpose of such involvement is to ensure that those who use our services have a positive experience and receive safe high quality care to meet their needs. However, we acknowledge that the language of involvement has become crowded and possibly confusing.

What is PPI?

PPI stands for Personal and Public Involvement. It is a term used to describe the active and meaningful involvement of people who use health and social care services, their carers, relatives, friends, neighbours, voluntary workers, members of community groups and employees of voluntary organisations.

PPI is also known as Service User Involvement embracing co-production as the pinnacle of the engagement and involvement process.

PPI ranges from one-to-one involvement in direct care and treatment to collective involvement in the development of policies, strategies and service improvement where priorities and objectives are set.
PPI is about giving local people a say in how services are planned, designed, delivered and evaluated.

Trust staff can support this process by:

- developing good communication with their service users, carers and other stakeholders
- providing them with the information they need to make informed choices about their treatment and care, and
- working in partnership to make decisions about service development, service change and improvement

**Personal** - refers to service users, patients, carers, consumers, customers, relations, advocates or any other term to describe people who use Health and Social Care Services as individuals or as part of a family.

**Public** - refers to the general population and includes locality, community and voluntary groups and other collective organisations. Individuals who use health and social care services are also members of the general public.

**Involvement** - means more than consulting and informing. It includes engagement, active participation and partnership working.

For the purposes of this Toolkit a:-

**Service user** is “Anyone who receives or is eligible to receive care or treatment from statutory Health and Social Care Services.”

**Carers** are people who, without payment, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member.

*(Caring for Carers - Recognising, Valuing and Supporting the Caring Role, Department of Health, January 2006, page 5)*

**Involvement** is a process of interaction and engagement. In PPI, it operates at a diverse range of levels and situations, from information sharing to consulting to partnership working.
As a statutory requirement under the Health and Social Care (Reform) NI Act 2009, involvement is everyone’s responsibility.

It should not be a random activity. It should be a planned and considered process with an agreed purpose resulting in improvements in the quality and safety of services and the experience of those using them.

Staff working within the Southern Health and Social Care Trust should involve service users as part of their everyday practice in communications regarding their care and treatment or the delivery of the service they receive. In other words staff should include service users and their carers when discussing any of the areas shown in the table below.

- Service users ideas for their health, care or treatment
- Services user and carer experiences of services
- What aspects of services may need to change
- What service users and carers want from services and staff
- The Trust’s plans for service improvement, change to policy and access criteria
- The Trust’s experiences of service delivery
- Any limitations and making the best use of resources
- How to improve the quality and safety of services

When engaging with individuals staff should:

- Actively listen to the individual
- Seek their ideas for their health treatment and care plans
- Identify the areas of the service that are working well
- Ask for suggestions on how to improve the service they are receiving
- Give feedback on actions taken
- Thank them for their contribution

Involving service users and carers in plans and decisions about their specific care and treatment needs is part of PPI. However, in some cases where a service user is unable to become involved due to a specific medical condition or other circumstance, a carer, family member or advocate can often represent views on their behalf. Carers, in a personal capacity, should also be involved as they too can provide valuable insights on their experiences of our services as partners in care for their loved ones who are our service users.
In addition to service users and carers, PPI is also about involving local
communities or/and the general population where the issues are of broad public
concern or interest, such as:-

- the location or nature of local services
- in specific service improvements
- reform and modernisation or
- Best Care, Best Value proposals

Throughout this Toolkit the terms service users, carers and the public are used to
refer to current or former users of Health and Social Care services as individuals,
family, groups or organisations.

**Further information on who to involve is detailed in Section 5.**

**How does PPI link with Patient Client Experience and Co-production?**

Patient & Client Experience (PCE) is about people’s perception of the quality of the
care they received. It relates directly to the experience the patient receives when
they are interacting with the Health and Social Care system.

It is a key indicator of quality and is measured against a set of five standards which
focus on:

- Respect
- Attitude
- Behaviour
- Communication
- Privacy and dignity

*These are similar to the PPI values and principles that underpin the PPI Standards
detailed in Section 3 of the Toolkit*

Feedback from those who have used a service can assist health care professionals to
identify what areas of a service are being delivered safely and to a high standard and
where improvements are required.

People are often confused by the relationship between PPI and PCE:

- Are they the same thing?
- What is the difference?
A person can have an experience of health and social care that meets the 5 PCE Standards but have little involvement in decisions about their own care, service design or delivery. Likewise, it is possible for someone to be actively involved in decisions about services, but for their experience of health and social care to have fallen short of the five PCE Standards.

A fact sheet to assist people to understand the connection and appreciate the difference has been developed (Appendix 1). It is also available on the ENGAGE Website: http://engage.hscni.net/

Co-production

The Bengoa report “Systems not Structures” (2016) states:

“Co-production involves breaking down barriers between professionals and the people they serve, recognising people who use services as assets with unique skills. It involves a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.”

“There is a difference between co-production and participation: participation means being consulted while co-production means being equal partners and co-creators. The benefits of adopting co-production include delivering change that is owned by service users rather than being resisted by them and designing services that reflect the knowledge and expertise that comes from using services.” (Bengoa et al., 2016:52)

The ‘Ladder of Participation’ (right) shows how the various degrees and stages of involvement and participation can build up to Co-production as a strategy (based on Arnstein, 1969)
On 27th June 2017, the Chief Medical Officer and Chief Nursing Officer issued a letter to Departmental leads regarding Personal and Public Involvement (PPI) and Co-production to outline how, in line with both existing PPI policy and “Health and Wellbeing 2026 - Delivering Together”, we can use both to develop and deliver better health and social care services confirming that:

“PPI completed well will lead to co-production as the pinnacle of the involvement and engagement process.”

On 12th January 2018, a further letter issued by the Chief Medical Officer and Chief Nursing Officer advised that from 1st February 2018, the responsibility for PPI policy would sit with the Chief Nursing Officer.

**Personal and Public Involvement Cycle**

The flow chart below has been developed by the PPI Team in partnership with the PPI Panel and other Trust colleagues - outlining the Personal and Public Involvement Cycle within the Southern Trust highlighting the connections between the Patient Client Experience/10,000 Voices, Complaints and Compliments, Co-production and Quality Improvement which are underpinned by the use of community development approaches throughout.*

*Community development approaches are used to re-shape relationships within and between communities and organisations to strengthen the foundations for collective action and partnership working. This includes changing power relations as well as extending the reach of social networks.
1. Experience

People use Southern Trust health and social care services. They have certain expectations of the service. People can have a good experience, a bad experience or a mixture of good and bad experiences throughout their treatment and care. This can be influenced by whether or not their expectations have been met and therefore it is important that we provide service users with clear information on the service and what standard of care to expect. e.g. service information leaflet, information on their condition and options available, waiting times, ward information booklet etc.

2. Engagement

The Patient Client Experience Programme including the 10,000 More Voices Sensemaker survey, individual ward and service questionnaires and focus groups together with compliments and informal feedback from staff, service users and carers provide the Trust with information on what works well and identifies issues that need to be addressed. This is important in ensuring that we continue to provide high quality, safe services that meet the needs of those who use them.

Feedback on what works well is also important as it confirms that the systems and processes in place are working well and meeting the needs of those who use the service. It boosts staff morale and affirms they are providing a high quality safe and effective service.

It can also inform the Trust’s priorities for the development of Always events. Always events are aspects of the patient experience that are so important to patient and family members. Health care providers must aim to perform them consistently for every individual, every time.

Regional policies, strategies and directives for change, recommendations from RQIA (Regulation and Quality Improvement Authority) inspections and formal complaints also assist the Trust identify issues to be addressed.
3. Involvement

Service users and carers are provided with the opportunity to become involved in addressing the issues identified.

*This is also an opportunity for the Trust to check that the right issues have been identified.*

In some cases, issues such as staffing, staff training, team structures, internal processes, new ways of working, disciplinary matters, etc. can be addressed directly by the Trust and contribute to service improvement.

Others require the involvement of those who have experience of the service to tease out the issues and develop a solution that will meet the needs of the Trust and those who use the service.

We aim to improve quality through co-design and/or co-production where possible.

4. Implement Service Improvement

The service is improved, feedback is provided to those involved and improvement highlighted to all stakeholders. The improvement is tested when people use the service. The PPI Cycle continues which leads to Services continually improving.

**Southern Trust’s PPI Framework**

A copy of the Trust’s PPI Framework “*Involving for Improvement*” is available on the Trust’s website or SharePoint using the following links:

http://www.southerntrust.hscni.net/about/1600.htm
http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

This together with the Trust’s PCE framework feeds into the Trust’s Quality Improvement Strategy 2017/18 – 2020/21 which is available to download at

http://www.southerntrust.hscni.net/about/Publications.htm#D641EF1CBD394FEF8AADF9B9672B1F42
Co-production Guidance

The Department of Health has developed guidance entitled: “Co-production - A ‘How To’ Guide to Delivering Transformational Change Together” which was launched 31 August 2018 and is available to download on the Department of Health and ENGAGE Websites:
https://www.health-ni.gov.uk/publications
http://engage.hscni.net/

A guide for involving service users, carers and staff in co-production (April 2018) has been developed by the Mental Health Forum in the Southern Health and Social Care Trust area.

This resource is available to download from:
http://sharepoint/mhd/mhsd/Coproduction/Forms/AllItems.aspx

This is an interactive resource designed to be used in conjunction with support and mentoring. For more information on the Mental Health Forum and its capacity building programme contact 028 3025 2423 or use the contact form on www.thementalhealthfourm.co.uk
Why do we need to involve Service Users, Carers and the Public?
There are many reasons why it is important to engage, consult and involve patients, service users, carers and the public.

**It is good practice:**
People’s lives can be transformed when they have the knowledge, skills and confidence to manage their own health and when they are able to help shape their care and treatment to fit with what is important to them. Service users and carers bring “expertise by experience” which can be critical in areas such as accurate diagnosis and development of appropriate care plans.

If you want to know how well a pair of shoes fit do you ask?

The person who **made** them?

or

The person who **wears** them?

**It is evidence-based:**
When health outcomes are agreed, needs are better met and people can be supported to manage their own care.

There is a growing body of literature\(^1\) to demonstrate that good quality PPI can lead to improved health outcomes, a more effective and efficient system, and improved quality of life for service users, their families and carers and the wider community.

Involvement is also recognised as a key component of quality. It has been shown to improve quality and safety and to have reduced complaints and serious adverse incidents (SAIs).

---

\(^1\) Duffy, J., Gillen, P., Agnew, C., Casson, K., Davidson, G., McGlone, A., McKeever, B. (2017). *Personal and Public Involvement (PPI) and its impact*. Monitoring, measuring and evaluating the impact of PPI33 in Health and Social Care in Northern Ireland. *Personal and Public Involvement (PPI) and its impact*

Chapter 3: Literature review (pages 36 - 75)
Chapter 4: Research Findings (pages 77 - 107)
Chapter 5: Best Practice in PPI in NI (pages 120 - 130)
Chapter 6: Conclusion and Recommendations (pages 134 - 135) and Appendix 5 References (pages 161-171)
It is a statutory requirement:

From 1\textsuperscript{st} April 2009, the \textit{Health and Social Care (Reform) Act (Northern Ireland) 2009} placed a duty of public involvement and consultation on all health and social care organisations and some special agencies including NI Ambulance Service, NI Guardian Ad Litem Agency, NI Blood Transfusion Service and NI Medical and Dental Training Agency.

Sections 19 and 20 of the Reform Act place a statutory requirement on each organisation involved in the commissioning and delivery of health and social care, to:

- provide information about the services for which it is responsible
- gather information about care needs and the efficacy of care
- support people in accessing that care and maintaining their own health and wellbeing

The legislation requires that service users and carers are involved in and consulted on:

- the planning and provision of care
- the development and consideration of proposals for change in the way that care is provided
- decisions that affect the provision of care

This statutory requirement extends to the development of a Consultation Scheme, which must set out how the organisation involves and consults with service users, carers, the public and the Patient and Client Council about the health and social care for which it is responsible.

The Southern Trust’s Consultation Scheme is available to download from the Trust website and SharePoint using the following links:

http://www.southerntrust.hscni.net/about/1600.htm or
http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx
In addition to the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health, Social Services and Public Safety (DHSSPS) now the Department of Health (DoH) has developed and issued the following PPI policy and guidance:

- **Circular HSC (SQSD) 29/07** - Guidance on Strengthening Personal and Public Involvement in Health and Social Care
- **Circular HSC (SQSD) 01/12** - Personal and Public Involvement - Regional Protocol on Exceptional Circumstances for Consultation Schemes
- **Circular HSC (SQSD) 03/12** - Guidance for HSC Organisations on Arrangements for Implementing Effective Personal and Public Involvement Policy in the HSC
- **Circular HSC (SQSD) 11/14** - Change or Withdrawal of Services - Guidance on Roles and Responsibilities


They are also available on the ENGAGE Website: [http://engage.hscni.net/](http://engage.hscni.net/)

The duty to engage, consult and involve is also reflected in equality and human rights legislation:

- NI Act 1998 Section 75 (Equality of Opportunity and Good Relations)
- Disability Discrimination Act (1995)
- Disability Duties Human Rights Act 1998

It is also one of the three core elements of quality as defined by the DHSSPS Quality 2020 (Nov 2011) 10 year strategy to protect and improve the quality of health and social care in Northern Ireland.

In addition, the Rural Needs Act (Northern Ireland) 2016, which places a duty on Public Authorities to have “due regard to rural needs” when:

Developing, adopting, implementing or revising policies, strategies and plans, and designing and delivering public services

applies to health and social care trusts from 1st June 2018. This Act establishes a duty on public authorities to compile information and report activities in both its annual report and to the Department of Agriculture, Environment and Rural Affairs.
The key benefits of Personal and Public Involvement are summarised in the table below:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased ownership and commitment</strong></td>
<td>Increased ownership and commitment by individuals and communities to finding new ways to address the diverse needs across the area.</td>
</tr>
<tr>
<td><strong>Increased sense of self-responsibility</strong></td>
<td>Increased sense of self-responsibility for our own health and social wellbeing and for taking action that can prevent ill health and address the wider determinants of health.</td>
</tr>
<tr>
<td><strong>Responsive and appropriate services</strong></td>
<td>Responsive and appropriate services that are needs led and focused on the priorities of the public and service users.</td>
</tr>
<tr>
<td><strong>Help in priority setting and decision making</strong></td>
<td>Help in priority setting and decision making across a diverse and often competing range of priorities.</td>
</tr>
<tr>
<td><strong>Increased compliance</strong></td>
<td>Increased compliance with agreed treatment and care plans, resulting in more effective outcomes for all parties.</td>
</tr>
<tr>
<td><strong>Help in tackling health and social wellbeing inequalities</strong></td>
<td>Help in tackling health and social wellbeing inequalities where we can gain a better understanding of the circumstances and particular needs of marginalised groups and communities.</td>
</tr>
<tr>
<td><strong>Increased levels of service satisfaction</strong></td>
<td>Increased levels of service satisfaction for service users, carers and staff.</td>
</tr>
<tr>
<td><strong>Increased staff and patient morale</strong></td>
<td>Increased staff and patient morale and feeling of self-worth.</td>
</tr>
</tbody>
</table>

PPI can really change the experience of services and the quality and safety of care service users receive. By involving service users, carers, local communities, and the wider population in debates and decisions about how we provide services, we can ensure that services are effective and meet the needs of those who use them.
Core values, Principles and Personal and Public Involvement Standards

Leadership

Measuring Outcomes

Governance

Knowledge & Skills

Opportunities & Support
PPI is underpinned by a set of core values and principles that complement the quality standards for Health and Social Care.

**Values underpinning PPI**

**Dignity and respect**
Each person is treated with dignity and respect.

**Inclusivity, equity and diversity**
The PPI process should facilitate the inclusion of all those who need to be involved and who chose to do so. It must be sensitive to the needs and abilities of each individual.

**Collaboration and partnership**
The PPI process is based on collaboration and partnership working. Each person has a responsibility to build constructive relationships with others involved in the process.

**Transparency and openness**
The PPI process should be open and transparent and each person has a responsibility to be open and honest in their interactions and relationships with others.

**PPI Principles**

1. Leadership and accountability
2. Part of the job
3. Supporting involvement
4. Valuing expertise
5. Creating opportunity
6. Clarity of purpose
7. Doing it the right way
8. Information and communication
9. Accessible and responsive
10. Developing understanding and accountability
11. Building capacity
12. Improving safety and quality

These are explained in more detail in the Department of Health, Social Services and Public Safety (DHSSPS) policy circular on PPI issued in 2007*.

Under the 2012 Circular*, the Public Health Agency (PHA) was assigned responsibility for leading implementation of policy on PPI across Health and Social Care (HSC). This responsibility is taken forward through the Regional PPI Forum which is chaired and serviced by the PHA and which includes representation from all HSC organisations as well as community and voluntary sector representatives, service users and carers.

The Southern Trust is represented on this Forum by the Head of Service for User Involvement and Community Development and by service users and carers from the Trust’s PPI Panel.

*Copies of these documents can be downloaded at:

They are also available on the **ENGAGE Website**: [http://engage.hscni.net/](http://engage.hscni.net/)
To help embed PPI into HSC culture and practice, a set of standards has been developed through the Regional PPI Forum which set out what is expected of HSC organisations and staff. They also form the baseline against which the progress made by HSC organisations is monitored.

The 5 standards are:

<table>
<thead>
<tr>
<th>Setting the standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard One</strong> - Leadership</td>
</tr>
<tr>
<td>HSC organisations will have in place clear leadership arrangements to provide assurances that PPI is embedded into policy and practice</td>
</tr>
<tr>
<td><strong>Standard Two</strong> - Governance</td>
</tr>
<tr>
<td>HSC organisations will have in place clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice</td>
</tr>
<tr>
<td><strong>Standard Three</strong> - Opportunities and support for involvement</td>
</tr>
<tr>
<td>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 planning, delivery and evaluation of services</td>
</tr>
<tr>
<td><strong>Standard Four</strong> - Knowledge and skills</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td><strong>Standard Five</strong> - Measuring outcomes</td>
</tr>
<tr>
<td>HSC organisations will measure the impact and evaluate the outcome of PPI activity</td>
</tr>
</tbody>
</table>

These were launched in March 2015 to help standardise practice and support the drive towards a truly person-centred system.

Copies are available to download from the Trust website:

http://www.southerntrust.hscni.net/images/PPI_Standards_leaflet.pdf or
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

They are also available on the ENGAGE Website: http://engage.hscni.net/
Corporate PPI Monitoring

The PHA is required to provide “assurances” to the Department of Health (formerly DHSSPS) that Health and Social Care Trusts are meeting their statutory and policy obligations in regard to PPI. A PPI monitoring and performance management process has been established by the PHA through the Regional PPI Forum. All Trusts are required to comply with this process on an annual basis.

Within the Southern Trust this process is coordinated by the PPI Team and involves:

- The completion of a PPI self-assessment in partnership with the PPI Panel that is signed off by the Patient Client Experience Committee and submitted to the PHA
- The PHA review the self-assessment return and undertake a verification visit with service users and carers from the Regional PPI Forum
- The PHA develop an assessment report with recommendations which is shared with the Trust and submitted to the Department of Health for approval
- The PPI Team incorporate the recommendations from the report in the corporate PPI Action Plan that is structured in line with the 5 PPI standards

Southern Trust Monitoring and evaluation processes

Within the Trust the PPI Team in partnership with the PPI Panel and staff, has developed an operational Directorate PPI Action Plan template and PPI Indicators. These annual action plans and progress reports inform the corporate PPI monitoring process.

As a member of staff, you have a responsibility to comply with the statutory duty of involvement in your own work and the area for which you carry responsibility.

It is important that you endeavour to embed the values and principles of PPI in your work or professional practice. Your contribution is important as it will feed into your directorate action plan and progress report.

Further information is detailed at Section10 of this Toolkit.
Levels of Personal and Public Involvement
Consultation and Involvement

As referenced in Section 2 of this Toolkit, the Health and Social Care (Reform) Act (NI) 2009, requires that service users and carers are involved in and consulted on:

- the planning and provision of care
- the development and consideration of proposals for change in the way that care is provided
- decisions that affect the provision of care

Consultation is defined in the Oxford English dictionary as:

“the process of discussing something with someone in order to get their advice or opinion about it”

Involvement is defined as: “the fact or condition of being involved with or participating in something”

Consultation is an active two-way process in which an organisation opens formal and informal communication channels with its stakeholders. It is a method of initiating and sustaining constructive external relationships and involvement over time.

The law has become a major factor for all involved in consultation. Unhappy consultees may threaten to take legal action citing consultation flaws - when what they really do not like is what is being proposed or done.

Consultation is not a vote. It is an opportunity to gather views and suggestions on options. As the presentation of a single option suggests pre-determination, a number of options, preferably developed in partnership with key stakeholders should be made available. Consultors are expected to have “an open mind; not an empty mind”

The Consultation Institute, a not for profit organisation founded in Belfast in 2003 provides advice, guidance and quality assurance on best practice consultations. Further information is available at: www.consultationinstitute.org
In establishing a framework for PPI the Trust has identified five key levels of involvement across the organisation. These are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Examples of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Individual Level</td>
<td>Service users are directly involved in the planning, monitoring and evaluation of their individual care or service either at home, in the hospital or in the wider community e.g. Individual Care and Treatment Plans</td>
</tr>
<tr>
<td><strong>Level 2</strong> Evaluation of specific services</td>
<td>Individuals, families, carers and the community are involved in evaluating the provision of care and quality of services provided e.g. exit polls, satisfaction surveys, questionnaires, focus groups</td>
</tr>
<tr>
<td><strong>Level 3</strong> Development of new services</td>
<td>Individuals, families, carers and the community are supported to influence and shape the planning, development and delivery of services on specific issues or areas e.g. service development, service improvement, Best Care, Best value proposals etc.</td>
</tr>
<tr>
<td><strong>Level 4</strong> Directorate and Strategic Level</td>
<td>Service users, carers, and communities are actively involved in strategy development, including needs analysis, planning, commissioning and action that will result in changes to significant areas of service development and provision e.g. PLIG (Protect Life Implementation Group), Trust Carers’ Reference Group</td>
</tr>
<tr>
<td><strong>Level 5</strong> Corporate &amp; Overall Direction of Trust</td>
<td>Service users, carers, communities, stakeholders and partner organisations are actively involved in shaping the corporate and organisational priorities and the overall direction of the Trust e.g. PPI Panel, Non-Executive Directors</td>
</tr>
</tbody>
</table>

Within each level of involvement there are a number of levels of engagement and this is very clearly defined by Wilcox’ diagram of “The five levels of Community Engagement.”

