



Northern Ireland Ambulance Service
Health and Social Care Trust



**Personal and Public Involvement
Consultation Scheme**

December 2009

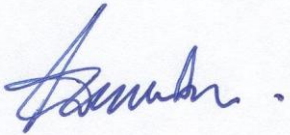
FOREWORD

The Northern Ireland Ambulance Service has developed this Consultation Scheme in order to meet the statutory requirements outlined in the Health and Social Care Reform Act.

This Consultation Scheme outlines the arrangements which the Trust will put in place, to ensure that the statutory requirements are fully met. The Scheme will be underpinned by the development of a Personal and Public Involvement Strategy for NIAS.

The Trust Board fully endorses this Scheme. NIAS looks forward to working with individuals and organisations to ensure that this Scheme is fully implemented.

The Consultation Scheme will be placed on the Trust's website and will be made in alternative formats on request.



Paul Archer
Chairman



Liam McIvor
Chief Executive

1 Introduction

1.1 The Northern Ireland Ambulance Service Trust (NIAS) was established on 1 April 1995. NIAS employs over 1,100 staff across 52 ambulance stations/deployment points, 2 Regional Medical Dispatch Centres (Emergency and Non-Emergency), a Regional Training Centre and Headquarters. We operate on a regional basis across five divisions, providing ambulance services to over 1.7 million people in Northern Ireland, with an operational area of approximately 14,100 square kilometres, serviced by a fleet of over 300 ambulance vehicles.

1.2 Our mission is to '***deliver effective and efficient care to people in need and improve the health and well-being of the community through the delivery of high quality ambulance services***'.

1.3 The ambulance services we provide are:

- Emergency response to patients with sudden illness and injury;
- Non-Emergency Patient Care and Transportation. The journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter-hospital transfers;
- Specialised health transport services;
- Training and education of ambulance professionals;
- Planning for and co-ordination of major events, mass casualty incidents and disasters;
- Support for community based First Responder services;
- Stand-by at special events;
- Community Education;
- Out-of-hospital care research.

1.4 All emergency calls are assigned to a category reflecting potential clinical urgency: Category A (immediately life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention).

1.5 We are one of the six Health and Social Care Trusts in Northern Ireland and are funded to provide ambulance services throughout Northern Ireland

by a Commissioning Group for Ambulance Services (CGAS) comprising representatives from the Regional Health and Social Care Board in Northern Ireland.

1.6 The core values of the Northern Ireland Ambulance Service are derived from the ethos and principles of public service and best practice in Health and Social Care. These are:-

- **Quality**

We will work to the highest possible standards in all our endeavours, evaluating and monitoring to maximise effectiveness.

- **Respect**

We will always treat people with dignity and consideration and expect our staff to be treated in a similar way.

- **Integrity**

We will be reliable and honest in the way we deliver our service.

- **Service Excellence**

We will be responsive to the changing needs of our patients through teamwork, communication and collaboration.

- **Accessibility**

We will provide service anywhere it is needed to anyone who needs it when they need it.

- **Confidentiality**

We will be open in all our dealings while ensuring that absolute confidentiality of patients' clinical information is maintained.

- **Governance**

We will adhere to the principles of accountability and probity, which underpin public service.

- **Collaboration**

We will work closely with the other providers of health and social care in both statutory and voluntary sectors and establish effective Co-ordination of its work with other emergency services.

2 Organisational Arrangements for PPI

2.1 PPI Leadership

The Chief Executive is the Accountable Officer in NIAS. Responsibility for PPI has been delegated to the Medical Director has been appointed as the lead Director in the Trust for PPI, providing leadership in this regard at Board level within the Trust. The Trust's Equality and Patient Experience Manager has been identified as the lead manager for PPI and has responsibility for developing and leading a programme of work to embed and mainstream PPI within the organisation. Support will be provided in this by a new post which has been created; Equality and Public Involvement Officer. The Trust developed an initial PPI Action Plan and is committed to the development of a PPI Strategy and associated action plan and a comprehensive programme of engagement to work towards this goal will be a key aim for this post holder when the appointment commences in January 2010.

2.2 PPI Steering Group

A PPI Steering Group, chaired by the Medical Director and consisting of other Executive Directors and senior managers from across the organisation was established to develop an initial plan of action in relation to PPI (Appendix B). This group was initially focused on the DHSSPS 2007 PPI Guidance (**Circular: HSC (SQSD) 29/07: GUIDANCE ON STRENGTHENING PERSONAL AND PUBLIC INVOLVEMENT IN HEALTH AND SOCIAL CARE**).

A progress report against this guidance which outlined the Trust's arrangements for PPI was submitted to DHSSPS in July 2009 and is provided for information at Appendix C.

In January 2010 an updated Action Plan will be produced as part of the development of a PPI Strategy for the Trust and this will include a review the membership, roles and responsibilities of the PPI Steering Group. Particular consideration will be given within this as to how best enshrine the views and experiences of service users including carers and the public.

