



Western Health  
and Social Care Trust

**Personal and Public Involvement (PPI)  
Annual Progress Report  
1 April 2014 – 31 March 2015**

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## Foreword

Welcome to the Western Trust's third annual Personal and Public Involvement (PPI) Progress Report for 2014/2015. I am introducing this report in my role as Director of Performance and Service Improvement and Executive Lead for PPI. This report should be read alongside the Trust's Annual Report for 2014/2015.

The Western Trust is committed to a culture of openness and transparency. Within the Trust we have continued to strengthen involvement of the public, patients and carers in our services. We acknowledge the importance and benefits that service user and carer involvement adds to our organisation. We would hope that this report showcases some of the work and how we have listened, responded and worked in partnership with patients, service users and the public.

Within the Trust, PPI is a two way process and operates on a number of levels ranging from one to one discussions about care and treatment with service users, carers and their advocates through to involvement in policy development, service design, redesign and evaluation.

This Annual Report is the Trust's opportunity to provide information on the different ways service users/carers and the public have been involved in the planning, development and delivery of Health and Social Care Services in the Trust for the period 1 April 2014 to 31 March 2015.

I look forward to continued progress in the area of PPI within the Western Trust, with real benefits for our service users, carers and staff.



***Teresa Molloy***  
***Director of Performance and Service Improvement***  
***WHSCT***

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

Personal and Public Involvement (PPI) is also known as service user involvement and can be described as:

*“how service users; patients, clients and carers, including the public can have their say about care and treatment, and the way services are planned and delivered”.*

Personal and Public Involvement (PPI) is the active and meaningful involvement of service users, carers and the public in Health and Social Care (HSC) services. It means actively engaging to discuss: their ideas, our plans; their experiences, our experiences; why services need to change; what people want from services; how to make the best use of resources; and how to listen to these views and therefore improve the quality and safety of services.

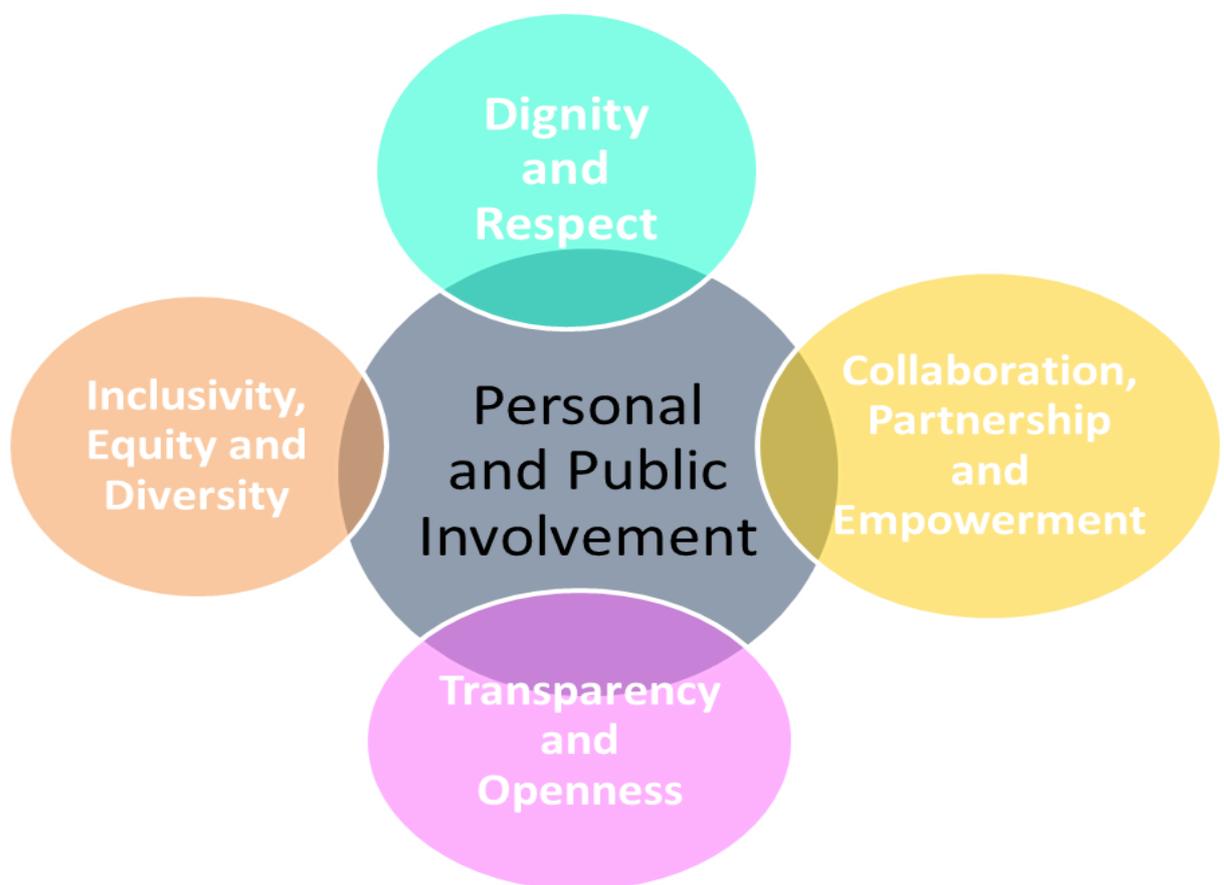
The Western Health and Social Care Trust (WHSCT) is committed to Personal and Public Involvement (PPI) as outlined in the PPI Strategy and Action Plan (WHSCT, April 2012), a copy of which is available via the Trust website under ‘Publications’ section. The Trust recognises and values the needs and rights of all service users and stakeholders to be effectively and meaningfully involved in all aspects of Health and Social Care development.