The aim of your engagement is to stay at the top right hand area of the diagram above, so that the engagement enables you and service users, carers and communities to decide and act together when it comes to decision making or co-production.
Below are some examples which illustrate PPI activity at the five different levels across the Trust.

### Example of Level 1 - Individual

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Family Nurse Partnership (FNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division or Programme of Care</td>
<td>Family Support and Safeguarding Division (Young pregnant women)</td>
</tr>
<tr>
<td></td>
<td>Children and Young People’s Directorate</td>
</tr>
</tbody>
</table>

#### Background

The Family Nurse Partnership is a voluntary home visiting programme for first time young mums aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly from early in pregnancy until the child is two. The Family Nurse Partnership programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child’s health and development
- Plan their own futures and achieve their aspirations

The young mum and the family nurse decide together what will be covered in each visit ensuring the young mum has a say in planning the service delivered to her and her family.

#### Person-centred approach

The Family Nurse Partnership has a team of five family nurses and a supervisor. Weekly and fortnightly visits take place from early pregnancy until the child’s second birthday and young mums are fully involved in the planning of these visits. Visits do not replace midwifery care but do deliver on most of the Healthy Child Healthy Future Programme. The nurses use a person centred approach to work with mother, dad and wider family by:

- Giving as much time as required
- Providing accessible and appropriate information
- Enabling informal discussions with young mum, dad and family
- Allowing time for people to consider varying views

#### Engagement

A range of engagement methods are used within this service depending on the needs or preference of the young mums involved. The nature of the engagement through FNP often develops from a young mum’s desire for privacy around what they identified as very sensitive and emotional issues. This results in much 1-1 work.

---

“I love FNP. I’d be lost without it!”

“FNP is fabulous, especially my own family nurse – she really knows me”
In October 2013 a one-year celebration event was held. Having the celebration event also allowed young mums to engage with each other and share experiences. The event was attended by 200 guests including young mums, their babies, dads, family members and each was offered a family photo opportunity.

Throughout the celebration event young mums, dads, families and stakeholders were able to share their views on the service through various methods:

- 1-1 interviews
- Facilitating families to meet with other families
- Graffiti wall
- 3 Young mums acted as speakers at event

**Evaluation**

Sometimes it can be difficult to evaluate how this service has impacted on young mums and families lives and to ensure the correct methods for evaluation are being used. However, as trust is developed between the young mum and the family nurse the young women have become more open on how the service has impacted on them. Young mums and dads have an opportunity to give their views on a 1-1 basis with their family nurse. Plans are in place to gather video stories of their experience. In terms of the impact the service is having on the Trust, a social worker from a Trust residential unit stated:-

"thanks for the help you have given our young people – it’s a great service."

**Outcomes**

- Increased trust
- Greater transparency
- Improved accessibility
- Capacity building
- Individual and family views prioritised
- Increased involvement in planning of care
- Helped reduce the perceived stigma attached to young mums
- Improved community integration
- Helped reduce complaints and deal more effectively with concerns at a local level

- Greater involvement of fathers
- Advice and smoking intervention during pregnancy
- Greater intervals between pregnancies and fewer subsequent births
- More awareness of accident prevention
- Better language development in children
- Increase in employment opportunities

"The FNP helped me so much, especially with staying calm. The family nurse has been just so helpful."

"I was able to teach my mum things that she didn’t know even after having four of her own children!"
Difficulties / Challenges

A gap regularly identified, in particular by stakeholders is the lack of availability across the full Trust geographical area due to current capacity. The PHA has been advised that current provision restricts the delivery of the FNP in certain areas of the Trust.

“Really appreciate the support the family nurse has offered to my daughter, the programme really benefited her and helped her prepare for her baby and now that he is here it is really helping her to be the best mum she can be.”
### Example of Level 2 - Evaluation of existing services

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Statutory Domiciliary Care Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division or Programme of Care</td>
<td>Older People's Services</td>
</tr>
<tr>
<td></td>
<td>Older People and Primary Care Directorate</td>
</tr>
</tbody>
</table>

#### Background

Older people tell us that they would prefer to remain independently in their own homes for as long as possible. Domiciliary Care (DC) is one of the services the Trust provides to enable people to do that. Historically the domiciliary care budget within the Southern Trust was overspent and the Trust struggled to meet the growing need for this service. The Older People’s division was aware there were a number of issues regarding the current service model employed, including time for task, lack of timely review, creation of dependency and the service was not flexible to respond to individual or emerging need. In addition a domiciliary care worker stated “Where we are needed in a house we feel valued” which implies there were still homes for which commissioned care was not considered necessary and therefore the service could be tailored further.

#### Involvement

Recognising that all stakeholders had valuable experience and knowledge of the service with different perspectives and legitimate concerns, in regard to change and what that would mean, work began to identify a better service approach. This included a greater focus on a quality service model involving those who currently used the service, their carers, staff who delivered the service, managers and staff.

This included:

- Establishing a baseline picture
- Developing Project management structure
- Agreeing criteria and measures
  - Introducing new requirements - OT (professional functional assessment)
  - Reviewing admin staff support
  - Caseload model rather than “Time for Task.”
    - This allowed DCW flexibility to spend their time as needed.
  - Independence focus - “with” not “for”
- DC Supervisor greater focus out with teams and clients - can now spend
- 55% of time out with clients and with staff
- Identification of pilot area to test new model
- Ensuring ongoing process of engagement, communication and feedback – clients, key workers, all community teams, GP’s, MLA’s
- Staffing
Outcomes and findings to date
The Project ran from 1 June 2016 - 31 December 2016 in Armagh & Dungannon Locality. The evaluation has now been completed and demonstrated:-

**Improved service user experience and confidence in the service**
- The Domiciliary Care Monitoring Manager met with **30 clients** during the six month evaluation period
  - **28** (93%) clients stated they felt the service met their assessed needs
  - **20** (66.6%) clients commented that the time the care worker spent with them was adequate and did not feel they were being rushed (which had consistently been raised by clients prior to the project)
  - **22** (73.3%) clients had met the DCW’s line manager the DCS and this increased their confidence of the service provided and gave assurance that supervision was taking place

**Improved quality of service**
- **350** care workers received new ‘promoting independence’ training
- Homecare OT assessment
- Additional hours to meet changing client needs

**Increased capacity and efficiency**
- **204** hospital discharges accepted
- **227** referrals made to the new homecare OT of which 207 received an assessment
- **166** new clients accepted during the six months needing a care package
- **3,617** hours released to create capacity to accept new care packages and increase existing packages where required
- **2,646** hours added in to meet changing client care needs

The evaluation can also demonstrate evidence that the project:-
- Was responsive and provided timely assessments
- Achieved greater efficiency as care packages were flexibly tailored to meet eligible needs which freed up some capacity and allowed additional care packages to be accepted
- Improved outcomes for client - independence focus by DCW’s
- Improved better collaboration with other teams
- Made for happier staff and clients - no complaints and positive feedback
Moving forward

- Criteria developed for moving clients to Independent Sector Domiciliary care services once potential has been maximised
- Now tested at scale across Armagh and Dungannon with plans to roll out to the other two locality areas
- Quality and efficiency will remain our focus
Example of Level 3 - Development of new services

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Involvement in the Design of new Bluestone Unit (to replace Psychiatric Intensive Care Unit (PICU))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division or Programme of Care</td>
<td>Mental Health Division Mental Health and Disability Directorate</td>
</tr>
</tbody>
</table>

**Background**

The Mental Health Division has an established User Carer Service Improvement Group (UCSIG). This group facilitates direct service user and carer engagement, involvement and communication within SHSCT. The Mental Health Forum in the Southern Trust act as the conduit for information, agenda items and rotating representation on UCSIG where other mental health groups, organisations and communities of interest are represented. It ensures services are responsive to local needs and concerns/suggestions which are highlighted, recorded and appropriate solutions sought to ultimately improve services and the patient/client experience.

A partnership approach is central to the workings of UCSIG. The co-chair of the group is a service user.

In early 2013 UCSIG was invited to be part of the planning sub-group of the new Bluestone Psychiatric Unit and the co-chair volunteered to sit on this group to represent service users and carers.

During meetings various items were discussed such as the layout of the new build, type of materials used, safety/security for service users and staff, furniture, fixtures, fittings, colour, art gardens etc. and for the most part the group achieved mutual agreement. The service user states she felt that she was being genuinely listened to and her input valued.

“I volunteered as the service user /carer rep on this planning sub group. It involved attending many meetings along with staff and personnel from many different disciplines.”
## Person-centred approach

The sub-group meetings took on board what suited the service user in terms of dates, times and venues for meetings. All members of the sub-group ensured that a person-centred approach was maintained throughout the project.

This was achieved by:

- Producing accessible and appropriate information
- Informal discussions taking place outside of meetings
- Allowing time for the service user to consult with the UCSIG to consider their views and advocate on their behalf
- Taking on board service users and carers issues and concerns to further develop the project e.g. including the Coffee Dock which was originally not in plans
- On-going support from the Mental Health Forum members and staff such as support, paper for printer, reimbursement procedures, hot desking in SHSCT

## Engagement

A range of engagement methods were used to consult and inform the wider service user and carer network. The benefit of having a service user on the sub-group ensured that timely updates were shared with USCIG.

- Sub-group meetings
- UCSIG meetings - standing item on agenda
- Senior Planning Officer, Head of Service for Acute Mental Health and Architect attended two UCSIG meetings to share updated plans and progress on PICU
- Members of the UCSIG shared information and gathered views from Mental Health Forums, CAUSE (carers), NIAMH (Advocacy) and wider community and voluntary networks
- UCSIG on site visits to unit prior to opening
- Visual sharing of plans with UCSIG
Evaluation

The service user was asked to tell her story of being involved and generally felt that it was extremely worthwhile having the service user / carer voice on board. Overall it improved the planning and development of the new unit.

By involving service users in the planning stage of the project it has:

- Prioritised service user and carer views
- Increased ownership of services
- Increased levels of accountability
- Increased partnership work with community and voluntary groups
- Helped reduce the perceived power imbalance between service users/carers and health professionals
- Included Recommendations for future planning, development and delivery of services

“All the while I tried to represent the service user and carers voice, but it may have been even better if there was more than one service user and carer involved in this planning/development stage.”

Outcomes

- Fit-for purpose facilities for people who have mental ill health
- Increased involvement in planning of Mental Health Services
- Greater trust developed
- Service User experience valued
- Transparency
- Accessibility
- Improved partnership working
- New unit complements Mental Health Community Services
- Coffee Dock
- Cost-effective project
- Improved community and voluntary working

Difficulties / Challenges

- Can be time consuming for service users to attend various meeting
- Burnout as actively involved in a lot of other groups and committees
Example of Level 4 – Directorate and strategic development

<table>
<thead>
<tr>
<th>Name of Service:</th>
<th>The review and modernisation of bed based short break provision (Respite) for individuals with a learning disability and their carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division or Programme of Care</td>
<td>Disability Services</td>
</tr>
<tr>
<td></td>
<td>Mental Health and Disability Directorate</td>
</tr>
</tbody>
</table>

**Background**

The Southern Trust established a Learning Disability Carers’ Forum in 2013. The purpose of the Forum is to provide an opportunity for carers to be involved in any proposed service changes, developments in respect of respite, day opportunities, day care, supported living and transition. The Forum consists of 20 carers of individuals who have various levels of learning disability.

One of the significant concerns for the Trust and the carers was the provision of bed based short breaks to enable carers and service users to have access to equitable short break opportunities in the areas where they lived.

**Involvement**

Following discussion with the Learning Disability Carers’ Forum it was agreed, the Trust would hold five information sessions across the three localities, to inform carers of the issue and seek their views as to how a service might be developed to ensure it is inclusive and equitable.

A letter of invite was sent to each of the **348 carers** who benefited from a bed based short break outlining the details of the information sessions.

In advance of the Information Sessions the Trust shared all of its concerns and pressures in a slide format to carers on the Forum to let them know what would be discussed in advance of the Information Sessions. Members of the LD Carers’ Forum agreed to facilitate round table discussions with their peers. Trust staff were only used to take notes at the sessions.

At the Information Sessions the Head of Service made it particularly clear that in as much as the Trust had many very experienced staff delivering a bed based service; the specialists in the provision of care to individuals with a learning disability were the carers in attendance at the sessions. It was their valuable experience which was going to be used to inform future service developments.

Following the presentation by the Head of Service, round table discussions led by carers were used to gather feedback to help inform future service development.
In addition, the Trust sought additional feedback from any carer who had not attended the Information Sessions so that they were given the opportunity to contribute to the future vision for short break services.

All of the feedback was collated and shared with the 348 carers. This detailed the concerns that carers had identified and highlighted their recommendations on how they felt the service could be improved.

All of the information which was gleaned from carers was used to inform an options appraisal as to the most effective form of bed based short break provision for service users and carers. The options appraisal was developed by a number of Trust staff working in partnership with four carers from the LD Carers’ Forum who had agreed to take part in the process.

The involvement of carers in this process helped Trust staff to have a greater understanding of the type of service they require. Carers also commented on the challenges they faced in being part of the appraisal process and how detailed and transparent a process needs to be in order for it to be effective.

Following the options appraisal, and the selection of the preferred model, other carers from the LD Carers’ Forum agreed to take part in the development of the preferred model for respite. This has included attending several meetings to examine the physical environment of a new facility, arrangements for day care, transport and more importantly governance for that facility. Meetings have proven to be very informative from both the Trust and carer perspectives and simultaneously maintained the value of the partnership as the underpinning basis for all discussions.

**Feedback**

While there has been a continuous process of feedback to stakeholders throughout this involvement process, the Trust is currently developing a document to inform carers of the agreed preferred model, including details of the process taken to reach that decision and to advise of the next steps.

**Challenges**

- Very distressing discussions had to take place which were often extremely emotive particularly as they involved potential life changing circumstances for carers
- Carers did not trust the decision making processes as they believed the Trust would make decisions without considering their opinions
- Some carers were more vocal than others and this was to prove off-putting for carers who had valued opinions but were not confident enough to share them
- The Trust had to share all of its processes with carers to ensure that trust could be developed and nurtured
Outcomes and learning to date

- Carers felt respected and valued as part of the comprehensive engagement process.
- The time invested in this process will ensure the service specification will be designed to more realistically reflect carer and service user needs and experiences.
- This has proven to be an extremely important learning development for the Trust and in particular the Learning Disability Division. The development of carers or service user fora is essential as the Trust needs a more robust system/process for engaging early with users of our services.
- The formation of the Carer’s Forum has been very effective in enabling the Trust to understand the feelings of carers who have been and will continue to be affected by any changes in services.
- The involvement of members of the Carer’s Forum as round table facilitators at the information sessions was beneficial in obtaining the opinions and views of the carers who attended as they believed that peer facilitators were much more impartial.
- Exchanges between Trust and carers were heated at times however as a consequence both sides of the partnership now have a better understanding of each other’s positions. Feedback from the Information Sessions was very positive as carers felt they were included in any proposed service changes.
- Sharing all of the difficulties experienced by the Trust in providing a service enables carers to understand how and why decisions made by the Trust are reached. It is essential the Trust continues to share any proposals with Forum members regarding future changes in services in advance of changes being made.
- The development of databases for contacting carers is crucial as carers need to be continually updated on any proposed changes to service delivery.
- The philosophy of an open and transparent partnership is now recognised as the only effective way of engaging with carers and service users to ensure they feel their opinions are valued and respected.
- The Trust will continue to promote this extensive engagement style to seek the opinion of carers and service users about its services.
Example of Level 5 – Corporate and strategic direction of the Trust

<table>
<thead>
<tr>
<th>Name of Service:</th>
<th>Personal and Public Involvement Panel (PPI Panel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division or Programme of Care</td>
<td>Promoting Wellbeing</td>
</tr>
</tbody>
</table>

**Background**

In 2009, the Southern Health and Social Care Trust developed a draft PPI Action Plan Framework. It outlined how the Trust intended to work towards achieving the vision of effective and meaningful service user, patient, carer, community and public involvement within health and social care services. Feedback from the consultation process identified the need for further development to involve service users, carers and other stakeholders at a strategic level. While some expressed an interest in being involved in the committee, established to monitor the implementation of the Trust’s PPI Strategic Plan, others did not want to engage at this level; however they still wanted to be informed of the work and the progress made by this group. In order to accommodate both aspects, the Trust decided to establish a PPI Panel.

**Involvement**

The PPI Team developed an information pack to explain *what the Trust is, what PPI is, what a PPI Panel is and why the Trust wanted to establish a PPI Panel*. The information pack also outlined the criteria for involvement, what commitment would be required, the support the Trust would provide and where to obtain further information. An expression of interest form was included in the pack together with details of how to apply to join the PPI Panel. A flyer was developed and this together with the information pack was circulated widely across Trust Service teams and voluntary and community organisations.

Following the recruitment process, a core group of 12 service users, carers and other stakeholders came together in 2010 to form the Southern Trust’s Service User and Carer PPI Panel.

The PPI Team developed a training needs analysis questionnaire and this informed the format and content of an induction programme. Following induction training the PPI Panel agreed Terms of Reference and developed an action plan. Initially the PPI Panel met on a monthly basis, however once the Panel became established this was reduced to quarterly meetings.

The Panel’s membership and action plan are reviewed on an annual basis. The action plan outlines the key pieces of work the Panel has agreed to focus on for the year ahead.
This work falls under three key action areas:

- Further development of the PPI Panel
- Development of PPI Resources
- Continued representation on relevant groups relating to PPI

Induction and refresher training is provided as required.

**Outcomes to date**

**Since its inception the PPI Panel has achieved the following:**

- Contributed to the development of the PPI action plan template, PPI Indicators and internal monitoring processes

- Development of a good practice guidance for consultation and engagement, an Advocacy Information Booklet and Good Meeting Etiquette guidance

- Reviewed and commented on existing Trust PPI training and resources including the reimbursement guidance which has been adapted by the PHA for regional use, action plans and performance management reports

- Contributed to the development of the PPI Toolkit and other resources to support Trust staff, including recording templates, the new Trust website, PPI Newsletters and Annual Reports

- Commented on a range of leaflets including the Hospital Information Booklet, A&E Information Leaflet, Discharge Leaflet and useful contacts for patients and carers leaving hospital

- Hosted a PPI Information Event and a PPI Workshop for Trust staff

- Participated in PHA’s PPI Awareness E Learning pilot and the development of the regional Engage and Involve PPI training programme

- Commented on the Trust’s Consultation Scheme and revisions

- Reviewed the Trust’s PPI Strategic Action Plan and developed the new PPI Framework *Involving for Improvement* which along with the Patient Client Experience Framework feeds into the Trust’s Quality Improvement Strategy 2017/18 – 2020/21

- Commented on the Patient Client Experience Framework, the Quality Improvement Strategy and the Trust’s Corporate Action Plan 2017/18 – 2020/21

- Involvement in completing the annual PHA PPI Monitoring Self-Assessment Audits and verification visits

- Involvement on recruitment and selection panel for PPI Officer and in stakeholder panel for the appointment of the Director of Planning and Reform

- Participation on the assessment panels for the annual Trust Staff Excellence Awards
In addition, individual members represent the Panel on a number of relevant PPI fora including:

- Trust’s Patient Client Experience Committee (Terms of Reference amended to include PPI Panel representatives as full members)
- Trust Carer’s Reference Group
- Trust Patient Client Experience Steering Group
- Trust’s Race Equality Forum
- Trust’s Mental Health Forum and Mental Health Users and Carers Service Improvement Group (UCSIG)
- Trust’s Palliative Care Experience Service Users Group
- Trust’s Review of Complaints Procedures
- Cleanliness Audit Steering Group
- Regional PPI Forum; Training sub group, Standards sub group and Performance Management sub group
- PPI Research Advisory Group
- Social Work Strategy Citizen’s Forum
- Social Work Student Workshop presentations at the South West College and Queen’s University
- Trust Adverse Incident Group

The 2015/16 PHA PPI Monitoring Report for Southern Trust concluded that:

“On a review of the evidence, the Southern HSCT continues to be the most advanced Trust in relation to complying with the Statutory Duty of Involvement. PPI continues to be embedded into the Trust governance and decision making processes and is a core action and reporting element within each Directorate. It is apparent that the resources dedicated to PPI continue to make a significant difference to the culture and practices operating within the organisation. The development of a PPI Action Plan within each Directorate puts a clear focus on the actions required to appropriately involve service users and carers. The monitoring team welcomed the opportunity to engage with service user and carer representatives involved in the Trust and it was clear to see the impact of their involvement in different service areas.”

Involvement at each level is valuable in its own right. These levels of involvement continue to be developed to assist staff in recognising the different ways which service users and carers can be involved in aspects of their day-to-day work, depending on their personal circumstances and interest.

PPI ranges from one-to-one involvement in direct care and treatment to collective involvement in the development of policies, strategies and service improvement where priorities and objectives are set aiming for “co-production” as the pinnacle of the engagement and involvement process.
How do I know if I have done enough PPI?

While there are no specific standards or guidance on the quantity of involvement, everyone should aim to provide a range of opportunities for those most affected and promote these widely. The Gunning principles outlines a set of rules the Courts have developed to guide lawful consultation.

The Gunning principles

- Consult when proposals are still at a formative stage
- Sufficient information to give intelligent consideration
- Adequate time for consideration and response
- Response must be conscientiously taken into account

Prior to 1985 there was little consideration given to consultations until a landmark case in that year (R v London Borough of Brent ex parte Gunning). This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

1. **When proposals are still at a formative stage** - Public bodies need to have an open mind during a consultation and not already have made the decision, but have some ideas about the proposals.

2. **Sufficient reasons for proposals to permit ‘intelligent consideration’** - People involved in the consultation need to have enough information to make an intelligent choice and input into the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.

3. **Adequate time for consideration and response** - Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

4. **Must be conscientiously taken into account** - Think about how to demonstrate that decision-makers have taken consultation responses into account.