2.3 PPI Champions

Whilst the Equality and Patient Experience Manager will be the lead manager for PPI, the Trust is committed to ensuring PPI is mainstreamed across all Directorates. The current make up of the PPI Steering Group includes representation across the Trust. In reviewing this, **every** Directorate will be asked to nominate a lead manager for PPI from within the Directorate. This manager will sit on the PPI Steering Group.

2.4 Governance Arrangements

The Trust has taken steps to ensure PPI is embedded within the organisations governance arrangements. The Trust's Medical Director will continue to provide regular reports in respect of PPI activity and progress against the Consultation Scheme to the Trusts Clinical Governance Committee. The Clinical Governance Committee is one of the sub-committees of the Trust Board. The Committee is responsible for assuring the Trust Board that effective and regularly reviewed arrangements are in place to support the implementation and development of Clinical Governance and is constituted by Executive and Non-Executive Directors from the Trust.

PPI is included in the performance objectives of the Medical Director who provides a performance report, including PPI at every Trust Board Meeting. In addition the Non-Executive Chair of the Clinical Governance Committee provides a report to the Trust Board. An organisational chart outlining responsibilities for PPI within the Trust is provided for information at Appendix D. The Trust is currently reviewing its governance structures and PPI is being given full consideration at the centre of this work.

2.5 Commissioning Arrangements

As outlined previously, NIAS's services are currently commissioned by a regional Commissioning Group for Ambulance Services from the HSC Board. The Trust intends to engage with this group to explore how PPI will be mainstreamed in commissioning arrangements for ambulance services on a regional basis.

2.6 Arrangements under the NIAS Equality Scheme and Disability Action Plan

Under Section 75 (NI Act 1998) the Trust has existing obligations and commitments to consult with the public, service users and carers in the planning, delivery and monitoring of services. Under Section 49a of the Disability Discrimination Act NI (1995) the Trust has a duty to promote the involvement of disabled people in public life.

The Trust recognises that PPI is about more than consultation. However there are clear links in these work streams. Through engagement with stakeholders in the development of this Consultation Scheme, some stakeholders have indicated a view that whilst they are separate work streams the link should not be lost. The relationships developed with stakeholders in respect of Section 75 will contribute significantly to the development of PPI and a PPI Strategy within NIAS.

2.7 Arrangements to meet Patient and Client Experience Standards

All HSC Trusts are now required to meet the Patient and Client Experience Standards. The five standards relate to: **respect, attitude, behaviour, communication and privacy and dignity** and clearly state what people can expect from the health and social care service.

The Department requires evidence that services commissioned embrace the five standards, and also that:

- Patient and Client experience has a clear focus within our priorities;
- Patient experience standards are embedded in commissioning processes;
- That the Patient and Client experience is integrated across all policy and strategy documents;
- Trust Boards receive an annual report of the outcome of the evaluation of the Patient and Client Experience Standards and associated improvements.

The NIAS Trust Board has formally adopted the standards which were subsequently launched at the Trust's Annual General Meeting in September 2009.

Work is ongoing by the regional HSC group, which includes NIAS, to develop a methodology that has the potential to ensure a consistent approach to the measurement of these standards across all six HSC Trusts. This includes the following:

- Patient/User feedback;
- Staff feedback;
- Observing practice;
- Review of organisation's arrangements.

NIAS includes training on these standards in its Training Plan for staff and the DHSSPS pocket size version of the five Patient/Client Standards is being distributed to NIAS staff through this training.

This work will clearly link to PPI in engaging with patients and clients in respect of their experiences of our services and channelling the outcome of this engagement back into the organisation.

In establishing PPI within Equality and Patient Experience in the organisation, the Trust recognises the clear link between Equality and Patient Experience and PPI. However it also recognises that these are distinct work streams and this is reflected in the resourcing of a new post to support these areas of work.

2.8 Complaints and Compliments

NIAS recognises the opportunity provided by the receipt of complaints and compliments in respect of PPI. The Trust is committed to demonstrating learning in respect of this engagement and providing feedback to those who contact us as well as staff who may be involved in respect of what may have changed as a consequence of this involvement. The Trust's PPI Steering Group will ensure this is considered as part of the overall PPI framework.

3 Arrangements for meeting legislative obligations under Section 20 of the HSC Reform Act

3.1 Section 20 of The HSC Reform Act 2009 outlines a specific role and function of Personal and Public Involvement in the requirement to produce a consultation scheme. It clearly expects engagement on three broad levels, including the Patient and Client Council (PCC), service users and their carers.

3.2 NIAS acknowledges the unique role for PCC in terms of providing a powerful, independent voice for patients, clients, carers, and communities on health and social care issues through its exercise of the following functions that directly relate to PPI.

3.3 These are:

- To represent the interest of the public by engaging with the public to obtain their views on services and engaging with HSC organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care.
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care
- To promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

3.4 In developing this Consultation Scheme, NIAS has engaged with the PCC in respect of its approach and intentions in the establishment and leadership of PPI within the organisation. NIAS is fully committed to continuing to engage with the PCC in the implementation of its Consultation Scheme and development of a PPI Strategy. As of December 2009, a representative from the PCC now attends and participates in its Trust Board Meetings and further meetings with the PCC have been scheduled to ensure ongoing engagement in other areas of work.