PPI, done well, will lead to:

- more relevant and appropriate services and service delivery;
- enhancement of service quality;
- enhancement of service safety;
- increased cost effectiveness of service provision;
- improvements in the personal experience of services by patients/service users, carers and the public;
- improved mutual understanding and shared responsibility between services and the people who use them.

## Leadership and Support for PPI within the Western Trust

To ensure effective leadership, coordination and on-going development of the PPI agenda the Trust has developed mechanisms to ensure that Directors and Senior Managers are accountable for the integration and development of the PPI agenda across all aspects of their business. Teresa Molloy is the Executive Lead for PPI and provides overall direction and drive for PPI within the organisation. The Non-Executive Director, Stella Cummings chairs the PPI Forum which has responsibility for the on-going coordination, development and implementation of the PPI Action Plan. The Forum comprises senior staff from the Directorates, representatives from the community and voluntary sectors, service user and carer representation.



The Trust Equality & Involvement Team monitor PPI progress throughout the Trust and rely on the Directorate Teams to provide progress reports relating to PPI within their Directorate.

## PPI Standards

The Public Health Agency (PHA) has for the first time established a set of Standards for engagement between people working within Health and Social Care (HSC) and service users, carer and members of the public. These standards were formally launched on 4 March 2015 and have been endorsed by the Department of Health.

The **5** Standards of Personal and Public Involvement (PPI) support the key principle of people being involved and consulted on decisions which affect their health and social care in accordance with our statutory duties regarding PPI in place since 2009. The Trust will be monitored by the PHA on these Standards, which are:

- 1. Leadership**
- 2. Governance**
- 3. Opportunities and support for involvement**
- 4. Knowledge and skills**
- 5. Measuring outcomes**

As PPI is everyone's responsibility, each Directorate within the Trust will be required to uphold these 5 new Standards and in doing so will need to consider the specific Key Performance Indicators (KPIs) associated with each Standard. It is expected that HSC organisations will work to achieve compliance with the approved Standards. This will:

- Support cultural change across HSC;
- Facilitate measurement of PPI;
- Highlight the expectations from HSC organisations;
- Give clarity to service users and carers.