The risk of not following these principles could result in a Judicial Review. A number of public bodies across the UK have been taken to a Judicial Review and deemed to have acted unlawfully in their Public Sector Equality Duty usually due to not following the four Gunning Principles.
A fifth principle that should also be included is consideration of who should be consulted. Best practice dictates that meticulous stakeholder mapping and identification is the keystone of successful involvement practice. This is covered in more detail in the next section of this Toolkit “Who should be involved”

**Accountability**

It is **incumbent** on Trust staff to **engage and consult widely with stakeholders**, and in particular those most impacted or likely to be impacted by the planning, provision and/or changes to care services and conscientiously take responses into account. However, the final decision ultimately rests with the Trust as the accountable body.
Who should be involved?
In order to have a meaningful and inclusive involvement process that ensures maximum benefit, you need to think carefully about the nature and role of your service and who the key stakeholders are or will be.

Stakeholders are:

“any person, organisations or agency affected by and involved in the issue, or having a specific interest in the issue under consultation.”

(Rural Community Consultation Manual, Rural Community Network NI (2002)
Undertaking Community Consultation (Fact Sheet 6 page 2.)

This may be the general public, individual users of the service or carers of those who use the service. You will also need to consider any “hard to reach/easy to ignore” or “seldom heard” communities.

Questions you may want to ask yourself include:

1. Who will be directly impacted by the consultation issue?
2. Which sections of the population will be affected?
3. Are all the relevant stakeholders affected in the same way and/or to the same degree?
4. If so, should the engagement process change for different groups?

Stakeholders you may wish to involve may include:

i. Patients, service users and clients (current, past or potential)
ii. Carers and their representatives
iii. Staff and their representatives
iv. Local people, local community groups and informal groups
v. Representative voluntary and community organisations
vi. Individuals, including the ‘silent voices’ who are not represented by any group
vii. Leaders of opinion, such as councillors and MLA’s
viii. Patient Client Council; other Health and Social Care Organisations
ix. The wider public, as potential users of health and social services
x. Trust Volunteers
xi. Other statutory organisations
Carry out a stakeholder mapping and identification exercise. The template at Appendix 2 can assist you with this.

Complete an Equality Screening Template at the earliest opportunity. This will help you to ensure that the needs of all stakeholders are considered.

Section 75 of the Northern Ireland Act 1998 places a statutory duty on public bodies to promote equality of opportunity. Through the Equality Impact Assessment (EqIA) screening process undertaken by the Southern Trust, requirements to engage with service users, carers and the public in the HSC system need to be considered.

The outcome of the EqIA screening process will indicate whether or not a full formal consultation process is required. Consultation will be undertaken in accordance with Section 75 legislation as outlined in the Equality Commission’s guidance “Section 75 of the Northern Ireland Act 1998 - A Guide for Public Authorities (April 2010)”). The outcome of the EqIA screening process will also support the design and/or procurement of goods, works or services as required.

Examples of EqIA screening templates can be found at: http://www.southerntrust.hscni.net/2015.htm

Please note:

A full formal consultation process may also be required if the service or policy change is deemed to be contentious and/or if those who will be most directly affected are not an accessible or a defined group e.g. primary care services, out patients, visitors
How can I contact those who need and wish to be involved?

Once you have agreed who your main stakeholders are, it is useful to develop a database of contact details. The PPI Team has developed tools and resources to help you do this. Copies can be downloaded at: http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

- **Have Your Say Poster and leaflet**
  These can be displayed in your area of work to let service users, carers and other stakeholders know they have a right to be involved and can become involved if they wish.

- **PPI registration form**
  This template has been developed so that each service area can record details of service users, carers and members of the public who are interested in being involved; their relationship to the Trust, how they would like to be involved and any support needs they may have. This will assist the service team to develop a database as a resource when reviewing policies, procedures, facilities or services or circulate opportunities for involvement as they arise.

- **On line registration**
  This facility is available on the ‘**Involving You Section**’ of the Trust’s website http://www.southerntrust.hscni.net/contact/2525.htm
  Details of those who register are forwarded to the relevant service team to add to their database of interested people.
  There is also a list of Opportunities for Involvement providing details of longstanding service user and carer groups and the relevant contact details.
Opportunities for Involvement

This template has been developed so those who wish to become involved are aware of the range of opportunities available within the service area. Service teams should ensure this is up-dated regularly and displayed in service areas alongside the “Have Your Say” poster and leaflets.

Flyer, Information Pack and Expression of Interest form

If you want to encourage service users, carers and other stakeholders to work with you to plan, evaluate, develop or change the service you deliver, they are more likely to volunteer if:

- they have a clear understanding of what the particular piece of work is
- what will be expected from them, and;
- what they can expect from the Trust

These resources have been developed and used to recruit service users and carers in a number of opportunities for involvement including the PPI Panel, Carers Reference Group, Health Care Acquired Infection Forum, Autism Forum and can be tailored to suit the needs of your particular project.

Mailing lists

The Equality Unit holds the Trust’s official consultation list.

The PWB Team retains a community and voluntary sector and service user/carer groups mailing list. Which means information on opportunities for involvement can be circulated on a regular basis.

The Communications Team can also arrange for involvement opportunities to be circulated via Twitter and Facebook

Further information on recruiting participants including specific guidance on “hard to reach/easy to ignore” or “seldom heard” communities is located in Section 7 of this Toolkit.
The Planning Process
In order to ensure effective engagement and meaningful involvement, you must undertake a thorough planning process. The PPI team is available to help you plan. The following are points which should be considered during the planning stage:

What and why?

- What are you doing, why are you doing it and what do you want to achieve?
- What are the key steps needed within the involvement process?
- What are the timeframes for completion?
- Can you benchmark against any other organisations or learn from others who may have already completed similar work?
- How do you intend to monitor and evaluate the process?
- How will you provide feedback appropriately to those involved?
- What difference will it make?

Who and how?

- With whom do you need to engage?
- Where will you find them and how can you make contact?
- How can you engage with them most effectively?
- What are the possible barriers to the involvement process and how can they be overcome?

Communication

- What information will you need to provide?
- Does this information require different formats to suit the needs of the various stakeholders?
- Are interpreters needed for Black and Minority Ethnic (BME) communities or the deaf community?
- Are advocates required for those who are unable to become involved due to a specific medical condition or other circumstance?

Practicalities

- Is the venue accessible for all participants?
- Is the venue accessible by public transport and if not can alternative transport arrangements be made?

It is crucial during the planning stages that appropriate levels of involvement are agreed. These can then be implemented using the methods and approaches shown in this toolkit.
**Getting Started**

<table>
<thead>
<tr>
<th>Establish a Planning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring together a small team of people (staff and service users) who are important to the exercise. It is essential to have objectives and to be clear how the involvement is going to affect the service and influence decision making.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider the following questions when planning a PPI activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What information is required?</td>
</tr>
<tr>
<td>• How is the information going to be used?</td>
</tr>
<tr>
<td>• What resources are available?</td>
</tr>
<tr>
<td>• Who will you involve?</td>
</tr>
<tr>
<td>• What method/s will you use?</td>
</tr>
<tr>
<td>• How will you prepare your team?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choose the right approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your method of consultation or involvement should match both your purpose and target audience. This should flow directly from your planning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communicate your plans and prepare your team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider how you will communicate your plans to all involved and throughout the organisation.</td>
</tr>
</tbody>
</table>

*Remember to include your PPI activity in your directorate PPI Action Plan!*

<table>
<thead>
<tr>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider and plan how you will evaluate the process and provide feedback to all involved.</td>
</tr>
</tbody>
</table>

*Remember to complete a PPI Impact template and return to the PPI Team!*
The following resources have been developed to assist you with planning and implementing your PPI activity:

- **INCLUSIVE poster - Appendix 3**
  This poster has been developed by the PPI Panel to provide a good practice checklist for engagement and is available to download from the Trust website. It is also available as a pop-up stand.

  [Link to poster]

  http://www.southerntrust.hscni.net/pdf/PPI.GoodPracticeGuidelinesforEngagement.pdf or
  http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

  **It is also available on the ENGAGE Website:** [Link to ENGAGE website]

- **PPI Activity Form**
  This template provides you with a road map taking you through the main stages of a PPI activity and the issues that need to be considered. If you complete a PPI Activity Form, please forward a copy to the PPI Team as it will help us with the Trust PPI monitoring returns.

- **Good Meeting Etiquette Guide - Appendix 4**
  This poster has been developed by the PPI Panel and has been shared widely among staff for displaying in meeting room venues.

  It can be downloaded from the Trust website and is also available as a pop-up stand.

  [Link to poster]

  http://www.southerntrust.hscni.net/images/Good_Meeting_Etiquette.pdf or
  http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

  **It is also available on the ENGAGE Website:** [Link to ENGAGE website]
Training for service users and carers

As soon as the service users and/or carers who wish to be involved are identified, you should check with them what training and/or support they need in order to participate.

Training does not necessarily have to be a formal session. It can be an informal meeting where you provide information on the service, where it lies within the Trust, the background to the PPI activity, an up-date on the current position and how service users and carers can contribute to the next steps.

The PPI Team can provide examples of training needs analyses and induction programmes and assist in tailoring these for your individual needs.

The Trust’s Reimbursement Guidelines for Service Users, Carers and Stakeholders provide details of support provided for those involved.

These can be downloaded at:-
http://www.southerntrust.hscni.net/images/FINAL_REVISED_INTERIM_SERVICE_USER_REIMBURSEMENT_GUIDANCE_Nov_15.pdf or
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

A summary of the guidelines for sharing with service users and carers is available at:-
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

Further information on the Trust’s Reimbursement Guidelines for Service Users, Carers and Stakeholders is detailed in Section 11.
Methods & Approaches
Service users and carers may wish to express their views in different ways and in a variety of settings. The involvement of service users and their representatives can take many forms. Using a range of approaches will increase opportunities and give more people a chance to be involved. Service users may be concerned with general health and social care issues, or they may be focused on a specific area of service, or interested in both general and specific issues.

Service users may already be involved with the Southern Health and Social Care Trust through a community or voluntary group, as a member of a Service User Group, or as a representative on one of the Trust’s Planning Groups or issue based fora.

A Flow Chart of the Trust’s PPI structure and a list of the main service user and carer fora are available at http://www.southerntrust.hscni.net/about/1600.htm

Before choosing a particular method, a number of issues need to be considered:

- What information is required?
- How will the information be used?
- How much time is available?
- What resources are available?
- What is the nature of the service?
- What are the needs and capacity of those involved?

It is important not to rely on a single method of involvement. Different methods of involvement tailored to suit your service user/carer population can work well together and provide richer, more in depth data.

This section outlines a range of methods and approaches that may be considered when involving service users and the public. They are arranged in sub-sections which relate to the five levels of Community Engagement on page 21, each offering practical guidance and a checklist of pointers, as well as exploring the advantages and disadvantages of each method:

- Providing Information
- Obtaining Information
- Forums for Debate
- Participation
- Partnership

The Engage website: http://engage.hscni.net/ has an Involvement Tool search function to help people identify what method will suit their need.
Providing Information - Service Leaflets, Booklets & Information Packs

It is important service users and carers receive and have access to up-to-date, reliable information. The information can relate to what they can expect from the service they receive; information about how to access services; specific criteria that needs to be met in order to access a service; improving understanding about conditions or issues relating to the service, how to provide positive or negative feedback, how to make a complaint and so on.

You should aim to ensure that all service users, carers and the public are given information in a timely manner and that the information is clear, accessible, informative and relevant to their needs. How leaflets, booklets and information packs are presented, and the information they provide, has an impact on how the Trust is perceived by people using our services and other stakeholders. Involving people who use your service, and their carers, in the development of service information ensures it more likely to be easily understood and tailored to their needs.

When producing leaflets and written documents you will need to consider the specific needs of the following groups of people if they use or are likely to use your service:

- Black and Minority Ethnic (BME)
- Irish Traveller Community
- People with a Learning Disability
- People with a Visual Impairment
- Children and Young People
- Older People

Think about language; literacy levels; the use of pictures, signs or illustrations to help them understand the message/s you are trying to convey. Do you need to use larger font?

The Trust is committed to ensuring the information we distribute and services we provide are fully accessible to all of the community in Northern Ireland. This commitment is underpinned by some of the core values of the Trust which includes treating everyone with respect and dignity and to be open and transparent. These values are also in keeping with the Patient Client Experience Standards regarding respect, attitude, behaviour, communication, privacy and dignity. We continue to keep our processes under review to ensure that this remains the case.

To ensure equality of opportunity in accessing information we provide it in alternative formats on request where reasonably practicable. If this cannot be facilitated the Trust will advise of the reasons for this outcome and provide a new estimated response timescale.
You should find out if people have any information or communication needs. For example, you should ask - if they need information in an alternative format, by email or if they require an advocate or a Sign Language /other interpreter.

Alternative formats may include easy read, Braille, audio formats (CD, mp3 or – Daisy), large print or minority languages to meet the needs of those for whom English is not their first language.

‘Making Communication Accessible for All-A Guide for Health & Social Care (HSC) Staff’ is a guide, co-produced with the community and voluntary sector, to enable health and social care staff communicate more effectively with people who are disabled or have a communication support requirement.

To access the electronic version visit the Belfast Health and Social Care Trust website at: http://www.belfasttrust.hscni.net/MakingCommunicationAccessible

The Trust’s Equality Scheme has a section on public access to information and there is also a range of guidance for specific communication needs and some sample documents on the Trust intranet located in the Policies and Procedures section - Accessible information.

Providing Information - Leaflets and Written Documents

Leaflets and/or other written documents may be used as a starting point in a consultation. The lists of advantages and disadvantages below can help you decide which particular format best suits your needs:

**Advantages**

- It is an opportunity to outline the organisation’s position
- It is an accepted way of circulating information
- It is an opportunity for the organisation to make a statement
- It can help build understanding of the organisation
- It can keep the public informed and aware of issues
- It is a record of the organisation’s position at that point in time

**Disadvantages**

- A document becomes outdated quickly
- There is no guarantee it will be read
- The language may not be appropriate for the reader
- On its own a leaflet or document is unlikely to bring about real change
When developing or reviewing your service team leaflet, or a document on a particular aspect of your service, you should seek to involve people who use your service and their carers. This will ensure the information you are providing is the information they find important and will also help to ensure that the language is appropriate and easily understood. You should aim for co-design and co-production where possible. Further information is available in our Factsheet Developing a Service/Patient Information leaflet:-
http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

Newsletters
A newsletter can be produced for service users, carers and the public, as well as staff. It can be a good method of creating awareness or providing feedback - especially if created in a timely way.

Advantages
- Newsletters are visually appealing
- They are a relatively inexpensive way to target selected groups
- They can provide a wide coverage – opportunity to reach a larger audience
- Staff can learn new skills and may increase their awareness of local health issues and public involvement work
- Local people can be encouraged to contribute articles or become involved in disseminating the newsletter, thus promoting involvement and ownership

Disadvantages
- Newsletters can be time-consuming to edit and produce
- They can be costly if in colour or using images/photographs
- They are a method of giving out information, rather than engaging in dialogue
- Newsletters are not always read by the target audience
- They can be seen as ‘junk mail’
Points to consider

- Is this the best way to give information to the people you need to engage with?

- The proposal or the issue outlined in a document should not be presented in isolation. It should be followed up with an action plan or an indication of the next steps

- Ideally a document should be tested with a range of people from the target audience before it is published

- A consultation document should be followed by a final document outlining the changes made as the result of the involvement and consultation process and the next steps envisaged

- Information must be accurate, accessible, understandable and targeted

- Are you clear about who the audience is and how to reach them?

- It is important to give the correct amount of information – not too little and not too much

- The document is part of the process, not the process itself

- The production of a clear readable document can involve intensive work and requires a specialised resource

- Have you involved service users and carers in the design of the document?

Checklist - Leaflets, Newsletters and other written documents

- It needs to look attractive
- Is it written in plain English, is it jargon free?
- Do you need to produce a summary?
- Do you need either the main document or the summary translated?
- Do you need to consider other media e.g. audio, CD, DVD, Braille?
- Obtain service user feedback on content to ensure information is easily understood - use your PPI database membership
- How is it to be distributed?
- Do you need posters to tell people about it?
- If it is a Newsletter, have you asked local people to contribute articles?
- Will you use local or community media to advertise it?
- Would built-in response forms be a good way to get feedback?
- Is the format and length suitable for the target audience?
- Do you need a glossary?
Providing Information - Exhibitions, Campaigns and Presentations

This method incorporates a number of tools such as presentations, posters, leaflets and other visual information which can be used to disseminate plans and engage in consultation. This approach enables communication and information to be shared in both directions - from the service provider to the patient/service user and vice versa - and can be an effective way of conveying information and informing the public. It can be used on a one-off or on a limited basis as part of the consultation process or as part of a promotional campaign. If promotional campaigns are run over a period of time they can increase audience participation and improve awareness. An effective method of engaging with patients, service users, carers and the wider public is to make displays interactive. For example regarding smoking cessation, staff can encourage people to become involved by testing their carbon monoxide levels.

Checklist - Exhibitions, Campaigns and Presentations

- Is the purpose of the event clear to everyone involved from the outset?
- Is the site relevant to the locality of the services?
- Is it where local people go? Is it easily accessible?
- Is an individual responsible for preparing and coordinating information for the event?
- Do you need to provide a leaflet or other handouts?
- Do you need interpreters?
- Can the event be left unattended - if not, do you need a rota?
- How will the event be advertised?
- Are staff and service users well briefed?
- Are there other providers whose expertise can be used e.g. Promoting Wellbeing staff?
- How will the messages from the public be dealt with and acted upon?
- How will you formally evaluate your event?
Providing Information - Social media

The Trust currently has Facebook and Twitter accounts, which can be used to provide information to the general public. These accounts are managed by the Communications Department.

The PPI Team coordinates a Community and Voluntary mailing list and information can be forwarded through this to the main groups operating within the Southern Trust area for onward distribution.

To register for this mailing list or to request circulation of information through this list, please email ppi.team@southerntrust.hscni.net

Social Media can also be used to obtain information and further detail about this is located in the Other Methods section of this toolkit.

Obtaining Information - Informal comments/feedback

Ensure those who use your service are aware they can make informal comments about their care or the service they have received and that this can be done by simply talking to a member of staff. Ensure your staff are aware of this also.

Obtaining Information - Suggestion Box

Service users, carers and the public may want to write down some suggestions on how the service or care that they have received can be improved. This can be done anonymously and posted in a suggestion box. Ensure the location of suggestions boxes are clearly marked and are visible and accessible to service users. It is also useful to get feedback on what service users like about the service so that you get a balanced picture.
Obtaining Information - Service User Feedback (Complaints and Compliments)

Our aim is to ensure that the services we provide are of high quality and that they are delivered in a comfortable, caring, compassionate and safe environment. Each year a significant number of people receive services provided or commissioned by the Southern Health and Social Care Trust and the vast majority have a positive experience and are cared for by well trained professional and support service staff, all of whom are highly dedicated. However like any organisation, things can go wrong and when this is the case we make it our goal to listen, learn and improve.

Patient Experience and involvement is extremely important to us. We aim to continually improve and it is those people who have experienced or observed our services who can help us to learn and improve the services we provide by sharing their experiences. The Trust is committed to providing high quality services to everyone that uses them. Service user and carer views can help us to improve our services. They are very much appreciated and are treated in confidence. Service users and/or carers may want to make a comment or suggestion.

Tell us what was good about their experience by making a compliment, or make a complaint about our services.

We can be contacted in a number of ways, including:

- **By letter:** Service User Feedback Team, Southern Health & Social Care Trust, Beechfield House, Craigavon Area Hospital, Site 68 Lurgan Road, Portadown, BT63 5QQ
- **By telephone:** 028 3756 4600
- **By email:** Compliments and suggestions - user.feedback@southerntrust.hscni.net Complaints - complaints@southerntrust.hscni.net
- **On line Service User Feedback form:** http://www.southerntrust.hscni.net/contact/3854.htm

The Annual Complaints Report and further information is available on the Trust website http://www.southerntrust.hscni.net/contact/1614.htm

Quarterly reports on complaints and compliments are presented and trends discussed at the Patient Client Experience Committee.

Further information is available at: http://www.southerntrust.hscni.net/contact/1614.htm

Staff should also refer to the Trust’s Policy on Managing Complaints and User Views, which can be found at:

Obtaining Information - Questionnaires

Questionnaires are a well-established approach used for capturing information where participants are asked a standard series of questions. Questionnaires can be used for obtaining background information as part of an evaluation process as well as seeking opinions when developing services.

Types of questionnaire

- Postal
- Internet/e-mail
- Semi-structured - as part of an interview
- Exit Poll - questionnaires issued after using a service

Advantages

- They can be used to seek information from large numbers of people
- They enable all participants to be asked a standard set of questions
- They gather views on a range of issues while the results can be made available relatively quickly
- The same approach can be used again to keep track of any changes that may have occurred

Disadvantages

- Although surveys are an excellent way of reaching a large audience, response rates can be low, therefore it is essential to pilot the questionnaire first to ensure maximum response
- Postal questionnaires can be costly and unless patients really want to have their voice heard, questionnaires will not be returned. It is important to send out stamped addressed envelopes or use the Trust’s freepost service when distributing significant volumes. To request envelopes for your survey/questionnaire complete a request form which is available on the intranet under useful documents or by following this link: http://vsrintranet/SHSCT/documents/FreepostEnvelopeRequestForm.xlsx and email to Doris.Mccammon@southerntrust.hscni.net
- It is essential to test the questionnaire with a small pilot, to iron out any anomalies that may arise, as people may interpret questions in different ways
Points to remember when developing questionnaires

- Include both open (which require more than a one-word answer) and closed questions (which require a yes or no answer) - this ensures information can be used to develop a statistical analysis while at the same time allowing participants to expand on their views.

- Make sure you know your target audience before you produce the questionnaire. Are you targeting a specific set of service users, patients or carers or is it aimed at all who use your service?

- Pilot the questionnaire before you send it to a wider audience. This will eliminate misleading questions and help ensure the questions are interpreted in the same way by the entire audience.

- Will this be a stand-alone questionnaire or be used as part of a range of involvement methods? This decision needs to be made at the start, as it will dictate the length of the questionnaire. It is also important to bear this in mind when deciding on the target audience.

- Have you considered the needs of difficult to reach groups? Do you know if any of the people you will be surveying has a disability or maybe English is not their first language? To ensure their needs are met explore these areas further.