## Principles of PPI

The following principles inform all PPI work within Health & Social Care (HSC). The 12 principles are:

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

## 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.

## Regional PPI Training

As part of a regional HSC PPI Training & Awareness Raising Programme, the PHA developed a series of training modules for PPI that can be adapted for use within Trusts. Pilots for the training commenced in September 2014 with WHSCT staff and members of the Trust PPI Forum invited to attend. In addition, the Head of Equality and PPI for WHSCT attended the Pilot of the Train the PPI Trainer sessions. Feedback provided at the pilots will shape the content of the Training prior to roll out to Trusts.

The location of the training (Belfast/Antrim) meant that the number of WHSCT staff/PPI Forum members able to attend the pilot sessions was greatly reduced. The PHA had agreed to hold one of the sessions, Team Briefing on PPI, within WHSCT on 30 September 2014 and 17 members of WHSCT staff attended.

## Supporting PPI in the Western Trust

### Western Trust PPI Forum

The Trust has a PPI Forum which comprises senior staff from the Directorates, representatives from the community and voluntary sectors, service user and carer representation. The Forum is chaired by Mrs Stella Cummings, Non-Executive Director.

This Forum ensures that patients, service users and carers have a central role in influencing the development and delivery of healthcare across the Trust.

### Members of the PPI Forum

Barry Boyle	Fermanagh Rural Community Network
Patricia Bray	Disability Action
Maeve Brown	Service Manager, Acute Directorate, WHSCT
Therese Brown	Head of Clinical Quality & Safety, WHSCT
Aidan Bunting	Omagh Forum for Rural Associations
Shaun Canny	Campaigners Active Network
Pauline Casey	Head of Service & Lead Nurse for Mental Health, WHSCT
Angelina Cooper	ALLY Foyle (Active Living in Later Years)
Stella Cummings	Non-Executive Director, WHSCT, Chair of PPI Forum
Colin Devine	North West Community Network
Elizabeth England	Cancer Services Manager, WHSCT
Sorcha Forbes	PPI Officer, Patient Client Council
Vi Gray	Nursing Project Facilitator, WHSCT
Caroline Kelly	Carer Representative
Anne Love	Volunteer Co-ordinator WHSCT
Cathy Magowan	Carers Co-ordinator, WHSCT
Caroline McCaughey	Alzheimers Society NI
Claire McDermott	Social Work Manager, Women & Childrens, WHSCT
Anne Marie McGurk	Head of Midwifery, WHSCT
Avril Morrow	Assistant Manager, Health Improvement Department, WHSCT
Siobhan O'Donnell	Head of Equality & Involvement, WHSCT
Maura O'Neill	Acting Assistant Director, Performance & Service Improvement, WHSCT
Carmel Quinn	Physiotherapy Assistant, WHSCT
Gabrielle Quinn	Service User
Martin Quinn	Acting Assistant Director, Adult Physical and Sensory Disability and Autism, WHSCT
Paul Rafferty	Head of Allied Health Professionals, WHSCT
Vincent Ryan	Assistant Director, Primary & Community Care, WHSCT
Anne Witherow	Assistant Director of Nursing, WHSCT

## **What the Forum does**

The Forum has, an important role in leading and focusing on key actions including:

- establishing executive and corporate commitment for PPI across the Trust;
- ensuring effective leadership and support for involvement;
- assessing and evaluating current practice across Directorates in relation to involvement;
- working in partnership with local communities and key stakeholders;
- having active involvement from carers and service users in the work of the Trust.

## **PPI Subgroups**

During 2014/15 two subgroups of the Forum were established:

### **Training Subgroup**

The aim of the subgroup is to: Establish and maintain an effective PPI training provision which allows all staff to deliver on their statutory PPI obligations.

### **Support & Involvement Subgroup**

The aim of this group is: To provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

## **Regional HSC PPI Forum**

The Western Trust PPI Lead and a carer representative attend quarterly meetings of the Regional HSC PPI Forum. These meetings are chaired by the Public Health Authority (PHA) and comprise HSC and non-HSC partners to progress PPI regionally at a strategic level.