Survey Monkey

Survey Monkey is an online survey development platform providing free, custom built surveys, as well as a suite of underlying programs that include data analysis, sample selection, bias elimination and data representation tools.

The Trust has an account with Survey Monkey and its sign-in details are available on request from the Communications Team.

To create a new survey click ‘Create Survey’ in the upper-right corner of the account and choose from one of the following options:

1. Start from scratch;
2. Copy an existing survey;
3. Search surveys and templates.

If you choose ‘Start from scratch’ you will then be required to give your survey a name. At this point you will also have the option of selecting ‘My questions are already written’ which will allow you to copy and paste prepared questions and add them to the survey in bulk. Otherwise, you’ll start with a single blank page where you can add your questions and use the tools in the left sidebar to build your survey. You can add different question types from the BUILDER section of the sidebar, or choose pre-written questions from the Question Bank. After you add a question, take a look under the Edit and Options tabs to customise it.

If you started from a template, review the survey and see if there are opportunities to personalise it. Most of the pre-written questions allow you to customise certain parts...
of the question text to ensure that the question is relevant to your survey. You may also want to add your own questions or remove questions that aren't useful to you.

If your survey is long, it’s advisable to break it up into multiple pages. Respondents will feel they are making progress as they reach each new page, and it can help you organise your survey into logical sections.

After your survey questions and pages are in place, it’s a good time to apply logic to the survey. Survey Monkey offers several logic options you can use to control the behaviour of your survey and enhance the quality of your data.

For example, you can use Question Skip Logic to control the path of respondents based on their answers to previous questions. Or, you can use Question Randomisation to reduce order bias.

After the structure of your survey is in place, and your logic is working smoothly, you can focus on fine-tuning the appearance of your survey with regards to design and display options. You can show or hide elements on the survey page, add a logo and create a custom theme.

Always preview and test your survey before sending it to respondents to eliminate any mistakes or logic issues. Then, once you're ready to send it out, create a collector to get responses.

### Checklist – Questionnaires

- What do you want to find out?
- Who is the target audience?
- Do you need help with sample size/representation?
- Will the questionnaire be distributed and collected – in person, e-mail, website, postal?
- Who will decide on the questions?
- Who will work on the data analysis?
- Will you need external help with this?
- Will the information be of any benefit if you experience a low response rate?
- Will you send reminders?
- How will you feedback outcomes to the respondents?
- Will you need or be offering translation or interpreting services?
A generic questionnaire template is included in our fact sheet on Questionnaire Design which can also be downloaded from the Trust website:

http://www.southerntrust.hscni.net/about/1600.htm or
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

It is also available on the ENGAGE Website: http://engage.hscni.net/

Interviews
Interviews may be semi-structured or structured.

What is a semi-structured interview?
This approach aims to obtain feedback or explore an issue or service. It helps the interviewee talk through their feelings and concerns and can be carried out face-to-face or by telephone. The interviewer aims to cover a range of pre-set topics rather than asking the interviewee to answer specific questions from a limited range of possible answers.

What is a structured interview?
This is where the interviewer asks a number of pre-determined questions and allocates the answers to one of a pre-determined set of possible responses. Interviews may take place face-to-face or by telephone. Again care should be taken to ensure the information gathered will help inform staff of what is good about the service and areas requiring improvement.

Advantages
- Obtains relevant information
- Targets specific respondents: aids population cross-section
- The structure facilitates comparisons to be made
- Allows freedom to explore general views and perceptions in detail
- Permits staff from other work areas or external organisations to undertake the interviews which makes the process more independent and can encourage participants to be more open when expressing their views
- Can be a useful method for gathering information around sensitive issues/topics
Disadvantages

- Interviewing skills required
- Need to sample enough people to ensure that individuals cannot be identified from the data
- Expertise in preparing the required questions to ensure they are not prescriptive
- Data analysis skill is needed for qualitative data
- Can be costly, time consuming and resource intensive

Points to remember

- Be clear about what you want to know
- Do you want to collect comparative data as well as explore experiences and views in a less structured way? If so, is this the right method?
- How much time, capacity and resources are at your disposal?

**Checklist – Interviews**

- Who will prepare the framework for discussion?
- What are the key points to cover?
- Will interviews be face to face or by phone?
- Where will the interviews take place?
- Do you require interpreting or translation facilities?
- Who will do this?
- Who will carry out the interviews?
- Have they the necessary skills/ training?
- How do you recruit the interviewees?
- How many interviews do you need to do?
- How will you analyse the data?
- How will you present feedback?

Citizen Space

Citizen Space is a free, user-friendly consultation and engagement platform designed to help statutory bodies to set up, organise and publicise consultations. Adhering to all data protection standards, it supports the creation of many different survey types that work seamlessly across desktops, phones and tablets. This enables more people to access and respond to consultations wherever and whenever they like, widening participation and increasing the quality of responses.
The platform also provides a wealth of consultation options (which includes a variety of question formats), and facilitates the ability to embed a wide range of media set-ups and a powerful search tool - all combining to improve the consultation experience. In addition all public responses are readily available as well as succinct summaries for consultations under the ‘We asked, You said, We did’ tab.

http://www.citizenspace.com/info
https://consultations.nidirect.gov.uk/

**Advantages**

- Everyone in health and social care can access it for free
- It offers the ability to create lots of different types of surveys
- It has a dedicated ‘We Asked, You Said, We Did’ section for sharing results and feedback from your consultations (Closing the loop)
- It is secure and trusted by public bodies around the world
- All consultations undertaken by public bodies in N Ireland will be hosted on one site

**Disadvantages**

- It was only introduced into N Ireland in 2016 so it is very new and not everyone will be aware of its presence
- Whilst it is user friendly it can appear daunting at the start

**FORUMS FOR DEBATE**

**Public Meetings**

This is an event where an open invitation has been issued and may include a set agenda, or the discussion may focus on issues raised by those attending the meeting. The Equality Unit holds the Trust’s official consultation list. Community and voluntary groups in your area can be contacted through your local Promoting Wellbeing Team. These groups can provide a useful channel for making initial contact with the community.

Venues should be accessible to people with disabilities and auxiliary aids, e.g. Induction Loop systems may be required.
Advantages

- Opportunity for a wide range of people to comment or raise issues and on an equally important note they can directly challenge issues
- PR value – the only public debate on the issues may previously have been through the media
- Provides an opportunity for joint consultation e.g. working with local authorities on issues of common interest
- Offers opportunity for the public to challenge issues directly which improves accountability
- Provides an indicator of problem areas and local issues that may not have emerged previously. It can also provide an indicator of where to focus attention in future

Disadvantages

- There may be a low turn out
- Can be a risky approach – you have no control over who attends or what might occur
- There may be people present beyond your control – e.g. individuals claiming that they are the ‘voice of the people’
- The audience may be hostile
- It may only attract interested parties/lobby/pressure groups etc.
- Organising these events takes time and the cost needs to be taken into account. e.g. hall hire, advertising, PA systems and refreshments

Checklist – Public Meetings

- What do you hope to get out of the meeting?
- What will people take away from the meeting or do as a result?
- Who do you hope to attract?
- What are the levels of interest out there?
- When is the best time to hold it?
- Are you giving people enough notice?
- Where will you hold the meeting?
- Is the venue available and easily accessible?
- Who are your speakers? Will they attract an audience?
- What can you do to promote the meeting?
- How can you use the event to promote your messages?
FORUMS FOR DEBATE

Focus Groups

A focus group can sometimes be described as a group interview and usually includes individuals, (six to ten people) with similar backgrounds or experiences. This group is brought together to discuss a specific topic. It is advisable to utilise a skilled facilitator to chair the process and record comments and views, while remaining independent. Individuals are encouraged to interact by exchanging and commenting on one and others experiences.

Focus groups are useful methods for taking forward the views and experiences of patients, carers and the wider public, and then using this information to help redesign services. A focus group differs from a public meeting as attendees are invited, mainly due to their special interest or expertise in a particular area.

Advantages

- Good method to test proposed service changes
- Relatively low cost per respondent
- Opportunity to inform participants prior to participation
- Can be arranged at relatively short notice
- Good for exploring issues experienced by a small section of the population, or users of a particular service or interest group
- May prompt views of those who think they have nothing to say
- Can bring similar people together – who may meet up again or develop into a support group
- Allows a framework for discussion, and aids group satisfaction by interacting
- Skilled facilitation can help all views be heard
- Can empower participants

Disadvantages

- Group membership may inhibit certain members – there needs to be a solution sought to help these people express their views
- Does not generate ‘evidence’ as such, however strong consistent views from one or more focus groups may carry a certain weight in some issues
- Confidentiality: group rules need to be agreed from the start
- May need to hold a number of different focus groups to validate findings between groups
Checklist – Focus Groups

- What criteria do you use for selection of participants?
- How will you recruit participants?
- Is this method appropriate for the subject matter?
- Is the sample appropriate?
- Who will facilitate it? Are they trained? Are they independent?
- How much money is at your disposal?
- Can you offer any incentives?
- Have you agreed ground rules?
- What questions should you ask?
- What level of information do participants require?
- How long should each meeting last?
- Have you taken into account everyone’s needs?
- What will you do with the feedback?
- How will you evaluate the process?
- How will you feedback the outcomes?

*For further information please see our fact sheet on Focus Groups which is available on the Trust website:

http://www.southerntrust.hscni.net/about/1600.htm or
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

It is also available on the ENGAGE Website: http://engage.hscni.net/

FORUMS FOR DEBATE

Service User Groups*

Service user groups are groups of people who meet to discuss a particular project, a specific issue and/or to advocate on behalf of other service users. The group can be either informal (with minimal management arrangements) or formal (where the group adopts a constitution and has an elected management committee.) The make-up of the group will depend on its purpose and why it was set up. Service user groups can be an effective way of gathering views which have the potential to influence service design and delivery, therefore leading to a more responsive effective service for those who use it.
**Advantages**

- Allows very specific focus on a particular service
- Group members can be well informed
- Opportunity for detailed discussion
- Groups are normally highly motivated
- Potential to influence service design and delivery
- Possibility of individual or group empowerment and the likely continuation of activity beyond initial topic or subject of concern

**Disadvantages**

- Limited control over the quality or accuracy of feedback given to the wider group being represented
- May entail a large amount of staff time to get up and running

**Checklist - Service User Group**

- Who is the group for?
- What is its role?
- How will it benefit stakeholders? Why would people want to attend?
- How will the group link with the Trust?
- Will the group be able to influence decisions?
- What are the limitations?
- Who will lead or facilitate the group?
- What training is required?
- What support does the group require?
- What is the time commitment?
- How will you recruit members?
- Is representation from a Community/Voluntary organisation/s required?
- What other partners should be involved?
If it is a long-term project, the group may want to consider developing formal structures such as the composition of the group, the setting up of a committee, meeting structures etc. If this is the case, please refer to our fact sheet on constitutions which is available on the website – see below.

*For more information please see our fact sheet on “How to set up a Service User Group” available on

http://www.southerntrust.hscni.net/about/1600.htm or http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

It is also available on the ENGAGE Website: http://engage.hscni.net/

FORUMS FOR DEBATE

Support Groups/Patient/Carer Groups/Self Help Groups

These are organised groups of people focusing around a common illness or condition, service or geographical location. These may be local community based groups or branches of patient/carer organisations. They may be groups that provide support to people with a specific condition, for example, coronary heart disease support groups. Other examples are groups set up to give a ‘user view’ for example cancer user groups, mental health groups or maternity services liaison committees. Meetings may be initiated by either party and include a set agenda or remain unstructured.

Advantages

• Allows specific focus on a particular service
• Group members are normally well informed
• Participants may feel comfortable with each other
• Reaches those with particular experience, concerns and expertise and who may have specific reasons for wanting to be involved
• Those with long term conditions have special expertise in how to manage their condition as well as long-term experience of relevant services
• Advocates and carers can also make a valuable contribution

Disadvantages

• May have a very narrow focus
• Agenda may become too detailed leading to individual issues becoming all consuming
• Well established groups may experience consultation overkill
• Groups may not include a representative spread of the population in terms of age, gender, ethnicity, etc.
• Service user and patient views may not always concur with those of their carers or advocates, however, both views are required
The table below summaries the main differences between a service user group, a support group and a focus group.

### TYPES OF GROUPS (User Version)

<table>
<thead>
<tr>
<th>USER GROUPS</th>
<th>SUPPORT GROUPS</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE PURPOSE:</strong></td>
<td><strong>CORE PURPOSE:</strong></td>
<td><strong>CORE PURPOSE:</strong></td>
</tr>
<tr>
<td>...to allow service users to work with members of staff to promote patient centred care and to ensure services are designed and delivered in a way which meets the users of the services</td>
<td>...to provide a meeting place where people can share information, thoughts, feelings and experiences with others who are either in similar circumstances or have 'been there' before</td>
<td>...to gather or generate information from participating individuals regarding a specific experience or view.</td>
</tr>
</tbody>
</table>

**User Groups are NOT - support or focus groups, discussion meetings, sessions to air complaints...**

**Support Groups are NOT - focus groups (see below), group therapy, gossip sessions, consensus building sessions**

**Focus Groups are NOT - discussion groups, meetings, sessions to air complaints, several people expressing individual views, problem solving, meetings or consensus building.**

**User Groups allow service users to:**
- Work with staff to improve quality of care within services
- Highlight issues which are important to patients, clients, relatives and the public
- Provide a user focus in relation to quality improvement initiatives.

**Support Groups allow individuals to:**
- Share practical information
- Gain insights
- Develop new relationships
- Gain learning on illnesses, coping strategies etc...
- Adapt ways to adapt to change
- Receive emotional support from other members.

**Focus Groups allow services to:**
- Obtain information about individual experiences
- Identify a range of views, beliefs, feelings, experiences or attitudes
- Generate greater depth of opinion and experience
- Learn how feelings or attitudes are shaped by experiences.

### Participation - Person Centred Planning/Person Centred Thinking

We all think about, and plan our lives in different ways. Some people have very clear ideas about what they want and how to achieve it; others take opportunities as they arise. Some people dream and then see how they can match their dreams with reality. Sometimes it is useful to plan in a structured way and person centred planning provides a range of approaches that can help achieve this. These approaches share common values and principles and are used to answer two fundamental questions:

- **Who are you, and how do we fit into your life?**
- **What can we do together to achieve a better life for you now, and in the future?**

Person-centred planning (PCP) is a set of approaches designed to assist someone to plan their life by supporting them. It is used most often as a life planning model to enable individuals with disabilities or otherwise, requiring support, increase their personal self-determination and improve their own independence.
Person centred planning is a process of continual listening and learning and it focuses on what is important to someone now and for the future. It helps to formulate a collaborative plan of action to address identified needs in a partnership that places the person in a central role when dealing with their family, friends, service providers and others. It is based on an alternative way of seeing and working with service users, which is fundamentally about sharing power and community inclusion.

Person centred planning is used by self-advocates, families, friends and paid support staff. Person centred planning requires that staff have a flexible and responsive approach when dealing with peoples’ changing circumstances, guided by the principles of good planning rather than a standard procedure. Staff should be constantly problem solving in partnership with the individual and their family and friends.

The website below provides further information on Person Centred Planning: http://www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/

Useful websites on person centred care include:
https://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/

**Participation - Consultations**

Consultations are used to ask people their views on a particular area or issue in order to influence and shape a service. In undertaking a consultation it is important that you are clear about the specific issues that can be changed based on the strength of the views expressed. If change is not an option be up front with your participants otherwise this is not a consultation process - it is information giving. It is also very important to feedback the results and outcome of the consultation to those people who participated. The Trust’s PPI Panel has developed a poster namely **INCLUSIVE** outlining the minimum standards for consultation and engagement and is available at Appendix 11.

**Advantages**

- Opportunity to involve larger numbers of stakeholders in the process and offer consultation document to a wide range of individuals via the media
- Provides written summary of ideas/proposals which can be considered
- The formal consultation period, as recommended by the Northern Ireland Executive, normally lasts for a minimum of eight weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view. Where a full EQIA is required, a twelve week consultation period should be undertaken http://www.northernireland.gov.uk/a-fresh-start-stormont-agreement.pdf
**Disadvantages**

- Often difficult and costly process of circulating and distributing the consultation document to as wide an audience as possible
- Problem of identifying the ‘public’
- Sometimes local people are only involved in providing comments on the document rather than developing the proposal
- The formal consultation period sometimes not long enough
- Very formal process can be intimidating
- Consultation documents can be lengthy and difficult to understand and groups will often need organisational support to enable meaningfully engagement with the consultation exercises

In accordance with the requirements of the Health and Social Care (Reform) Act (NI) 2009 (section 20), the Trust has developed and published a Consultation Scheme. This scheme sets out how the Southern Health and Social Care Trust involves and consults with service users, carers, the public and the PCC about policies, strategies and services which it develops, implements and reviews. This is available to download on the Trust website using the following link: [http://www.southerntrust.hscni.net/about/1600.htm](http://www.southerntrust.hscni.net/about/1600.htm)

**10,000 Voices – Your chance to influence the future of healthcare**

Patient experience is recognised as a key element in the delivery of quality healthcare.

In line with this, the Public Health Agency is carrying out an extensive piece of work across all Health and Social Care Trusts, with the aim of introducing a more patient-focused approach to services and shaping future healthcare in Northern Ireland.
The Initiative is called **10,000 Voices**. Patient views are gathered concerning the services they have received, and are measured against the five patient client experience standards, to inform future commissioning priorities. It gives them an opportunity to highlight anything they feel is important, such as what they particularly liked or disliked about their experience.

There is an annual programme of surveys regarding patient care that can be completed online or via a free post survey.

**For further information please contact:**

Mairéad Casey,  
Patient/Client Experience and 10,000 Voices Facilitator,  
St Luke’s Hospital, Armagh  
Tel: 028 3756 6764  Mobile: 07789505502  
mairead.casey@southerntrust.hscni.net

**Accessing consultations on the Trust website**

The Trust website can be accessed at [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net).

The home page provides details of the various “live” issues on which the Trust is formally consulting. Service users can download the document and obtain information on the consultation process e.g. timescale, details of any forthcoming public meetings, who to contact etc. They can also access the outcomes of these consultation processes.

**Participation - Service User Panels/Health Panels**

Panels are a useful way of building two-way communication between service users and organisations. They can be used to explore local people’s views on plans, service developments, policy issues and the allocation of health service resources. Panels are usually made up of between eight and twelve people. To ensure a **regular supply of new voices** each panel member has a fixed term and is then replaced by a new person. Panels usually discuss topics that are ‘live’ i.e. of genuine concern, at a given time, to both the organisation and its members.

As with other groups, it is vital that Panels are well chaired or expertly facilitated to ensure that all participants are contributing equally, and discussions are not dominated by individual concerns or issues that are not appropriate.
Some discussion of roles, confidentiality and setting of ground rules may be appropriate each time new members join. It is also useful to produce an induction programme for long standing groups and offer this to the new members. It can also be used as a refresher for existing members who in turn can support the new members by sharing their experiences of the group.

If this method of involvement becomes widely established, it is possible to link a number of panels into an over-arching panel. Such a panel would help to identify concerns and views over a wider area and ensure there are robust mechanisms to feed the results into strategic plans.

**Advantages**

- Members of panels may rotate so that at any one time there is a balance of “old” and “new” members
- Opportunity for debate and qualitative feedback
- Panels can provide a quick measure of individual service user’s or carers views on a specific issue that can then be tested out amongst/on the wider group of users or carers
- Members have direct experience of the services being discussed and usually a genuine desire to make services better for future service users and carers

**Disadvantages**

- Limited membership causes difficulties in gaining adequate representation
- Can sometimes be less exploratory than focus groups depending on method of facilitation
- Need to ensure that service users and carers don’t depict just negative experiences, as well as outlining previous problems, so that positive recommendations are presented as well

**PPI Service User and Carer Panel**

The SHSCT PPI Panel is a group of service users, carers and members of the public living in the Southern Trust area with experience across all Trust services. This panel works with the Trust to ensure that the mechanisms and resources the Trust develop to enhance personal and public involvement are effective and fit for purpose.

In response to Department of Health guidance on PPI, and in keeping with the Trust’s core values, the Southern Trust developed and consulted on a Draft Action Plan Framework to enhance Personal and Public Involvement (PPI) within the Trust. One of the consultation recommendations was to establish a PPI Service User and Carer Panel. The SHSCT PPI Panel held its first meeting in September 2010.
Following induction training the PPI Panel agreed Terms of Reference and developed an action plan which focuses on **3 key areas**:

- Development of the PPI Panel
- Development of PPI Resources
- Representation on relevant groups relating to PPI

The Panel membership and action plan are reviewed on an annual basis. Since its inception the PPI Panel has achieved the following:

- Development of good practice guidance for consultation and engagement, an Advocacy Information Booklet and Good Meeting Etiquette guidance
- Reviewed and commented on existing Trust PPI training and resources, action plans and performance management reports
- Contributed to the development of the PPI Toolkit for Trust staff, the new Trust website, PPI Newsletters and Annual Reports
- Commented on a range of leaflets including the Hospital Information Booklet, A&E Information Leaflet, Discharge Leaflet and useful contacts for patients and carers leaving hospital
- Hosted a PPI Information Event and PPI Workshop for Trust staff
- Participated in the PHA PPI E Learning pilot
- Commented on the revised Trust Consultation Scheme, PPI strategy review and new PPI strategy
- Participated in the selection process for the new Director of Performance and Reform

In addition, individual members have represented the Panel on a number of relevant fora including:

- Trust’s Patient Client Experience Committee (Terms of Reference amended to include PPI Panel representatives as full members)
- Trust Carer’s Reference Group
- Regional PPI Forum; Training sub group, Standards sub group and Performance Management sub group
- Trust’s Patient Client Experience Steering Group
- Mental Health Forum and Mental Health Service Users and Carers Improvement Group (UCSIG)

The PPI Panel has developed a poster that provides information on how it became established and the progress made to date. This is available at [http://www.southerntrust.hscni.net/pdf/dratt_1_PPI_Panel_poster_(3).pdf](http://www.southerntrust.hscni.net/pdf/dratt_1_PPI_Panel_poster_(3).pdf)
The Panel meets on a quarterly basis and normally on a Friday morning. Panel members are entitled to claim out of pocket expenses for attendance in line with the Trust’s Service User and Carer Reimbursement Guidelines and light refreshments are provided.

Minutes of Panel Meetings are made available on the Trust’s website
http://www.southerntrust.hscni.net/about/1600.htm

An Information and Application Pack is also available to download

The PPI Panel is regularly looking for service users and carers to become involved. If you would like more information on the PPI Panel or if you know a service user or carer who would like to become actively involved in helping the Trust, plan, shape and develop involvement and consultation processes within health and social care services please contact the PPI Team, specifying your particular area of interest, at:

PPI Team
Tel: 028 3756 4469/4472
Email: Carolyn.agnew@southerntrust.hscni.net
or register online at http://www.southerntrust.hscni.net/contact/2525.htm.

Participation - Patient Experience Stories

The basis of this method is that a patient tells their story, the patient confirms the details and then an action plan is drawn up to address the main issues identified.

The purpose of taking patient stories is to understand, ‘what is the patient experience?’ Patients tell us what is important to them and how their experience could be improved. Carer’s and parent stories can also be used in Children’ Services. This method of obtaining information can complement other information you may already have collected from surveys, audits etc.

Patient experience stories are usually completed by using a recording device as it can be difficult to write and listen at the same time. You need to ensure that you are familiar with the process of informed consent. If you are not confident to obtain informed consent you should ask your link person or line manager to do this part of the process for you – it does not preclude you from taking stories.
**Patient selection**

There are different approaches that can be taken to identify patients; however it is preferable that you select patients based on criteria. Therefore you should set yourself inclusion and exclusion criteria for the identification process, for example have patients been an inpatient for a minimum period or are they in a position to give written and informed consent? When you have selected your patients, talk with them initially about the purpose of the project, the consent clause and inform them they can have a carer/friend present if they wish. Agree to return and see the patient again within 24 hours to check if they would like to consent and tell their story.

**Obtaining consent**

Obtaining consent is crucial and the author of the story **must** be the person who obtains the written consent.

- Initially, talk with patients about the purpose of the project and consent requirements
- If the patient has verbally agreed to be interviewed escort them to where the interview will take place
- Clarify the patient’s understanding to ensure consent has been agreed and that they are happy to continue
- Obtain three written consent forms (available to download from Share Point [http://sharepoint/oppc/uicd/PersonalandPublicInvolement/Minutes%20and%20Agendas/Forms/AllItems.aspx](http://sharepoint/oppc/uicd/PersonalandPublicInvolement/Minutes%20and%20Agendas/Forms/AllItems.aspx))
- If using a recording device ensure it is in working order and label the cassette/cartridge with the patient’s HSC number

**Obtaining the story**

Writing a story takes time. Allow yourself a couple of free hours to do this and schedule in time to listen and reflect on the story afterwards

- Remember the aim of the interview is to hear the experience of the patient, not to investigate areas of satisfaction
- Reassure the patient that the interview can be stopped at any time
- Use a recording device and/or take notes
- Start by asking the question ‘what is like to be a patient here – start wherever you’d like to start and tell me whatever you’d like to’
- Use prompts e.g. ‘how does it feel …?’
- If the patient becomes distressed, stop the interview
- If they raise a complaint, ensure they understand the Southern Trust’s complaints procedure
- Finish the interview when the patient signals they would like it to end
- Check with the patient the general points as you have noted them during the interview
- Inform the patient of when the notes will be ready for their feedback
- Alert staff if the patient became distressed during the process and ensure it is documented
- Leave a copy of the consent form in the patients notes, give one to the patient and keep one copy

After the story
- Seek support for yourself if the interview or any part of the process was difficult
- Listen to the recording as soon as possible following the interview and place the patients’ words in themes
- Label the template with the patient’s HSC number. Write or type the patient’s quotes directly onto the template
- Ask a colleague for feedback on your interviewing technique. You could both listen to the recording together rather than individually
- Return to the patient for verification if this assurance was agreed with them at the interview stage

**Checklist - Patient Experience Stories**

- What criteria will you set for selecting patient/service users?
- How will you decide this?
- Is your line manager/ head of service committed to this approach and is it clear how the Trust will respond to issues raised?
- Have you agreed how difficult personal issues will be dealt with?
- What procedures exist for agreeing processes that will bring about change in your service/the Trust?
- How will you feedback to individual patients involved?
- Are there ethical issues to be considered?

**Participation - Patient/Service User/Carer Diaries**

Many people keep personal diaries. They are a very useful medium for recording an individual’s life experiences. They also function as a means of recording an individual’s, families or an identified group’s experiences of using health and social care services.

The discrete events of a person’s illness, use of health services and patterns of care can yield useful observations and give insight into the way a service is delivered. Collections of diary-based experiences can provide a comprehensive picture, over a period of time, of a specific service and generate important information.
Advantages

- Provide a personal view of using a particular service
- Diaries can provide a sensitive, subtle interpretation of the actions of ‘others’
- Very useful way of understanding the effect of the service provider on those receiving the service
- The material provided by single or groups of people using diaries can often fill in the gaps in more empirical/observed pieces of research

Disadvantages

- Recruiting people who keep diaries can be a difficult process
- Patients may forget to update the diary. This applies especially in the case of groups of individuals keeping diaries for recording protracted events such as child bearing or chronic illness
- Successfully organising such a project is complex and requires time and tact
- There may be a need to assist diarists in keeping up-to-date with their entries. However, this can influence the diary content or lead to the production of fiction especially if there are gaps requiring completion
- Diarists require encouragement and the act of sustaining individuals for prolonged periods can be difficult
- The material yielded by diaries may be criticised for being too subjective. This must be weighed against the need to acquire very personal and sensitive insights

If you are thinking of using patient diaries as a method of involvement you will need to consider the following

- What is the purpose of your project?
- Have you obtained written consent from patients/service users? You will need to develop a consent form
- Have you decided what your inclusion and exclusion criteria are?
- Do you need to produce patient diary guidelines for staff?
- Do you need to produce diary guidelines for service users?
- Produce an information leaflet for patients and carers
- How will you evaluate this as a method of involvement?
- Do you need to produce a Project Initiation Document which outlines the what, where, why and how of your project?
Patient Selection

You will need to identify suitable patients based on the inclusion and exclusion criteria that you set. Please see example below.

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Has been a patient for a minimum of 24 hours</td>
<td>➢ Patients who are not physically or cognitively able to keep a diary</td>
</tr>
<tr>
<td>➢ Voluntary participation in the project</td>
<td>➢ Patients who do not give informed consent</td>
</tr>
<tr>
<td>➢ Cognitively and physically able to give consent to take part in the study</td>
<td>➢ Vulnerable groups of patients</td>
</tr>
<tr>
<td>➢ Able to agree to written and informed consent</td>
<td>➢ Children Under 18</td>
</tr>
<tr>
<td>➢ Aged 18 upwards</td>
<td></td>
</tr>
<tr>
<td>➢ Patients from Black and Minority Ethnic and Traveller Backgrounds</td>
<td></td>
</tr>
</tbody>
</table>

Patient Diary Guidelines

You can obtain samples of the following from your PPI Officer or from http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/Home.aspx

➢ Patient Diary Guidelines
➢ Sample Information Leaflet
➢ Sample Project Initiation Document

The method described above was piloted by staff in the Intensive Care Unit, Craigavon Area Hospital. A total of 12 diaries were given out, however, between the turnover of staff in ICU and the PPI Team capacity reduced to 1 PPI Officer the impact wasn’t fully measured. ICU staff advised that the families stated they liked using them and found them useful for recording their loved one’s time in ICU. However there were very few returns on the observations regarding the service and due to the original staff moving on there was no further follow up.
**Checklist - Patient/Service User/Carer Diaries**

- Issue of and retrieval of Diaries?
- Do you have resources to cover this?
- Where will diaries be stored?
- Is all staff in your team aware of the project? Do you have buy-in?
- What will you do with completed diaries?
- Have you considered the needs of patients who may not have English as their first language?
- Some patients that may need further support - what about Dictaphones?
- Are there any ethical issues that need addressing?

**Speed Networking:**

Speed networking is a structured and fast paced networking event allowing participants to interact with others, typically in a series of brief one-on-one information exchanges. Speed networking takes its cue from speed dating, an event where individuals are allowed a short amount of time to meet a number of prospective dates, one at a time, and then choose who they would like to provide their contact information to. Where interest is mutual, the contact leads to a date.

Speed networking is the business version of speed dating. However, in speed networking events, the participants readily share contact information with each other and decide themselves who they will follow up with. This type of event can provide exposure to a lot of people in a short amount of time. It is a way to let others know who you are and what you are looking for. From a PPI point of view, this could entail disseminating information about service providers, components of services, and the needs and priorities of service users or carers.

Speed networking could enable service users or carers to differentiate between different service providers or potential partners in Co-production. Its benefits can be seen where there are a considerable number of people who need to get to know each other in a short space of time.

**Room Set-up**

A small number of chairs per table will usually suffice to enable people to have a conversation with a service provider or speaker.

Another way of carrying out speed networking is to have groups of people remain at the same table, while speakers address the whole room.

Timekeepers ensure that each speaker has their allocated time, (and sticks to it!)
**Water:** Where possible there should be water stations around the room for participants to fill up glasses. This typically works better than providing bottles of water ahead of time, as participants often leave these at tables and/or spend time filling up the entire bottle in between rounds.

**Check-In:**

**Information Sheet:** In an effort to expedite the check-in process, it is recommended that people are given a 1-page information sheet that explains how the event will function. This is important if you have a first time event, as it will answer a lot of questions for participants and allow you to focus on running the event.

**Mingle:** Some speed networking events display services etc. that are available, and when people arrive, these can be a good way of encouraging mingling. Either way, it is good to have time allocated between arrival and beginning, to enable people to get to know each other.

**Moderating:**

**Control:** As the moderator, it is critical that you maintain control and set the tone for the event. When everyone has arrived and you’re ready to begin, it’s important to provide clear instructions/announcements about the event. Give an overview of the structure of the event, objectives (peer-to-peer, mentoring, buyer/seller, etc.), how to maximise the conversations, and what to expect from participating. Try and limit the instructions to 10-minutes.

**Commands:**

One critical element to the success of your event is maintaining control, and although some of the ‘commands’ might seem rather authoritarian, you’ll be amazed at how well people appreciate structure.

---

**Begin Round x:** This signals that the round has begun.

**Half Way:** Inform participants that they are half way through a particular round. This gives them an idea of how much time is left and it also is a signal to allow the other person to have a chance to talk.

**30 Seconds Left:** Let participants know the round is coming to an end. They should finish their conversations and exchange contact information to connect after the event.

**Rotate:** As you can guess, this signals participants to move to the next round.

**Rotation Notes:** Remind participants to take their personal belongings with them and quickly move to their next meeting. If you are timing the rotations, let them know when they have 30 seconds and 15 seconds left to finish rotating.
Completion

Upon completing the event, it is important to provide wrap up announcements. You should remind your participants to follow-up with their new connections to continue building the relationships. Always discourage them from sending a blanket email to everyone and instead, write a personal note to each of the new connections. We encourage you to host additional networking after the event to allow participants to continue their discussions or meet with others that they did not get to meet during the event.

Advantages / disadvantages

The following comments from an evaluation of a speed networking event held within the Trust demonstrate some of the potential benefits (and pitfalls):

- No speaker spoke too long so it was easy to remain interested
- Useful information gained
- Good idea as several of topics were covered in a short time
- Excellent format – good to put faces to organisations
- Very focused, kept you focused
- Everyone got their point across
- Short and sweet but gets their details across and the time between allows for further discussion
- Short synopsis of services available – useful

The points above highlight how a large amount of information can be disseminated and digested in a short space of time.

On the other hand some felt that it was:

- Very emotional and informative – perhaps increase time to 5 minutes per speaker
- Some speakers spent too long talking

The comments above were from an event where speakers addressed the whole group and then discussed the various inputs. While there are some contradictory views here it is clearly important that adequate time is agreed for each ‘pitch’ and that these times are observed as far as possible.

Speed networking cannot provide detailed information on complex topics, but is an excellent way of ‘breaking the ice’ and getting to know key stakeholders.
Partnership

Partnership working is about working together across organisations and sectors. Partnerships can be formed between individuals, agencies or organisations who share an interest. There is usually an overarching purpose, and a range of specific objectives required, to foster these working relationships. Partnerships are often formed to address specific issues and may be short or long term, formal or informal. They allow for various skills and resources combining to deal with a common problem and can be long or short term in nature. Flexibility and openness is required in partnerships. By involving service users, carers and other stakeholders in agreeing a shared vision of improved service, and by incorporating all levels of expertise, we can develop and expand the scope, versatility and capacity of health and social care services for the benefit of all.

The following methods are examples of how you can work in partnership with service users, carers and the public.

Citizens’ Juries

This method of involvement is particularly suitable for involving the wider public in the decision-making process and in particular in decisions about strategic planning, choices or service prioritising. The Jury consists of 12-16 members of the public selected from a cross section of the community. They meet for several days to hear ‘witness’ evidence and examine the issue in depth before making recommendations to the relevant organisation. An independent moderator assists the smooth running of the process. People participate as citizens not as patients, users or carers when involved with a Citizens’ Jury. A steering group, comprising of key stakeholders in the topic to be discussed, oversees the development of the Jury. This group makes key decisions about the Jury e.g., witnesses to be called and material to be presented to the Jurors. It is essential to test these key decisions on a pilot group, similar in composition to the selected Jury, before going ahead with the steering groups’ suggestions.

The Jurors are allowed to request additional information, including witnesses, during the course of the proceedings and similar to a legal jury, the idea is that the Citizens’ Jury – through representative participation - is fairly representative of a community’s conscience and intelligence. This long-standing reasoning contrasts with today’s most common quantitative and qualitative methods for representing the public’s views. Nowadays opinion polls and focus groups are widely used and neither option allows participants to represent their own views directly to policy-makers.
The distinguishing characteristics of participants in a citizens’ jury, compared with other methods of qualitative research or deliberative democracy, are that jury members are:

- Allowed time to reflect and deliberate freely with each other on the questions at hand and occasionally assisted by a neutral advisor
- Granted the opportunity to scrutinise the information they receive from witnesses, whom they cross-examine themselves
- Expected to develop a set of conclusions or ‘vision’ for the future – a unanimous decision is not required

Citizen’s juries are ideal for any situation where you need to understand the views of citizens, neighbourhoods and communities on complex issues.

The ‘verdict’ of a citizens jury can form just one element of the broad range of evidence that helps inform your high level policy and decision making.

Alternatively, the jury might be empowered to make decisions about issues that affect them; for example, a neighbourhood jury might decide on the allocation of community funding for local projects. Unfortunately, the demands on staff time and the cost of hiring appropriate facilities make traditional citizens’ juries expensive to run. Additionally, because they are held, usually during the daytime, this can be perceived as a barrier to inclusive engagement.

**Checklist for Citizens’ Juries**

- Is the Trust fully committed to this approach?
- Do you have time to plan this?
- Do you have time to carry this out?
- Who supports this exercise?
- Is it possible to supply the jurors with the type of information they need?
- Are the witnesses willing to take part as planned?
- Is it an issue that can be influenced by this process or are there other limiting factors?
- Can you fund this?
- How will you recruit jurors?
- Where will it be held?
- Will you be able to access experienced support to run this exercise?
**Partnership - Expert Patients**

‘Expert Patient’ or ‘Expert by Experience’ is a term used to refer to people who are living with or have experienced a condition or illness and, through using Trust services, are prepared to share their knowledge about living with it to others.

**Advantages**

- Easy to access
- A skilled and knowledgeable resource
- Expert patients can work independently to empower others

**Disadvantages**

- Danger that the ‘professional patient’ may lose touch with their original experience
- Some hold views that are limited or biased
- Could restrict access to broader and more diverse range of patients

**Checklist - Expert Patients**

- Do you know how to identify expert patients and where to locate them?
- Are you clear about the issues you are involving them in?
- Have you agreed what support and resources they require?
- How will you evaluate their participation?
- How will the information be used?


**Partnership - Planning Groups/ Task and finish / Project Groups**

The Trust has four Directorates which deliver health and social care services directly to the community: Mental Health and Disability, Older People and Primary Care, Acute Services and Children and Young People’s Services.

Each Directorate holds meetings to plan service delivery, new services or service improvements. If service users express an interest in becoming a user representative at any of these planning meetings you will need to consider what training and support they will need to enable them to become involved at this level.
These groups are established to consider a particular subject area in detail and are made up of a representative group. Such groups will normally accommodate up to 12 members and meet to assess service needs, identify local issues and determine the appropriateness of service developments, from which an action plan or a report will be developed. Task and finish groups are normally time bound according to the brief.

This method of service user involvement broadens the range of views represented at meetings. It provides an external perspective on our work and can be extremely valuable in relation to the strategic planning of local health and social care services.

**Other Methods - PROMs (Patient Reported Outcome Measures)**

In order to know if a process brings benefits and continuous improvement we need to measure the outcome. We cannot rely on process alone as evidence shows there is widespread variation and inconsistency in clinical practice processes.

Traditionally the majority of clinical measures used, for example when dealing with re-admissions, infection rates, adverse incidents etc. are mainly measured by health gain (i.e. the experience patients encountered when interfacing with the healthcare system). PROMs differ to some extent, to other methods, by going beyond simply asking “Are you satisfied?” Using detailed questionnaires they extract aspects of patients’ assessments relating to their health-related quality of life, in other words, how mobile they are, their mental state, their overall health etc.

There has been an immense increase in the development and application of questionnaires, interview schedules and rating scales that measure the state of health and illness from the patient’s perspective. Collectively these methods are referred to as patient-reported health instruments. Such instruments are completed by patients themselves or, when necessary, others on their behalf, to provide a measure of their experiences and concerns in relation to illness, health status and quality of life. These instruments can be used in a number of applications including clinical trials, economic evaluation and routine patient care.

The possible uses of this information are extensive. For example, it could be used to adjust activity-based productivity measures for quality. Patients will finally be in possession of a real measure of quality to help make properly informed decisions about which hospital/specialist they may wish to use.
Linking information on PROMs to patients' medical records and other datasets would, for the first time, allow proper evaluation of broader government health policies. It would also show how these policies affect equity by portraying who benefits and by how much rather that just depicting the 'how much' aspect of the benefit.

This method has been used in England particularly in relation to elective surgery procedures such as hip and knee replacement and varicose veins.

While the methodology in itself may be useful, the limited number of hospitals/specialists available for particular procedures in Northern Ireland means we cannot provide the same range of choice.

For more information you can download Department of Health (England) Guidance on the routine collection of PROMs 

Other Methods - EBD (Experienced Based Design)

Experienced Based Design is an exciting way of bringing patients and staff together to share the role of improving care and re-designing services. It has been developed by the NHS Institute for Innovation and Improvement as a way of helping frontline NHS teams make improvements their patients genuinely want. EBD can demonstrate amazing results – delivering the sort of care pathways whereby patients feel safer, happier and more valued, and helps staff feel more positive, rewarded and empowered. The EBD approach uses experience to design better healthcare. It is unique in the way it focuses strongly on capturing and understanding patients’, carers’ and staff experiences of services and not just their views of the process like the speed and efficiency at which they travel through the system. Instead, this approach deliberately draws out the subjective, personal feelings a patient and carer experiences at crucial points in the care pathway.

It does this by:

- Encouraging and supporting patients and carers to ‘tell their stories’
- Using these stories to pinpoint those parts of the care pathway where the users’ experience is most powerfully shaped (the ‘touch points’)
- Working with patients, carers and frontline staff to improve these experiences rather than systems and processes alone

For more information the King’s fund\(^5\) has developed an Experience-based co-design toolkit that can be accessed https://www.kingsfund.org.uk/projects/ebcd

This approach has been used within the Surgery and Elective Care Division to develop a pathway for Enhanced Bowel Recovery.

\(^5\) The King's Fund is an independent think tank in England, which is involved with work relating to the health system in England. It organises conferences and other events
Other Methods - Open Space Technology (OTS)

This method is relatively new and is often referred to as “Open Space.” It allows unlimited numbers of participants to form their own discussions around a central theme.

Open Space creates very fluid and dynamic conversations held together by mutual enthusiasm of interest in a topic. A trained moderator can be useful to accommodate this type of method, especially for those in attendance who have experience of a more structured type of meeting.

The fundamental principles of Open Space are:

- Whoever attends are the ‘right people’ (the best participants are those who feel passionately about the issue and have freely chosen to get involved)
- Whatever time the discussion begins is the ‘right time’ (Open Space encourages creativity both during and between formal sessions)
- When it’s over it’s over (ensuring the work is completed is more important than adhering to rigid schedules)
- Whatever happens is’ the only thing that could happen’ (let go of your expectations and pay full attention to what is happening here and now)

There is also one “LAW” - The “Law of Two Feet.” (If participants find themselves in a situation where they are not learning or contributing there is a responsibility on them to go to another session or take a break for personal reflection).

It is vital that well written reports of all discussions, including action points, are completed at the end of each day. Feedback and implementation structures are important to carry the suggestions forward after the event.

You should use Open Space when:- large diverse groups are involved, creative thinking around an issue is required, you want an open discussion and collective decisions, you would like to develop ownership over the results, developing better working relationships or building a sense of community.

**Advantages**
- Extremely flexible process
- Participant driven approach
- Unleashes creativity

**Disadvantages**
- Cannot be used to direct people to a specific outcome
- Need to ensure that action points and implementation structures are followed through otherwise the whole experience will not bring about change
- Can prove difficult to maintain momentum afterwards

For more information on Open Space Technology refer to [www.openspaceworld.org](http://www.openspaceworld.org)
**World Café**
The World Café is a method which makes use of an informal café for participants to explore an issue by discussing issues in small table groups. Discussion is held in multiple rounds of 20-30 minutes. The event is concluded with a plenary/meeting.

Participants are seated around small tables with tablecloths, and tea, coffee and other beverages are provided. The café atmosphere allows for more relaxed and open conversations to take place. Often participants are provided with pens and are encouraged to draw and record their conversations on the paper tablecloths to capture free flowing ideas as they emerge.

Participants, around their respective tables, discuss the issue at hand and at regular intervals they move to a new table. One participant (the table host) remains and summarises the previous conversation to the newly arrived participants. By moving participants around the room the conversations at each table are cross-fertilised with ideas from other tables. At the end of the process the main ideas are summarised in a plenary session and follow-up possibilities are discussed.