Members of the Trust PPI Forum also participate in subgroups which have been established to progress the priorities of the Forum. The Forum currently has four dedicated PPI working/subgroups:

- Training Subgroup;
- PPI Standards Subgroup;
- PPI Annual Report & Communications Subgroup;
- Performance Management Subgroup.

## **WHSCT PPI Strategy and Action Plan**

A copy of the Trust's PPI Strategy and Action Plan (2012-2015) is available from the Publications section of the Trust website, or by contacting the Equality & Involvement Team. There were 28 PPI actions in total within this Plan, covering a range of areas including:

- governance and reporting on PPI;
- staff support and training on PPI;
- benchmarking, mapping and monitoring of PPI work;
- validating current involvement in Western Trust through Forums;
- raising the profile of PPI across the Trust and opportunities for involvement;
- roll out of regionally led work in relation to standards and training.

During the period of this PPI Strategy and Action Plan, 2012 – 2015: 46% (13) of these actions were fully achieved; 54% (15) were not achieved. Actions not achieved during will be carried forward to the new Plan for 2015 – 2018.

## PPI in Action

The following sections highlight some of the on-going PPI work across the Trust Directorates from 1 April 2014 to 31 March 2015:

### ACUTE DIRECTORATE

#### Development of new Signage in Radiology

Users of the Radiology service were involved in planning and designing new signs and way finding to radiology, A successful application was made for funding and the project was completed by the end of March 2015.

A number of patient groups were asked to input into the initiative, including visually impaired service users, to ensure that any changes would meet their needs. Changes include mapping the pathway from Outpatients to Radiology and back. There is clear demarcation of the various radiology department entry points and improved signage and information available in the waiting areas.

A Post Project evaluation paper is to be completed by end June 2015.

### ADULT MENTAL HEALTH AND DISABILITY SERVICES DIRECTORATE

#### ‘Developing Outcomes for Personality Disorder (PD) Services in NI’

Supporting users and carers to be involved in pre and post PD Specialist input. Service users now have an opportunity to attend a weekly group hosted by service users where they can discuss all aspects of the PD service and contribute to all aspects of the development, delivery and evaluation of the PD service. Work is ongoing to facilitate open and honest feedback from service users via the subgroups. Because of the nature of PD many service users will avail of input at different stages of their recovery and at times may be part of the focus group and also attend the PD service.

A group of WHSCT Dialectical Behaviour Therapy (DBT) graduates have been supported in establishing a regular focus/support group based in the community. Staff from the Personality Disorder Service attend by invitation on a regular basis to ensure that future service development can benefit from the expertise of users (experts by experience).

Two service users are participating in the ‘Ten Involved’ training project’ (Department of Psychology QUB). This is a year-long training opportunity which will enable each service user to achieve an understanding and expertise in a chosen area. One service user is hoping to achieve expertise in focus group and advocacy skills; the other service user is hoping to achieve expertise in facilitating a pre-therapy support group.

Outcome measures will include feedback from service users and carers and will be audited against all PD services in NI.

The Department has a continuous learning loop from service users to professionals so that all future aspects of the service can be informed by service users and hopefully improved upon (e.g. DBT programme, Positive Action Planning, Sharing Information about the PD service, ensuring ease of transition between parts of the service and into and beyond the service).

Helping to establish this group and to attend on a regular basis incurs an obvious increased time commitment. Involving final year Clinical Psychology Trainees in this process has helped with this and also has enabled users to be more open and honest about the services they have received.

It is anticipated that the outcome measures will be quantitative and will ensure that continued input from service users and carers is prioritised and audited routinely.

Staff hope to continue to encourage this group to feedback locally and regionally (via the regional PD network) regarding their user experiences and recommendations for PD service development, delivery and evaluation.

### **Future Plans:**

#### **2015-2016**

To begin to establish more consistent links with carers and replicate the model already established for service users (i.e. a focus group/support group that meet regularly to provide input to the PD service).

To develop (in partnership with users and carers) a workshop for professionals and non-professionals specifically designed to enhance PD awareness and reduce the stigma associated with this diagnosis.

#### **2015 - 2017**

To develop opportunities for the 2 service users involved in the 'Ten Involved' project to use their acquired skills within the WHSCT.