**Advantages**
- Creative process for developing new ideas
- Informal and inclusive
- Has the potential to be cheap and easy to organise

**Disadvantages**
- Requires a clear and relevant question
- Cannot be used to make direct decisions
- Need to ensure that action points and implementation structures are followed through otherwise no change will have taken place over the entire experience
- Can be difficult to maintain momentum afterwards

For more information on World Café go to [www.theworldcafe.com](http://www.theworldcafe.com)

**Future Search**
Future search is a planning meeting and a way for a community or organisation to create a shared vision for its future. The meeting is task focussed and works best when you want commitment from all stakeholders.

It enrolls a large group of stakeholders who are chosen because they possess the power, resources, information on the topic and expertise and are affected by the outcomes.

It requires a ‘whole system’ in the room approach. Ideally there are between 60-80 people in one room (or if there are hundreds of people involved, in parallel rooms). Stakeholders take part in a highly structured process to discuss the past, the present and desired future. Through dialogue they discover common ground and only then will actions plan be developed.

For more information on Future Search go to [http://www.futuresearch.net/index.cfm](http://www.futuresearch.net/index.cfm)
Social Media Methods

Social media is a form of digital marketing and communication that is direct, personal, instant and responsive. It provides us with many cost effective opportunities to improve the way we communicate, reach out and interact with staff and the different communities we serve.

The increasing use of social media is a growing influence on society and has quickly embedded itself within our daily lives. Social Media offers great opportunities for organisations and individuals to listen and converse with the people they wish to inform or engage with.

Social media may include (but is not limited to):

- Social networking sites (Facebook, MySpace, LinkedIn);
- Video and photo sharing websites (Flickr, YouTube, Vimeo Snapchat, Vine);
- Personal and corporate blogs; (Blogger, Wordpress);
- Micro-blogging (Twitter including Hashtags);
- Wikis and online collaborations;
- Forums, discussions boards, groups (Mumsnet, Digital Spy, I Village, Askfm)

The above mentioned sites present us with new methods of communicating or engaging with our service users, carers and the wider public on key health and public health issues. With an increase in people signing up to social networking sites such as Twitter and Facebook, service users, carers and the wider public now expect to be contacted through their preferred medium.

Social media provides an evolving communication tool and some NHS organisations are still learning how they can best utilise it to encourage discussion, debate and information sharing with people in their communities.

There is great scope to use social media in terms of networking as a way to reach individuals and marginalised groups whom on some occasions are not included in traditional methods of involvement for eg. children and young people, people with communication difficulties and people who are housebound or socially isolated.


The Trust Facebook and Twitter accounts are coordinated by the Trust’s Communication Team.
**Advantages**

- Excellent tool for promoting events, information and announcements
- The ability to distribute information and messaging to an increased audience
- The interactive nature of social media enables views to be exchanged and opinions developed or changed
- The speed of social media enables rapid transmission of information and opinions, helping the process of involvement to develop over time

**Disadvantages**

- Not everyone is computer literate
- Not everyone has access to a PC
- In order to function effectively, social media platforms need to be resourced so that comments are picked up on and responded to in a timely manner. This has implications for staff workload as well as Trust policies on communication

Combining social media communication with direct mail, email, SMS (text messaging) and communication through the press and websites will ensure a well-rounded message is portrayed, yet opens the door for two way communication between the Southern Trust and our service users, carers and the wider public.
Recruiting Participants
If personal and public involvement is going to work effectively it is important to obtain accurate and relevant information from participants.

One of the most important challenges regarding personal and public involvement is to ensure, as far as possible, the information and views received are representative of all ‘voices.’

Careful consideration needs to be given to who should be involved to ensure the patients, service users, carers and the public are truly represented.

It is also useful to include the views of key members of staff who are involved in the service delivery.

**Involving specific groups that we traditionally found ‘hard to reach’ or ‘easy to ignore’**

**Who are considered ‘Hard to Reach’ ‘Easy to Ignore’?**

Hard-to-reach / Easy-to-ignore groups represent sections of the public that are traditionally more difficult to engage or consult with. Frequently it is these same groups who do not access services to which they are entitled and often need. As they do not come to us naturally we need to reach out to them.

Section 75 of the Northern Ireland Act 1998, places a statutory duty on public authorities to ensure the need to promote equality of opportunity.

Below is a list of groups that may be classified as difficult to reach
- this list is not exhaustive:

- Anyone who is disillusioned with, or has a bad experience of a Trust service
- Ethnic minorities including Travellers
- People with sensory, learning, communication and mobility disabilities
- Children and young people
- Older people
- Refugees and asylum seekers
- Homeless people
- Single parents
- Sex Workers
- Carers
- Lesbian, gay, bi-sexual and transsexual people
- Victims of domestic abuse
- People who abuse drugs and alcohol
It is important to remember that within each community there will be sectors that include more ‘difficult to reach’ groups than others. These will change over time due to demographics and, to some extent, community development and similar locality work.

There are ways of reaching most groups in the community; however some may require additional support to engage. The first step is to talk with the relevant group or individuals about the best way to consult and involve them. This can be carried out on a small scale or as part of a larger involvement exercise including all potential stakeholder groups.

Bear in mind that you may already have gained ‘expertise’ in working with some of these groups in your day-to-day work. Start with your own or colleagues’ first thoughts and use these to inform an initial plan, prior to consulting with the affected groups.

Another suggestion is to make use of those people who have experience of working with particular groups and /or individuals. In some cases trusted parties can act effectively as intermediaries.

The following pointers may assist in involving specific groups (this is not an exhaustive list and should be used in conjunction with the PPI Fact Sheet on ‘Working with Hard to Reach Groups’ which is available at http://www.southerntrust.hscni.net/about/1600.htm or http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

It is also available on the ENGAGE Website: http://engage.hscni.net/

People with Disabilities

- Develop links with both statutory and non-statutory agencies who work with people with disabilities
- Consider the barriers people with disabilities face – access is not only about physical access, it also includes accessibility of information, signage, staff attitude, use of appropriate language and auxiliary aids for e.g. induction loop systems etc.
- Ensure all information provided informs people of the entire access details and make sure they are invited to provide details of any additional requirements. This will allow you to accommodate their needs for e.g. the provision of a loop system, additional place for a support worker or personal assistant, accessible parking space and bathroom facilities. All information should be supplied in accessible format
- Ask people with disabilities for advice. Do not make assumptions about people’s abilities or needs and remember that some impairments are ‘hidden’ e.g. mental health problem
- Involve support workers and carers
- Consider the implications of the Mental Health Order and the Disability Discrimination Act 1995
People with Learning Difficulties

- Involve the relevant support groups and independent agencies
- Establish whether the individual has a key worker, family member, carer or friend - they may wish to be involved
- Talk to, and look at, the person, not the advocate or supporter who may be present
- Speak slowly and be prepared to be interrupted and go over things again
- Have information available in an accessible format/easy read – (e.g. straight forward, jargon free language, short sentences, large print, pictures)
- Link in with Learning Disability Services in the community such as MENCAP
- Work with advocacy and self-advocacy groups
- Ensure people with learning disabilities are involved, not just their advocates

Children

- Develop links with CiNI (Children in Northern Ireland). CiNI is the regional umbrella organisation for the Children’s sector in Northern Ireland www.ci-ni.org.uk
- Work with parents’ groups to identify the most appropriate ways of involving children
- Provide information in an appropriate style and format both for parents/carers and children
- Choosing a venue where children and young people feel comfortable and able to enjoy themselves is important
- Make it fun, with games, creative activities and a welcoming attitude
- Talk to the children, not just their parents or carers
- Provide refreshments and other goodies (balloons or stickers for younger children, pencils or pens for older ones), as this will show that you value their opinions and experience and make it more likely that they will want to participate again
- Develop partnerships with local schools and pre-schools to develop involvement mechanisms that can complement the curriculum
- Consider using video and interactive material or the internet
- Develop links with both statutory and non-statutory agencies who work with children e.g. VOYPIC (Voice of Young People in Care), Barnardo’s, Youth Action etc.
- Be flexible! Circumstances change in children and young peoples’ lives all the time, as does their attention span
Older People

- Develop links with external agencies who work with older people and carers such as Age NI, Carers NI or local groups
- Ensure information is available in large print and on audio tape
- Involve older people in their own homes or community settings if this is their preference

BME Groups – (Black and Minority Ethnic Groups)

- Map out a range of formal and informal places where users and potential service users can be reached e.g. shops, schools, colleges, faith organisations, English language classes, parent and toddler groups, local festival celebrations, sporting organisations etc.
- Select appropriate community venues where people feel comfortable and ensure the time suits (check with the community) for them to attend meetings or be contacted
- Provide refreshments that are appropriate to people’s religious and cultural needs
- Provide information, in ‘plain English’ (jargon free) that is appropriate to people’s culture and language. Remember that the English language is not the first language of some people therefore they may not be in a position to read or write. In addition to translated material, consider the use of audio/video tapes as well as word of mouth
- Offer interpreters - use the Southern Trust Policy on accessing interpreters (on the intranet under Policies and Procedures – Interpreting and Translation)
- Respect each other’s differences
- Challenge discrimination such as racist language and behaviour, from whatever source
- Establish early links with relevant community or support groups
Gay, Lesbian, Bisexual, Transgender and Questioning communities (LGBTQ)

- Target people through the gay press and leaflets rather than relying on local meetings
- Use local gay venues
- Internet
- Contact local gay rights organisations for e.g. Rainbow Community Group
- Involve lesbian and gay organisations and networks
- Avoid alienating lesbians, gays, bisexual and transgender (LGB&T) from general approaches by ensuring all materials and methods avoid stereotypes, heterosexual assumptions, images and language

Travellers

- Link with local Traveller Support Groups and/or the Trust’s Traveller Action Group
- Respect Traveller culture, customs and beliefs
- Ask Travellers how they would prefer to be involved
- Link in with Community Relations Departments at District and Borough Councils and utilise health visitors, Trust Traveller Support workers etc.

Advocacy

Sometimes service users and carers need support both to express and have their views heard. They often feel more comfortable to speak to someone who does not have any control over their care or access to services. The Southern Trust recognises the importance of advocacy and has commissioned a number of organisations to provide this service for its service users and carers across its programmes of care. In addition an Advocacy Information Booklet has been developed by a sub-group of the Trusts PPI Panel and the Mental Health User and Carer Service Improvement Group (UCSIG). This work was supported by the PPI Team to complement the regional Policy Guide for Commissioners: Developing Advocacy Services which is available on the Department of Health’s website: https://www.health-ni.gov.uk/

The guide has been designed to help improve staff understanding of advocacy, its role in the health and social care context and to provide a list of advocacy services currently available within the Southern Trust area.

The booklet is available to download at http://www.southerntrust.hscni.net/about/1600.htm or http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx
Feedback
Results and Feedback

Personal and public involvement activity should relate to ongoing service evaluation, prospective service development, policy/criteria changes or a decision the Trust is intending to make that will affect the provision of care.

In all cases there must be potential for the eventual outcome, development or decision to be influenced by the personal and public involvement process. It is therefore important to be clear about what can or cannot be changed to avoid raising expectations that cannot then be fulfilled. Participants must be informed of what to expect as a result of the exercise and their contribution.

Feedback is a crucial element of PPI. There are two types of feedback:

- Feedback from stakeholders
- Feedback to stakeholders

Feedback from stakeholders

Information, ideas, opinions and preferences gathered from the participation process should be recorded, collated, analysed, summarised and conscientiously considered. If, for some reason, you are unable to achieve what you planned, or accommodate any of the suggestions made, it is important to explain why.

Discuss appropriate ways for the results to be represented, for e.g. full report or summary or both. These should be made available for participants to access should they wish.
Feedback to stakeholders

It is good practice to let participants know what has been achieved as a result of their involvement otherwise they may be reluctant to become involved again.

Feedback to patients, service users, carers and the public can take many forms for e.g. verbally, in writing, at meetings, on websites etc. Some suggestions are outlined below:

- Posters displayed in waiting areas "we asked you, this is what you told us, this is what we’ve done" - Use the PPI Feedback Template or compliments poster (Appendices 5 & 6)

  [Links]
  http://www.southerntrust.hscni.net/about/1600.htm or
  http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx.

They are also available on the ENGAGE Website: [Link]

- A short `newsletter style' briefing paper for staff and the public
- Short presentations at appropriate fora
- Via the broadcast and print media / social media
- Quantitative findings are usually presented in chart and/or graph formats with some accompanying narrative
- Written reports and presentations

Presentation of Findings

Ways of presenting and analysing data and information will vary according to the type of information. Qualitative information, where opinions or textual case studies may be included, might be summarised in the form of a text report. On the other hand, quantitative data, where numbers or counts are involved, may be better summarised and expressed in the form of a table, chart or graph with some accompanying narrative.

Report Writing

It is often easier to write a report if you ask yourself the following questions:

- What is the purpose of the report?
- Who is the report for?
- What is the individuals/public/groups level of knowledge?
- What will the individuals/public/groups want to know?

The simplest report has three parts:

- Introduction (include the objective in this section)
- Body of the report
- Conclusions and recommendations
If a more complex report is required, it may be useful to consider the following headings:

- Title Page
- Executive Summary
- Table of Contents
- Introduction
- Body of the Report (use appropriate headings)
- Conclusions
- Acknowledgements (if you have consulted other people)
- References (if you have quoted other sources)
- Bibliography (if you have referred to books)
- Glossary (of terms, abbreviations, symbols etc.)
- Appendices (supplementary information)

**Points to Remember!**

- Write the body of the report first
- It is easier to write an introduction when you know what it is you are introducing
- An introduction states the subject, the purpose and the plan of delivery. It may also contain essential background information, however, no hard facts
- The summary outlines the main points of the report
- It is easier to write a summary at the end of the report process

**Reacting to service user and carer feedback**

Negative feedback from staff, service users and carers should not be feared. It should be welcomed, as it helps the Trust identify issues that need to be addressed, to ensure that we continue to provide high quality safe and effective services that meet the needs of those who use them.

Feedback on what works well is also important as it confirms that the systems and processes in place are working well and meeting the needs of those who use the service. It boosts staff morale and gives them affirmation that they are providing a high quality safe and effective service. It can also inform the Trust’s priorities for the development of Always events. Always events are aspects of the patient experience that are so important to patient and family members that health care providers must aim to perform them consistently for every individual, every time.
Evaluation and Monitoring of PPI
By way of good practice and legislative requirements, it is imperative that PPI is embedded within organisations and becomes an integral part of people’s daily work schedules. It is equally important that there are robust forms of measurements in place to assess the impact of involvement activity.

To fully assess the impact of activity staff need to consider:

- Evidence of improvement - evaluation by staff, patients and the public before and after change
- Broader implications - cost, impact on other services, impact on voluntary and community organisations and the local community
- Effectiveness of involvement processes - evaluated by staff, service users, carers and other stakeholders

Thorough evaluation processes should assist us to:

- Assess the impact of PPI within our core functions: service provision, commissioning, service and strategy development and planning processes
- Identify learning to strengthen PPI within our business plans
- Develop recommendations on how to further embed PPI and ensure it is practiced across the Trust in accordance with the PPI Strategic Plan and statutory duty
- Provide evidence for external assessment

The outcome of effective evaluation should help to determine if:

- There is a high level of awareness of and value placed on PPI among senior managers and other staff
- There is a clear understanding of the purpose of PPI
- You have used effective methods to involve service users
- The PPI activity has made a positive difference

At the start of your project make sure you discuss with participants the options for feedback and how they would like it to be provided.
How to evaluate your PPI

Evaluating the Involvement Process

As well as sharing feedback with participants on the outcome of the PPI activity, it is also important to seek participants’ views on the actual involvement process. Here are some things to consider:

- How easy was it for participants to engage?
- How worthwhile did participants consider their involvement?
- What suggestions did they have on how we could obtain better feedback and/or improve our involvement processes in the future etc?

This process could be carried out at the same time as you communicate the feedback.

The following questions may help you to evaluate a participation project:

- How representative were the participants of those who use your service?
- What groups or interests were not represented?
- How successful was the method used?
- Was the aim of the exercise achieved?
- Was the information collected used to inform service changes and/or planning?
- What changed as a result of the involvement – for the service user and for the service?
- What lessons can be learnt for future PPI exercises?

Operational PPI Action Plans and Indicators

In addition to the corporate PPI Action Plan, based on the regional PPI standards outlined in Section 3, the PPI Team in partnership with the PPI Panel and staff have developed an operational action plan template. This will ensure that the planning and reporting of PPI activity is embedded in the Trust’s governance structures and is part of regular directorate planning and reporting processes.

Each year directorates are asked to outline their plans for enhancing personal and public involvement against four themes:

<table>
<thead>
<tr>
<th></th>
<th>Information</th>
<th>Service User and Carer Involvement (including evidencing the five Patient Client Experience Standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Training</td>
<td>Monitoring and Evaluation</td>
</tr>
</tbody>
</table>

A set of PPI Indicators have been developed to assist in the evaluation process:
1 Information

1. Do you have information explaining who you are, what you do and how you can be contacted?

2. Do you provide information on the standards service users and carers can expect from your service?

3. Do you provide information to increase service users or carers understanding on how to manage their health and / or social care needs?

4. Do you signpost and / or provide information to service users / carers of other support sources available locally?

5. Do people and their carers who use your service know how to make a complaint?

6. Do people and their carers who use your service know they have a right to be involved in the planning, development and evaluation of the service you provide?

7. Do you provide a list of opportunities for involvement?

8. Do you maintain a database of interested people?

9. Do you provide feedback to those who have been involved?

10. Do you provide feedback on impact and learning?

2 Levels of involvement

1. Do you involve service users in the development of their care and/or treatment plan and have mechanisms in place to monitor and evaluate how staff in your area of responsibility upholds the five Patient Client Experience standards:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Communication</td>
<td>5. Privacy &amp; Dignity</td>
<td></td>
</tr>
</tbody>
</table>

For more information please see www.nidirect.gov.uk/patientstandards

2. Do you involve service users and their carers/ family in the evaluation of the service you deliver?

3. Do you involve service users, carers and the public in the development of new services or in planning service improvements for the service you deliver?

4. Do you involve service users, carers and the public in the planning and development of services/projects that influence the way your Directorate carries out its business?

5. Do you involve service users, carers and the public in the planning and development of services/projects that influence the future direction of the Trust?
3 Training

1. What mechanisms do you have in place, to assess the training and development needs of your staff, to enable them to enhance their skills in personal and public involvement?

2. What mechanisms do you have in place to assess the training and development needs of your service users, their carers and the public to enable them to participate in involvement activities?

3. What training and support do you provide for staff, service users and carers?

4. What opportunities can you identify for service users and carers to become involved in the training of your staff?

4 Monitoring and Evaluation

1. How do you measure/assess the impact and outcome of your involvement activities?

2. What has been the impact of your PPI activities on services?

3. Has PPI improved the patient client experience/quality of care? If so, how?

4. What did those involved think about the process of involvement?

How PPI is monitored and what you need to do

PPI Monitoring and Evaluation within the Southern Health and Social Care Trust

During 2015, the PPI Team in partnership with the PPI Panel developed a PPI Checklist to determine compliance with the PPI Indicators across all programmes of care.

This PPI Checklist was circulated to all Assistant Directors and Heads of Service for completion in conjunction with their respective teams. Completed checklists were returned by all Directorates, some of which were completed on a divisional basis and others by individual teams within divisions. Each Director then received a RAG (red/amber/green) rated summary for their Directorate and a corporate summary report was developed in March 2016 to provide a baseline from which to measure future progress.

It should be noted however, that while the results of the self-audit checklist exercise provide an indication of whether or not staff are compliant with the PPI Indicators, they do not reflect the quality or extent of compliance. It is likely that in most cases, minutes of specific and general team meetings, user evaluations and possibly supervision or Continuous Personal Development records can provide richer material on the quality and impact of PPI activity on stakeholder’s experience of service provision. However this approach is not available within the scope of the self-audit checklist exercise.
The PPI checklist exercise demonstrated there has been an improvement in consistency and coordination and that the Southern Trust has made significant progress in promoting and embedding PPI (working within its existing resources) across its programmes of care. This progress was also recognised by the Public Health Agency in its PPI Monitoring Report 2014/15 which, while acknowledging the limited resource that exists within the Trust to drive the PPI agenda and support for local implementation, stated that:

“On the basis of the evidence provided, the SHSCT are the most advanced Trust in relation to complying with the Statutory Duty of Involvement and Consultation. PPI is clearly on the agenda of the senior management team and widely embedded within policy and practice in the organisation.

“The (Southern) Trust has demonstrated leadership and has regularly shared good practice in this field across the HSC system. The strength of their commitment to service user and carer involvement has been demonstrated through its structures, through its monitoring and reporting arrangements and through the production of a wide range of support and guidance materials for staff and service users.”

Further information on this is located at http://www.publichealth.hscni.net/sites/default/files/directorates/files/SHSCT%20Final%20PPI%20Report%202015.pdf

It is also available on the ENGAGE Website: http://engage.hscni.net/

Similarly in its PPI Monitoring Report 2015/16, the PHA stated:

“On a review of the evidence, the Southern HSCT continues to be the most advanced Trust in relation to complying with the Statutory Duty of Involvement. PPI continues to be embedded into the Trust governance and decision making processes and is a core action and reporting element within each Directorate.

“In particular, the governance model in operation, truly demonstrates how a large organisation can incorporate the voice of service users and carers at a strategic level and this is to be congratulated.”

Further information on this is located at http://www.publichealth.hscni.net/sites/default/files/directorates/files/SHSCT%20Final%20PPI%20Report%202016.pdf

It is also available on the ENGAGE Website: http://engage.hscni.net/
PPI Progress Reporting
The Southern Trust is required to submit an Annual PPI Report providing an overview of PPI activities including feedback and lessons learnt from the process. In order to fulfil this requirement, the PPI Team has set up a register to record PPI activity to monitor quality and measure improvement against its baseline.

To facilitate data collection, the PPI Team in partnership with the PPI Panel and staff has developed a PPI Impact template. Twice a year this is circulated for completion and the information provided informs the operational directorate PPI Progress Reports which in turn informs the Corporate PPI Action Plan. The progress made across the Trust against the regional PPI standards is highlighted in an annual PPI Report formerly entitled “Sharing Our Stories” and now called “Involving and Improving” which is made available on the Trust website.

http://www.southerntrust.hscni.net/about/1600.htm or
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx

Reporting back on your Record of PPI Activity
Any user involvement activity should be recorded on the PPI Impact Template (Appendix 7) and forwarded to the PPI Team.

You can email this form to the PPI Team and someone will contact you by telephone to follow up on any further information required. The PPI Team can also provide support to complete the form if required.

This Impact Template will contribute to your directorate’s PPI Action Plan and PPI Progress Report.

Details of additional support can be found at Section 12 of this Toolkit.
A Guide to Reimbursement

Section 11
The involvement of service users, carers and stakeholders is a central element of health and social care activity. For effective involvement people need to both feel supported and made aware that their contribution is valued by both the organisation and its staff. The Southern Trust believes that where service users, carers and stakeholders are involved in supporting the ongoing development of services they should not be left “out of pocket” or financially worse off as a result of their involvement.

The purpose of this section is to provide a summary of the “Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures”, November 2014 which can be found on the Trust’s website


A summary version of the guidance which can be given to service users and carers can be found on the Trust’s website


Who can be reimbursed?
The SHSCT will reimburse legitimate out-of-pocket expenses to service users, carers and stakeholders who have agreed to become involved and participate in service development and improvement activity such as meetings, discussion fora, focus groups, training events, interview panels or on a defined task or work programme.

What Expenses can be claimed?
The costs a service user or carer is likely to incur in the course of involvement should be discussed and agreed in advance. Normally this discussion will be with the person or the budget holder who is inviting the service user/carer to become involved.

The following list out of pocket expenses will normally be reimbursed:

Travel

Service Users and Carers involved on a voluntary basis can be reimbursed travel expenses from home to place of meeting and the benefit system does not treat these expenses as income provided they are actual and not rounded up amounts.

- Reimbursement for travel is offered in full at public transport rate* or on production of a valid bus or Rural Transport receipt
- Reimbursement for taxi fares will only be paid in exceptional circumstances at the discretion/prior approval from the Trust

* The reimbursement rate for travel is linked to Public Transport Rate/Reserve Rate under Agenda for Change (AfC). This is reviewed every six months in line with the “AA General Guide to car running costs” and can increase or decrease accordingly. The rate effective from 1st November 2014 is 28p per mile.
Subsistence

- Service users and carers who are involved can be provided with tea, coffee, meals and other refreshments as appropriate
- Service users and carers involved on a voluntary basis can be reimbursed the cost of meals or refreshments incurred during the course of their involvement
- This is the also the case regarding a lunch or evening period and where meals or refreshment have not been provided, however this must be agreed in advance with the person or the budget holder who is inviting the service user/carer to become involved. This will not affect benefits

Subsistence allowances will be paid in line with those agreed under Agenda for Change detailed in Annex N of the AFC Handbook.

Costs incurred for Replacement Care and Individual Support Needs

A service user or carer’s exact replacement care costs and individual support needs should be discussed and agreed in advance. Reimbursement of these costs will be in accordance with the reimbursement guidelines as above.
How to make a claim

Service users / carers complete and sign the Claim Form
“Claim for Attendance at Meeting for Service Users and Carers”

Staff should ensure these forms are available at the start of any involvement activity and if possible circulate them to participants in advance

In addition, claimants should also be asked to complete the ‘Equality Monitoring Form’. The summary guidance includes a ‘Monitoring Information Leaflet’ which explains why we need to ask for this information

If the involvement is ongoing, participants should only be asked to complete the ‘Equality Monitoring Form’ with their first claim

Service users / carers should be asked to return the claim form (and in the case of the first time claims the Equality Monitoring Form) along with any receipts to the Project Lead or staff member

The Project Lead or staff member should ensure that all information is included and correct eg:

- Service user / carer name and address is clearly written
- Activity / project details
- Transport provider
- Correct details for BACS payment
- Cost Centre number (you can obtain this from your line manager or the budget holder)

Give the claim form to your line manager for authorisation

What method of payment do service users and carers prefer?

- Cash payments on the day are preferred by service users and carers
- Payment by cheque can cause difficulties for those users or carers without bank accounts
- Delays in making payments discourage people from participating
- Too much form filling can put people off claiming or even participating again in the future once they have experienced what they see as overly complex processed
In view of the preferences outlined above and in the interests of removing barriers to involvement, the following procedure is recommended:

1. Where possible, practical service user / carer reimbursement for out of pocket expenses should be paid from petty cash on the day of involvement using the Service User / Carer Claim Form. This is particularly preferable where the amounts claimed are small and/or the involvement is on a one off or infrequent basis. The budget holder must ensure that a robust recording system is established to meet audit requirements.

2. Where this is not possible, practical reimbursement claims for out of pocket expenses can be made through the Business Service Organisation (BSO), Accounts Payable Shared Service (APSS) and necessitates a separate account to be set up for each claimant.

3. The payment of service user / carer reimbursement claims is made by completing the CP1 form (Appendix 8) and including a scanned copy of the service user/carers claim form (along with any receipts). When completed all documents (i.e. CP1 form, scanned user/carers form and any receipts) are sent to the line manager for authorisation and after all documents are authorised they should be emailed from the account of person authorising payment to: manualpayments.shsct@hscni.net.

4. A flow chart outlining the reimbursement process is attached in (Appendix 9).


For further information, please contact:

<table>
<thead>
<tr>
<th>SHSCT Contract Monitoring Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 028 3083 5280</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:Shared.ServicesARAP@southerntrust.hscni.net">Shared.ServicesARAP@southerntrust.hscni.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carolyn Agnew</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of User Involvement and Community Development</td>
</tr>
<tr>
<td>Ward 1, St Luke’s Hospital</td>
</tr>
<tr>
<td>71 Loughgall Road</td>
</tr>
<tr>
<td>Armagh, BT61 7NQ</td>
</tr>
<tr>
<td>Tel: 028 3756 4469</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:carolyn.agnew@southerntrust.hscni.net">carolyn.agnew@southerntrust.hscni.net</a></td>
</tr>
</tbody>
</table>
Additional Support Available
The Role of the PPI Team
The role of the PPI Team is to work across Directorates and Programme’s of Care to ensure user involvement and volunteering practice are an integral part of the development and delivery of their services. The PPI Team is available to provide advice, information, education and training as well as to support managers and staff within Directorates and Programmes of Care to develop action plans to enhance user involvement and volunteering. The PPI staff leaflet and PPI Training and Resources booklet provide more detail of the support and resources available.

If you require any further advice, guidance or assistance in relation to user involvement please contact:

Carolyn Agnew
Head of Service for User Involvement &
Professional Lead for Community Development
Tel: 028 3756 4469 / 96 / 70 / 72
E-mail: carolyn.agnew@southerntrust.hscni.net
ppi.team@southerntrust.hscni.net

Also check out the PPI Section of the Trust website:
http://www.southerntrust.hscni.net/about/1600.htm and SharePoint site:
http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/ Home.aspx

The Role of the Promoting Wellbeing Locality Teams
The role of the Promoting Wellbeing Teams is to work with local communities, partners and organisations to:

- Identify needs and issues
- Develop and deliver programmes and actions to improve health and wellbeing
- Support local community development and health improvement action
The Role of the Equality Assurance Unit

The central objective of the Equality Assurance Unit is to mainstream Equality and Human Rights into all that we do (all our core functions - Employment, Procurement and the provision of services)

This Unit performs two major functions on behalf of the Southern Trust:

(a) To facilitate the Trust in the communication, promotion and monitoring of its Equal Opportunity Policy Statement throughout the organisation and the maintenance of accurate and up-to-date monitoring data for statutory reporting purposes e.g. the completion of an annual Fair Employment Monitoring Return

(b) To facilitate the Trust in meeting its statutory obligation as defined by Section 75 of the Northern Ireland Act 1998, including the preparation and review of an Equality Scheme

The Trust has a legal, moral and business duty to:

- Provide fair and appropriate provision for service users and the increasingly diverse communities that we serve, and
- Uphold fair employment policies and practices based on the merit principle and equity of treatment

The Trust’s Equality Scheme helps us to embed our organisational values to ensure that we treat people with respect and dignity, and that we are open, transparent and accountable in all that we do.
In order to facilitate the Trust in meeting its statutory obligation as defined by Section 75 of the Northern Ireland Act 1998 the Unit undertakes the following duties that can assist you with your PPI practice:

- Provide strategic direction, advice and guidance to Trust staff to assist in discharging statutory obligations in relation to Section 75 of the NI Act and the Human Rights Act. Provide specialist advice on key elements of the Equality Scheme including screening methodology, screening criteria and conducting of equality impact assessments (EQIAs) on significant service changes in line with best practice standards
- Draw up and disseminate appropriate proforma and guidance notes to assist with mainstreaming of the Section 75 Equality Duties
- Ensure appropriate consultation mechanisms are in place to ensure that the Southern Trust can engage in effective and meaningful consultation with key stakeholders. This includes the annual maintenance of a regional and local database of consultees for all future public consultation
- Commission new data, where necessary, in order to have quality and up-to-date / reliable information which will facilitate and inform Trust staff in their decision making process

The Equality Assurance Unit is based in the Hill Building, St Luke’s Hospital site, Armagh and has its own designated staff as follows:

- Head of the Equality Assurance Unit - Lynda Gordon
- Equality Advisor and Disability Persons Liaison Officer (DPLO) - Vacant
- Equality Advisor - Christine White
- Equal Opportunities Officer - Dean Wilkinson

Equality Unit resources are located on Sharepoint and the intranet (e.g. interpreting and written translation details.) To view them please click on the link http://sharepoint/hr/eq/Interpreting%20%20Translations/Forms/AllItems.aspx

The Trust currently offers two training programmes:-

1. ‘Making a Difference Equality, Good Relations and Human Rights Training’ see attached flyer. Staff must complete Part 1 and Managers are Required to complete both Parts 1 and 2.

2. Staff training manual (available on the intranet in the Equality Section and Sharepoint).

For further advice and/or information please contact:
Telephone: 028 375 64151 / 64152 / 64247 / 64248
E-mail: lynda.gordon@southerntrust.hscni.net
The Role of the Continuous Improvement Team
The Continuous Improvement Team continue to engage and work with staff to ensure that services for patients and clients are of a consistently high standard and that opportunities for quality improvement are identified and actioned. This includes proactively seeking out new ideas and approaches to enabling quality improvement in the workplace.

The Continuous Improvement Team provide a range of Quality Improvement training packages outlined under the PPI Training section (page 113) In addition the Team facilitate a number of improvement work “packages” to support the development of a quality improvement culture were ‘No improvement is too small!’

1. Vodcast Programme
   The Continuous Improvement Team coordinates a QI Vodcast Programme. The aim of the programme is to promote the sharing of best practice across the organisation; showcasing the contribution that individuals and teams have made to improve quality for our service users and staff.

   Please click on the link to view some of our staff Quality Improvement Vodcast

2. Quality Improvement Clinics
   The Continuous Improvement Team facilitate a rolling Quality Improvement Clinic Programme aimed at supporting staff who are about to embark on a quality improvement project or who are facing a project challenge. Individuals or teams can schedule a one-to-one meeting with an experienced facilitator to discuss their proposal, explore challenges and consider potential solutions. This team can be contacted (see details below.)

3. Continuous Improvement Newsletter
   The Continuous Improvement Newsletter provides staff with a forum to share best practice, a “go to” resource in relation to quality improvement training and development opportunities, in addition to allowing our staff celebrate improvement in patient and client care and showcase staff experiences in relation to this.

   Newletters are issued on a quarterly basis and to view them please click on the link Continuous Improvement Newsletters
4. **Quality Improvement Network**

The Trust Quality Improvement Network (QI Network) was established in November 2016 with the aim of supporting the development of quality improvement capacity and capability across the workforce. The network meets quarterly with attendees including frontline staff, medical colleagues and managers with an interest in QI.

**External speakers have included:**

- Margaret Murphy a World Health Organisation External Lead Advisor for Patients for Patient Safety
- Judith Gillespie, former Deputy Chief Constable RUC, Visiting Professor at Ulster University and independent leadership advisor
- David McNally, Head of Experience of Care NHS England and Helen Lee Head of Quality Improvement and Experience at Lancashire Care NHS Foundation Trust

*Look out for further QI Network sessions which are advertised in the global email and Trust newsletters.*

5. **Annual Quality Improvement Event**

Each year the Continuous Improvement Team organise a Quality Improvement Sharing Event focussing on a specific theme to share and celebrate the excellent quality improvement work undertaken within our Trust.

*Quality Improvement Sharing Events are advertised in the global email and Trust newsletters.*

**Contact the Team**

If you would like more information in relation to accessing any of our QI Programmes, would like to access a Quality Improvement Clinic, attend a QI Network or contribute to our Vodcast programme or newsletter please contact:

**Jacqueline Morton,**
Head of Continuous Improvement

*Tel: 028 3756 0060 or 07920875792*

*E-mail: Jacquelinet.morton@southerntrust.hscni.net*
The Role of the Contracts Department

The Contracts Department supports Trust staff with the contracting process for external providers of health and social care services to ensure the contracts established provide care which is both value for money and of a high standard.

The contracting process includes procurement, evaluation, contract award and ongoing contract monitoring. The Contracts Department provides training and best practice contract management advice and support.

It is important that staff pay due regard to their PPI obligations when procuring services. This includes:

- Completing the equality screening template for each service procurement and conducting an equality impact assessment (EQIAs) on significant service changes in line with best practice standards
- Ensuring appropriate consultation mechanisms have been deployed so that Southern Trust can evidence effective and meaningful consultation with key stakeholders
- Documenting the engagement and involvement process
- Recording feedback and demonstrating that this has been conscientiously taken into account in the decision making process
- Recording when this is not possible and why

Contact the Team

If you would like more information on the support provided by the Contracts Department please contact:

Dawn Livingstone  
Head of Contracts  
Tel: 028 3756 0033  
E-mail: dawn.livingstone@southerntrust.hscni.net
PPI Training
The PHA, in keeping with its leadership responsibilities in regards to the implementation of PPI policy across HSC, has developed a PPI awareness raising and training programme. This has been designed to support staff to understand and incorporate PPI into their work practices. The Southern Trust PPI Team and PPI Panel provided significant support and information which contributed to the development of the materials.

The programme package includes both e-learning and instructed training which includes:

- PPI Modular based programme (2 overview and 4 in-depth modules)
- PPI Team briefing
- PPI Coaching

These in-depth modules are designed to provide staff with practical PPI skills and are as follows:-

Communication and PPI
Choosing and planning a communication strategy that will increase levels of involvement with the chosen audience/client group

Facilitation Skills for PPI
Basic facilitation skills aimed at managing better meetings, group discussion and public engagement events

Getting People to Participate in PPI
How to achieve public involvement in service planning – guidance on dealing with vulnerable and hard to reach groups and suggestions for methods of engagement, consultation and involvement

Measuring PPI
Monitoring the activity and the impact of involvement and the development and analysis of questionnaires for use in service areas

The PHA require Trusts to deliver this programme, however due to the limited capacity within the PPI Team - and the availability of similar learning in other existing Trust training programmes - the options offered for Southern Trust staff are detailed overleaf:
**Induction**

The Trust’s Corporate Induction Programme makes reference to PPI/PCE and User Views. In addition a PPI Information leaflet for staff, outlining support available, can be downloaded from the Trust website and continues to be used as a hand-out at training and events.

**Engage and Involve PPI Coaching** and **Team Briefing resources** are being distributed to all Team Leaders and members of the Trust’s Coaching Forum.

**PPI Awareness Training** *(this programme is suitable for all staff)*

The **Engage & Involve (Personal and Public Involvement Awareness)** E-Learning Programme is available on the Southern Trust E-Learning Platform. This is a self-taught introduction to PPI to help you embed PPI in your everyday work practice. By the end of the course you should have an understanding of:

- What is PPI?
- Who to involve
- Why undertake PPI?
- What PPI looks like in practice
- Support and resources available to help you undertake PPI

**Accessing E-learning programmes**

To access the Trust’s e-learning platform, please visit [www.hsclearning.com](http://www.hsclearning.com)

Further information on how to do this via the User Guide is available at [http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm](http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm)

Should you have any queries in relation to e-Learning, please contact [elearning.support@southerntrust.hscni.net](mailto:elearning.support@southerntrust.hscni.net)

**PPI Awareness for staff teams** *(this programme is suitable for all staff)*

This has been cross referenced with the regional Engage and Involve overview module “Introduction to PPI” and is available from the PPI Team on request. The training consists of a 45 minute presentation on basic awareness of the benefits of Personal and Public Involvement, the policy context which drives PPI and the support mechanisms. It also provides an opportunity for team members to discuss their approach to PPI and learn how they can embed it in their work.

The PPI team will accommodate training requirements and can deliver the training on site at a date, time and venue that suits the team.

If a Service User Group is attached to division/team area of service it is recommended they are offered the opportunity to attend and be included in this training also, where appropriate.
Practical hints and tips on engaging Service Users and Carers
(this programme is suitable for all staff)

This hour long workshop delivered by the PPI Team and PPI Panel members provides an overview of PPI and outlines practical hints and tips for getting people involved, support available, potential barriers, top tips for success and gives participants an opportunity to consider how they will apply this in their own area of work.

For further information or to arrange a training session please contact:

Carolyn Agnew
Head of User Involvement and Community Development
Tel: 028 3756 4469
E-mail: carolyn.agnew@southerntrust.hscni.net
Quality Improvement Programmes

The Southern Trust also offers a range of Quality Improvement programmes. All of the following QI capacity building courses contain a PPI element which includes PPI awareness, communication and PPI, choosing and planning a communication strategy which will increase levels of involvement with the chosen audience/client group and basic facilitation skills.

Each of the externally accredited programmes are delivered using a blended learning approach which includes E-learning, Workshops, Peer to Peer facilitated learning triads and dedicated facilitation and support.

Course participants are expected to evidence their newly acquired knowledge and skills by:-

- Undertaking a quality improvement project
- Presenting a portfolio of evidence demonstrating the application of QI and a project management approach demonstrating knowledge and skill being put into practice
- Completing a course question and answer booklet

1. An Introduction to Quality Improvement

The Introduction to Quality Improvement (QI) e-learning module has been developed to raise QI awareness and strengthen foundational knowledge and skill in quality improvement. This has been mapped to Level One of Supporting Leadership for Quality Improvement and Safety – an Attributes Framework for Health and Social Care 2014.

The expected learning outcomes include:

- An introduction to QI concepts and The 5 Step NHS Quality Improvement Model
- The Model for Improvement and PDSA
- Measures and data
- Engaging service user and carers

This e-learning module is web based therefore it can be accessed from home or within the Trust.

The indicative time commitment to complete this e-learning module is 45 minutes.
To access the Introduction to Quality Improvement e-learning module please click on the link Health and Social Care (NI) Learning Centre.

To access the Trust's e-learning platform, please visit www.hsclearning.com.

Further information on how to do this via the User Guide is available @ http://vstrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm.

Should you have any queries in relation to e-Learning, please contact elearning.support@southerntrust.hscni.net.

2. Quality Improvement Award
The Quality Improvement Award has been designed to equip both service users and staff with the quality improvement tools, techniques and methodologies required to undertake a small step change project.

All participants are expected to undertake a 90 day small step change project. This contains information on engaging and involving service users and carers in quality improvement as well as methods of capturing and using service user feedback and is located in the sections entitled:

- ‘Levels of service user involvement’
- ‘Comparison of PPI and service user experience’
- ‘Service user video examples’

3. Quality Improvement Certificate
The Quality Improvement Certificate has been developed to equip staff with the quality improvement tools, techniques and methodologies required to undertake a small step change project.

All participants are expected to undertake a 90 day small step change project directly linked to organisational improvement priorities.

4. Quality Improvement Diploma
The Quality Improvement Diploma has been developed to equip staff to lead quality improvement at a team or service level.

Participants are expected to demonstrate the application of their newly acquired knowledge and skill by taking forward a significant improvement project.
The Continuous Improvement Team also has a range of useful resources to support their training programmes. These can be accessed on SharePoint by clicking the following link resources available

For further information on Quality Improvement Programmes please contact:

**Jacqueline Morton**  
Head of Continuous Improvement  
**Tel:** 028 3756 0060 Ext: 60060 or Blackberry: 07920875792  
**E-mail:** JacquelineT.Morton@southerntrust.hscni.net

Other training that supports PPI practice includes:-

**Community Development Awareness** *(this programme is suitable for all grades of staff.)*

Community development approaches underpin the PPI Cycle. This CD Awareness training is available from the Promoting Wellbeing Community Development Workers on request and consists of a 45-minute presentation on the benefits of using community development approaches and the support available. It provides an opportunity for team members to discuss how they can embed community development approaches in their work.

The community development workers will accommodate training requirements and can deliver the training on site at a date, time and venue that suits the team.

For further information or to arrange a training session please contact:

**Carolyn Agnew**  
Head of User Involvement and Community Development  
**Tel:** 028 3756 4469  
**E-mail:** carolyn.agnew@southerntrust.hscni.net
The Education, Learning & Development Team play a vital role in ensuring that all staff receive the knowledge and skills to undertake their roles competently and confidently in order to provide safe, high quality care to our patients and service users.

The team led by Anne Forsythe, Head of Organisational Development & Learning, are responsible for a number of key areas, not limited to:-

- Corporate Mandatory Training
- Leadership, Management and Skills Development
- Trust Coaching Service
- Technology Enhanced Learning eg e-Learning, e-zines, Videos, Screen Capture Clips, etc.
- Employee Engagement eg Staff Survey Engagement Sessions, 5 Fundamentals of Civility, Café Conversations, etc.
- Corporate Social Responsibility eg Trust Charity Partnership, Payroll Giving, etc.
- Staff Health & Wellbeing eg U-Matter Hub
- Staff Recognition eg Trust Excellence Awards

Click [here](#) to meet the Team.
The Trust offers a range of Accredited and Non-Accredited training to help staff build on their existing skills and experience while supporting PPI Practice.

To access a brochure please visit https://view.pagetiger.com/Education-Learning-and-Development/Brochure or see below:-

SKILLS DEVELOPMENT PROGRAMMES:

1. **Q2020: Attributes Framework Level 1**

   ‘Quality Improvement and Safety is everyone’s job and it is essential for us all working, or training in, Health and Social Care to understand the importance of delivering person-centred, quality care to our patients and service users’ (Quality 2020 Framework).

   This training will introduce staff to the meaning of quality in their work and highlights the critical role staff play in improving the services they provide across the Trust.