## **PERFORMANCE AND SERVICE IMPROVEMENT DIRECTORATE**

### **Health Improvement Department**

#### **Body Image course - 'My Body, Your Body, Everybody'**

This training course was developed by the Eating Disorder Team in conjunction with service users. The service users also attended the pilot of the course which was adapted on their advice. The course aims to raise awareness of body image and the factors in society that can contribute to the development to both a negative or positive body image.

Those who attend the training course will be provided with a tool kit/resource that can be tailored to meet the needs of their organisation in order to promote a healthy body image within their target group.

The service user involvement and having an understanding of their journey highlighted the importance of positive body image in the prevention of eating disorders. The first course took place on 10 March 2015 with additional courses planned.

### **Equality & Involvement Team**

The Western Trust's Equality Scheme, Equality Action Plan, Disability Action Plan and Consultation Scheme were revised during 2014 in line with renewal requirements and will underpin the PPI work of the Trust.

## **PRIMARY CARE AND OLDER PEOPLE'S SERVICES DIRECTORATE**

### **Trustwide Mental Health Service User Reference Group**

Occupational Therapy have established a Trust wide mental health service user reference group with the objectives of involving service users in improving and redesigning service delivery. Meetings were held in Strabane and Limavady focusing on 4 key topics:

- GP interaction;
- Discharge and moving on;
- Support meetings;
- Revisiting service.

## **STRATEGIC CAPITAL DEVELOPMENT DIRECTORATE**

In February 2015 members of the Western Trust Cancer Locality Group were asked to seek feedback from the members of their support groups on their experiences receiving treatment in radiotherapy treatment suites. This feedback has been used by the design team to inform the interior design of the radiotherapy treatment suites for the new Radiotherapy Unit at Altnagelvin Hospital.

## **WOMEN'S AND CHILDREN'S SERVICES DIRECTORATE**

### **Promoting Resilience in Parents**

A number of parents of children with complex healthcare needs have been involved in a workshop as part of a research project on 'Promoting Resilience in Parents' through the development of a structured group-based Parent Support Programme. Parents/Service users were able to influence the development of an appropriate support programme. Essential information was provided by parents to enable staff to reconsider what is needed for the children. There is continuing work on the development of the programme.

## Conclusion and Way Forward

Progress continues to be made, with an improved awareness of, and a higher profile for PPI across the Western Trust. The Equality & Involvement Team together with the PPI Forum will continue to support PPI to ensure that everyone who wishes to be involved in the planning, development and evaluation of services is facilitated to do so.

Going forward, the Western Trust will work to achieve compliance with the new PPI Standards:

- 1. Leadership**
- 2. Governance**
- 3. Opportunities and support for involvement**
- 4. Knowledge and skills**
- 5. Measuring outcomes**

In 2015/2016 we aim to make further progress against our PPI objectives, delivering beneficial outcomes to our service users, carers, staff and public. We will do this by:

- continued commitment to training and support of staff in relation to PPI;
- building capacity within Teams in relation to PPI;
- consideration of PPI in relation to complaints;
- development of networks of support in relation to PPI;
- review of PPI reporting and ensure reporting focuses on outcomes and the impacts of PPI activities;
- ensuring mechanisms are in place to encourage user involvement in evaluation of PPI activities;
- encouraging sharing of good practice, increasing links with other HSC Trusts/organisations in implementing both Regional and National PPI models of good practice;
- involving and engaging patients, service users, carers and representative groups in establishing priorities and plans and supporting the evaluation of Health and Social Care delivery to provide learning and continuous improvement;
- continuing to further embed a culture of Equality, Diversity and Good Relations in relation to PPI obligations;
- consideration of '*Hard to Reach*' needs in relation to PPI Action Plans.

**If you would like to find out more about PPI, please contact:**

**Equality & Involvement Team**

Western Health & Social Care Trust

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You can also check the 'Involving You' section of the Western Trust website:  
[www.westerntrust.hscni.net](http://www.westerntrust.hscni.net)