   To access the Trust’s e-learning platform, please visit www.hsclearning.com

   Further information on how to do this via the User Guide is available @ http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm

   Should you have any queries in relation to e-Learning, please contact elearning.support@southerntrust.hscni.net

   Alternatively, to book a face-to-face session for a group of staff (approximately 2 hour session), please contact learning.development@southerntrust.hscni.net

2. **Code of Practice on Protecting the Confidentiality of Service User Information**

   The privacy committee developed this module for IGAG (Information Governance Advisory Group). This e-Learning module is aimed at Senior Professional Staff within Health and Social Care. Module 1 covers the Code of Practice on Protecting the Confidentiality of Service User Information and the use and disclosure of personal identifiable information on the direct care of the respective service user.

   To access the Trust's e-learning platform, please visit www.hsclearning.com

   Further information on how to do this via the User Guide is available @ http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/InfoandGuidance.htm

   Should you have any queries in relation to e-Learning, please contact elearning.support@southerntrust.hscni.net
3. **The Patient Client Experience (2.5 hour session)**

The purpose of this 2.5 hour session is to embed positive behaviours to improve experience in any interaction within health and social care and to ensure consistency in terms of what service users can expect when accessing our services.

The experience of our patients and service users is a recognised component of high-quality care and the increasing evidence and knowledge base in relation to patient and client experience presents a clear message that experience of care is as important to patients and clients as clinical effectiveness and safety, (NHS Institute for Innovation and Improvement). The Patient Client Experience is intended to be positive and to focus on good practice with a view to challenging everyone to do even better.

4. **Admin Development Programme (2 day programme)**

As a result of attending this training, staff should be better equipped to manage their workload, be able to use a range of communication tools effectively and achieve a greater understanding of how service improvement techniques can be applied.

5. **Best Practice for the Administration of Effective Meetings (½ day session)**

The purpose of this programme is to equip staff with the skills and good practice hints and tips for effective meeting administration.

As a result of attending this training, staff should be better equipped to manage their workload, be able to use a range of communication tools effectively and achieve a greater understanding of how service improvement techniques can be applied.
6. **Every Conversation Matters (½ day session)**

Health and Wellbeing 2026: Delivering Together and the HSC Collective Leadership Strategy refers to developing leadership at all levels; ‘a truly collective leadership model’ where all those working in health and social care feel able to effect change and improvement in care. This is where communication is key. “*Every Conversation Matters.*” Whether formal or informal, the way in which we all communicate really can make a difference.

The Trust has introduced a practical model to enhance the way in which all people communicate with one another throughout the organisation, with the ultimate aim of improving employee engagement and consequently organisational performance.

**LEADERSHIP & MANAGEMENT DEVELOPMENT PROGRAMMES:**

1. **New to Line Management (ILM Level 3 Award in Leadership & Management)**

The purpose of this Institute of Leadership & Management development programme is to provide staff with an opportunity to enhance their knowledge and skills as a line manager.

The qualification is made up of 3 units:

- Understanding Leadership (the role of the line manager, management -v- leadership, understanding personal behaviour)
- Understanding the Communication Process in the Workplace (methods of communication and how to use them. Self-assessment of their own communication skills and identify areas for performance)
- Understanding Conflict Management in the Workplace (Managing conflict, emotional intelligence, building resilience).

To obtain the award participants must complete 3 written assignments.
2. **Middle Manager Programme (ILM Level 5 Award in Leadership & Management)**

The purpose of this Institute of Leadership & Management development programme is to support participants to develop their knowledge, skills and competencies around a key set of leadership and management behaviours.

The qualification is made up of 4 Modules:

- The Leadership Challenge in a changing world
- Managing Improvement for organisational performance
- Becoming an effective leader
- Making professional presentations

To obtain the award participants must complete two written assignments and one presentation.

3. **Taking the Lead Programme - Trust Leadership Development Programme**

The overall aim of the Programme is to develop individuals who hold (or aspire to hold) a managerial post within the Southern HSC Trust to enable them to unlock their potential so as they can continue to ‘Take the Lead’ in their own roles. The content of the Programme is based on real situations and interactive in approach. Participants are encouraged to use the Programme as an opportunity to look at ways of addressing challenges and sharing best practice. As well as providing an opportunity for reflection.

The programme consists of:

- Healthcare Leadership Model 360 degree questionnaire. Participants gather confidential feedback from line managers, peers and direct reports and then receive a report and a personal feedback session prior to module 1

- Participants will identify a work based challenge and introduce a 30 day service improvement project through the duration of the Programme. Participants will apply Quality Improvement knowledge, skills, tools and techniques they learn to diagnose the problem and implement a solution and will then present their project in a poster format at a showcase event at the end of the programme

- Participants will be assigned a Southern Trust Coach who is professionally trained to provide confidential, one-to-one Coaching to support participants during the Programme
• Participants are given a comprehensive overview of the Trust and how we work, via a suite of masterclasses. Each module is aligned to a key area of managerial responsibility including Finance, Governance, Human Resources and Organisational Development and Service Improvement


**4. Trust Coaching Service**

Coaching is increasingly recognised as a powerful tool to help individuals realise their potential and to support positive change in challenging circumstances.

Please visit: http://vsrintranet.southerntrust.local/SHSCT/HTML/HR/ManagementTraining.htm

For further information or to apply for any of the programmes on Pages 140 - 146, please contact:

**Education, Learning & Development**
Tel: 028 3756 4163
E-mail: learning.development@southerntrust.hscni.net

A training booklet entitled ‘Supporting staff to understand and incorporate Personal and Public Involvement (PPI) into their work practices’ is available to download from the Trust website and SharePoint

http://www.southerntrust.hscni.net/about/1600.htm
http://sharepoint/oppc/uicd/PersonalandPublicInvolvement/SitePages/ Home.aspx

or by contacting:

**The PPI Team**
Tel: 028 3756 4472
E-mail: ppi.team@southerntrust.hscni.net

This booklet also provides details of the resources available to support PPI practice.
Useful Websites
The Southern Trust is recognised as the most advanced Trust in Northern Ireland in relation to complying with the Statutory Duty of Involvement and Consultation. It has, in partnership with its PPI Panel developed a comprehensive range of resources to support staff to fulfil their obligations. These resources have been shared widely, adopted as appropriate by the PHA, other Trusts and HSC organisations and tailored to meet their specific needs and are available to download from the following:-

**Southern Trust website:**
[http://www.southerntrust.hscni.net/about/1600.htm](http://www.southerntrust.hscni.net/about/1600.htm)

**Southern Trust PPI SharePoint:**
[http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx](http://sharepoint/oppc/uicd/PersonalandPublicInvolement/SitePages/Home.aspx)

**Southern Trust Continuous Improvement SharePoint:**
[http://sharepoint/pr/ci/SitePages/Home.aspx](http://sharepoint/pr/ci/SitePages/Home.aspx)

**Engage website:** [http://engage.hscni.net/](http://engage.hscni.net/)

The PHA through its regional PPI Forum are developing this website as a “one-stop” point of information for PPI across Northern Ireland.

**Patient Voices website:** [http://www.patientvoices.org.uk/](http://www.patientvoices.org.uk/)

Patient Voices uses reflective digital storytelling to unearth first-person stories that deliver compelling and motivating insight and drive organisational change, growth and success.

* **Community Change:** [www.communitychange-ni.org](http://www.communitychange-ni.org)

Community Change provides high quality tailored facilitation, training, consultancy and support across Northern Ireland to the voluntary and community and voluntary sector, councils, statutory bodies and the private sector.

* **Community Development and Health Network:** [www.cdhn.org](http://www.cdhn.org)

CDHN are network and membership organisation working across Northern Ireland with a focus on tackling health inequalities using community development approaches. They provide information, good practice and facilitation, training support and advice.

* **Consultation Institute:** [www.consultationinstitute.org](http://www.consultationinstitute.org)

The Consultation Institute is a UK-based, not-for-profit organisation with an aim of helping all those engaged in public or stakeholder consultation absorb best practice, encourage innovation and improve its value to decision-makers whilst providing an opportunity for professional networking.

* **Health Foundation:** [www.health.org.uk](http://www.health.org.uk)

The Health Foundation is an independent charity working to improve the quality of health care in the UK.
**Involve** [www.involve.org.uk](http://www.involve.org.uk)

Involve is a think tank and charity specialising in public participation. Our mission is to inspire, innovate and embed effective citizen engagement, so that members of the public are able to take and influence the decisions that affect their lives.

**The Joseph Rowntree Foundation**: [www.jrf.org.uk](http://www.jrf.org.uk)

Joseph Rowntree Foundation is an endowed foundation funding a UK-wide research and development programme.

**The Kings Fund**: [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

The King's Fund is an independent charity working to improve health and health care in England. They help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate.

**The Picker Institute Europe**: [www.pickereurope.org](http://www.pickereurope.org)

Picker Institute Europe is a not-for-profit organisation that makes patients’ views count in healthcare. They build and use evidence to champion the best possible patient-centred care and work with patients, professionals and policy makers to strive continuously for the highest standards of patient experience.

**National Institute for Health and Care Excellence (NICE)**: [www.evidence.nhs.uk](http://www.evidence.nhs.uk)

NICE Evidence Services are a suite of services that provide internet access to high quality authoritative evidence and best practice. The services cover health, social care and public health evidence. Evidence Services aim to help professionals make better and quicker evidence based decisions.

**National Voices**: [http://www.nationalvoices.org.uk/patient-involvement](http://www.nationalvoices.org.uk/patient-involvement)

National Voices is the national coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

**NICVA (NI Council for Voluntary Action)**: [www.nicva.org](http://www.nicva.org)

NICVA, the Northern Ireland Council for Voluntary Action, is a membership and representative umbrella body for the voluntary and community sector in Northern Ireland.

**Wikipedia on Co-production (Public Services)**

**Community Development and Health Network Resources**

Some information on home-grown CDHN resources on co-production which includes a two-page summary guide.
[https://www.cdhn.org/co-production](https://www.cdhn.org/co-production)
Guardian Article on the Role of Service Users in Social Care Leadership (2016)
Some interesting comments from Peter Beresford and references about the importance of leadership.

+Co-production in social care: What it is and how to do it (SCIE Guide 51)
This is a Social Care Institute for Excellence (SCIE) guide to what co-production is and how to develop co-productive approaches to working with people who use services and carers. It is aimed at managers and commissioners, frontline practitioners and people who use services and carers.
www.scie.org.uk/publications/guides/guide51/

+Easy Read Guide to Co-Production and “Top Ten Tips” on a Page
Think Local, Act Personal (TLAP) is a national partnership transforming health and social care through personalisation and community-based support. TLAP has a National Co-production Advisory Group that makes sure all its work is co-produced. This link is to “an eight page Easy Read guide” to Co-production. It also includes a one-page “top ten tips” publication.
https://www.thinklocalactpersonal.org.uk/browse/co-production/

+NHS Co-production on One Page
A Co-production Model: 5 values and 7 steps to make this happen in reality
http://coalitionforcollaborativecare.org.uk/catherine-wilton/a-co-production-modelfive-values-and-seven-steps-to-make-this-happen-in-reality/

+New Economics Foundation: Right Here, Right Now
NEF 2010 publication on driving co-production into the mainstream.
http://neweconomics.org/2010/07/right-right-now/?sf_s=co-production

+NESTA’s People Powered Health Co-production Catalogue
This offers loads of examples of initiatives from a co-production perspective using the New Economics Foundation (NEF) model.
http://www.nesta.org.uk/publications/co-production-catalogue

+Asset-based Places: a model for community engagement and development
An asset-based approach places the emphasis on people’s and communities’ assets, alongside their needs. This briefing suggests a framework for local areas to enable asset-based approaches to thrive. It is based on SCIE’s research for the Greater Manchester Health and Social Care Partnership.
YouTube Videos

+What makes co-production different to participation?
Some interesting views on co-production in social care, from a range of perspectives (2:45) https://youtu.be/iJjmFYSB_qo

Co-production animation by Spice
Short graphic video describing value added by co-production from a community perspective. “A small change for now, a huge change for the future.” (3:20) https://youtu.be/vugLEaEcBR0

+What co-production will mean for health and social care planning and provision in Scotland
Interview with Gerry Power from the Joint Improvement Team that is co-sponsored by the Scottish Government and COSLA. Gerry has contributed a chapter on the impact co-production is having on health and social care planning and provision in Scotland in 'Making Health and Social Care Personal and Local: Moving from Mass Production to Co-Production' a new book by Governance International and the Local Government Information Unit. The book can be downloaded from http://www.govint.org/ (4:34) https://youtu.be/1RiSMpgxiMM

+Taking co-production forward - the challenges and opportunities from a GB local authority perspective
Interview with Laura Wilkes from the Local Government Information Unit. Laura talks about the challenges and opportunities for local government to take co-production further.

Laura was one of the editors of the 'Making Health and Social Care Personal and Local: Moving from Mass Production to Co-Production' produced by Governance International and the Local Government Information Unit. (3:51) https://youtu.be/D9kZtygonLg

+What is Co-Production?
Ruth Dineen, Wales, on Co-production methods and models have been successfully used to support people with long term health conditions, in clinical shared decision making and in experience led commissioning. (1:40) https://youtu.be/bo4r1XU-BZw


+ Above taken from Weblinks on Co-production (STELLAR 2017)
Acknowledgements

Thank you!
his Toolkit has been developed over a period of time following a baseline study of Personal and Public Involvement work across the Southern Trust.

The Personal and Public Involvement Team gratefully acknowledge the contributions of staff across the Southern Trust, PPI Panel members and other Health and Social Care organisations in addition to service users and carer organisations whose advice, comments and experience of user involvement have been invaluable in the development of this resource.

Personal and Public Involvement activity continues to increase across the Southern Trust and we wish to acknowledge the partnership work staff, service users and carers are undertaking and for their ongoing commitment to user involvement.

While this is not meant to be a comprehensive guide to personal and public involvement, this toolkit will be reviewed on a regular basis, so that it remains relevant and useful. We would welcome your comments and in particular, we would be keen to hear from you if you have come across or have used other means of personal and public involvement, which have generated positive results.

Please email your comments and suggestions to the PPI Team at ppi.team@southerntrust.hscni.net
DHSSPS Evaluation and Equality Unit (2003): Guidance on Consultation Methods for Managers within the HPSS family

Greater Glasgow Primary Care NHS Trust: A Framework for Patient and Personal and public involvement


Leicester City NHS Primary Care Trust: Patient and Public Involvement Toolkit for Staff

The NHS in Rotherham: Patient and Public Involvement Toolkit

Greater Peterborough Primary Care Partnership: Staff Toolkit for Public Involvement: May 2004

Darlington NHS Primary Care Trust: Patient Carer & Public Involvement Staff Toolkit: September 2004


Boyle, D. and Harris, M. (2009), The Challenge of Co-production – How equal partnerships between professionals and the public are crucial to improving public services. London: NESTA


Social Care Institute for Excellence, (2013) Co-production in social Care; What it is and how to do it. London: SCIE

Appendices
Appendix 1

Patient Client Experience (PCE) and Personal and Public Involvement (PPI)

Understanding the connection, appreciating the difference

People are often confused by the relationship between PPI and PCE. Are they the same thing? What is the difference?

A person can have an experience of health and social care that meets the five PCE standards but have little involvement in decisions about their own care, and/or service design delivery. Likewise, it is possible for someone to be actively involved in decisions about services, but for their experience of health and social care to have fallen short of the five PCE Standards.

PPI is active involvement, which helps to inform the priorities and direction of health and social care alongside people’s participation and ownership of their own health and social wellbeing. It includes concepts and practices such as health literacy, shared decision making, and supported self-management etc.

The goal for Health and Social Care organisations is to address both of these areas, ensuring that people have a good experience and also that they are meaningfully involved.

Personal and Public Involvement (PPI) is a statutory duty* relating to the active involvement of service users, carers and the public in the:

- commissioning;
- planning;
- delivery;
- evaluation of services.

PPI operates from one to one care with individuals, to the development of services, policies and strategies. It is a process which empowers and equips people, giving them the opportunity to influence these decisions and plans. PPI can help to tailor services to need, help set priorities and improve quality and safety.
The Six Tests for Stakeholders Identification

Test 1  Who is *directly impacted* by this decision?
- Whose daily / weekly lives will change as a result of this decision?
- Who cannot easily take steps to avoid being affected by this decision?
- Who will have to change their behaviour as a result of this decision?

Test 2  Who is *indirectly impacted* by this decision?
- Whose daily / weekly lives will change because others have been directly impacted by this decision?
- Who will gain or lose because of changes resulting from this decision?

Test 3  Who is *potentially impacted* by this decision?
- In particular circumstances, who will have a different experience as a result of this decision?
- Are there individuals or groups who will have to adjust their behaviour if particular conditions apply?

Test 4  Whose *help is needed* to make the decision work?
- Are there vital individuals or groups in the delivery chain?
- Who will have the ability to frustrate implementation unless co-operating?
- Who understands the likely impact of this decision on other stakeholders?

Test 5  Who thinks they *know* the subject?
- Who has studied the subject and published views on it?
- Who has detailed know-how that those implementing the decision should also understand?

Test 6  Who will show an *interest* in the subject?
- Are there organisations or individuals who think they have an interest?
- Has anyone been campaigning about this issue?
- Is there anyone publishing or broadcasting views on this subject?

Note: Consultation can apply to decision, policies or programmes of action.
Stakeholder Mapping

High

INFLUENCE

Low

Low Stake

INTEREST

High Stake
Good Practice Guidelines for Engagement

**INCLUSIVE**

**INVOLVE** us from the start of the process – don’t parachute us in when it suits

We **NEED** to be able to influence decisions - don’t ask us if the decision has already been made

Be **CLEAR** about the purpose of the engagement or consultation - we need to know exactly why we are being asked to become involved and what it will achieve

**LET** us know what you can change and what you can’t - be clear about the resources available

**UNDERSTAND** that you need to allow sufficient time - don’t rush; give people time to reflect and respond.

Keep it **SIMPLE**, do not use jargon - language should be clear and easy to understand

Use the process to **IMPROVE** the skills, knowledge and confidence of everyone involved

**VALIDATE** - monitor and evaluate whether the engagement achieved its purpose

**ENSURE** that you provide feedback - what changed as a result of our involvement; what difference has it made? Keep feedback short and sweet - if we need more detail we can ask. Also feedback to people within a reasonable timeframe so that momentum is not lost.

Developed by the Southern Health & Social Care Trust PPI Panel July 2011
Good Meeting Etiquette

MEETINGS are for the benefit of all - no person has the right to dominate or be disruptive.

EVERYONE should be addressed courteously and feel welcome and comfortable to make their contributions. No one should feel bullied, insulted or be verbally attacked by another member.

ENSURE that meeting times, agenda items and contributions are managed well so that the meeting runs on time.

TAKE time to prepare - read minutes, follow up on things you have agreed to do; check agenda, make notes on what you want say.

IMPROVE everyone’s understanding - do not use jargon.

NEVER end a meeting without agreeing a decision or an action to progress for each agenda item.

GAIN - Remember meetings are an opportunity to GAIN information as well as GIVE feedback.

SUPPORT the Chair Person - whilst the Chair is ultimately responsible for managing the meeting, it is everyone’s responsibility to make their job as smooth as possible.

Developed by the Southern Health and Social Care Trust PPI Panel
February 2015
Appendix 6

Name of service/team/PPI project

What you told us / What we asked?

Quotes from service users/carers

What you said

What you thought we did well

What we can do better?  What we did

What next?
Did we get it right?

*Insert area of service or team*

We believe the best people to tell us how we are performing are those who have experienced our care and services and so we ask patients, relatives and carer’s to tell us how we are doing.

Our staff are always happy to receive compliments and here are some of the comments you have sent us.
# Measuring the Impact of Personal and Public Involvement in the SHSCT

**Directorate / Division / Service**

**Population Group:** e.g. older people, adult disability, children, young people, carers etc.

<table>
<thead>
<tr>
<th>Name of PPI Activity/Project:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who was Involved?</strong></td>
<td><strong>What changed for Service Users and /or Carers?</strong></td>
</tr>
<tr>
<td>e.g. service users, carers, staff</td>
<td>e.g. better experience of using services, change to appointment times, change to appointment letter etc.</td>
</tr>
</tbody>
</table>

**Name of PPI Activity/project Date:**

- **Who was Involved?**
- **What changed for Service Users and /or Carers?**
- **What changed for Trust?**
- **Links to professional or regional strategies**
- **Benefits/drawbacks of being involved and lessons learnt?**
- **Hours spent on PPI Activity**
FPL Request to Pay From CP1 - Southern Health & Social Care Trust

All fields marked with * are mandatory and must be completed, failure to do so will result in payment request being rejected.

Amount to be paid: £0.00  
Request Date:  
Payee Name:  
Payee Address:  
Post Code:  
Supplier Number: (If known)  
Invoice Ref/Trust Ref: (15 char max.)  
Remittance Text: (75 char Max)

Details of Payment | Cost Centre | Account code | NET | VAT
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 0.00 0.00

Additional Information/Instructions:

Requested By:  
Approved by:  
Contact email address: (In the event of a query)

THIS FORM MUST COME FROM THE MAILBOX OF A TRUST AUTHORISED SIGNATORY WHO HAS AUTHORITY TO APPROVE THE VALUE OF THE SPEND. YOU REQUEST WILL NOT BE PROCESSED OTHERWISE.

Email this request with all supporting documentation to: manualpayments.shsct@hscni.net  
(please allow 3 working days to process this request)
In the event of a query contact BSO Shared Services Accounts Payable on 028 95362996 email: apss.shsct@hscni.net
Service users/carers complete and sign the service user/carer form

Staff should have forms available at the start of any involvement activity and if possible circulate them to participate in advance

In addition, claimants should also be asked to complete the Equality Monitoring Form

If the involvement is ongoing, participants should only be asked to complete the Equality Monitoring Form with their first claim

Service users/carers should be asked to return the claim form (and in the case of first time claims the Equality Monitoring Form) along with any receipts to the project lead or staff member

The project lead/staff member then needs to:

1. Complete the CP1 form – all fields with* to be completed
2. Scan copy of the Service user/carer claim form along with any receipts
3. Give all documents (i.e. CP1 form, scanned user/carer form and any receipts) to line manager for authorisation
4. Once authorised all documents need to be email from account of person authorising payment to:
   Manualpayments.shsct@hscni.net