3.5 Also in developing the Consultation Scheme, NIAS has engaged with other HSC Trusts, the HSC Board, Public Health Agency and NI Medical and Dental Training Agency. It is clear that there is an intention to develop a regional framework for implementation of PPI across the HSC family which will include the PCC and NIAS is also committed to contributing to this framework. The Draft Consultation Scheme has also been provided to all Trust Board members for comment prior to submission to DHSSPS.

3.6 The following table provides a summary of the Trusts planned key actions in respect of PPI

Table 1: Summary of Timeframe for PPI Consultation

Stage	Dates	Action
1	By 31 December 2009	Initial preparation and submission of draft consultation scheme
2	January 2010	Equality and Public Involvement Officer takes up post Review of PPI Steering Group and development of action plan
3	Feb-April 2010	Benchmarking and Informal Engagement (pre-consultation) with key stakeholders to inform the development of a draft PPI Strategy.
4	June – September 2010	Preparation of formal consultation process and paper
4	October 2010 – January 2011	Formal consultation process
5	April 2011	Launch of NIAS PPI Strategy and Action Plan

3.7 NIAS is committed to ensuring a programme of ongoing engagement with service users and carers in the planning, design, deliver and evaluation of its services.

Current examples of such involvement are outlined below:

- **Monitoring of the impact of proposals related to Efficiency Savings and the Comprehensive Spending Review** – NIAS is currently developing a programme of monitoring which includes within this a programme of engagement with staff and their representatives. In addition the Trust has engaged with the Rural Community Network, a regional network of local rural communities, in order to develop a programme of engagement with specific local communities. This work will provide an opportunity to develop a relationship with those in rural communities and to engage with them beyond this single policy area, to consider their experiences and views in respect of the ambulance service.
- **Evaluation of the Introduction of Clinical Triage to the Regional Emergency Medical Despatch Centre** – NIAS is currently evaluating a pilot of the use of Clinicians in the A&E Control Room to triage certain calls in order to determine whether an ambulance response is the appropriate care pathway or whether an alternative may be more effective for the patient. In evaluating this, the Trust is committed to giving full consideration to the views of the patients and carers who have utilised this service and is currently seeking their views on its effectiveness and the extent to which the service met their needs.
- **Patient Experience Standards** – as outlined previously the Trust is working with other Trusts to engage with patients and carers about their experiences of our services. All surveys currently being carried out within Trusts have specific questions about the ambulance service.

3.8 These are just a few of a number of examples of programmes of engagement with stakeholders within NIAS. It will be the role of the PPI Steering Group to clearly establish a framework for this activity and to ensure that this work is undertaken across all directorates and aims and objectives are specifically designed to ensure engagement of service users and carers specifically. At a corporate level, the Trust is committed to embedding PPI in the development and implementation of strategic plans.

3.9 As set out within this Consultation Scheme, NIAS will endeavour to embed PPI at all levels and across all directorates through:

- A PPI Steering Group
- Monitoring arrangements for PPI through governance arrangements
- Training for all staff in awareness of PPI and for identified staff in effective engagement
- Communication of the availability of the Consultation Scheme
- Working collaboratively with partner organisations within the HSC to ensure a consistent and effective approach, share good practice and maximise resources.

4 Arrangements for Assessing the Effectiveness of PPI in NIAS

4.1 As outlined in Section 2, progress against objectives relating to PPI is regularly monitored by the Trust Board through performance reports provided by directors.

Through the PPI Steering Group, NIAS will produce an updated action plan which will have key performance indicators, linked to specific work streams within the Trust and designed to ensure engagement with service users and carers. In the work previously undertaken within the Trust in relation to PPI, as reported in Appendix A, systems around the recording and monitoring of PPI activity has been identified as a key priority. Work to develop such systems to ensure activity is ongoing and monitor its effectiveness will begin in January 2010.

This will include benchmarking systems to record and monitor PPI activity used in other organisations in the first instance. This work will also reflect the recent training provided by DHSSPS in Measuring the Outcomes and Effectiveness of PPI. The directorate representatives on the PPI Steering Group will be charged with identifying opportunities for PPI within the work streams in their own directorates.

Progress against targets set including reports on effective engagement with service users and carers will be monitored by the Trusts Clinical Governance Committee and in turn, Trust Board.

The Trust will ensure that the PPI Steering Group consider the evaluation of engagement in order to assess its effectiveness is built into PPI activity with stakeholders. In its engagement with stakeholders around the development of a PPI Strategy and Action Plan, the Trust will include a section on the evaluation of effective engagement and invite those stakeholders with whom we engage, including service users and carers to contribute ideas in this regard. NIAS recognises the importance of providing feedback to service users and carers about what happened as a consequence of the engagement and is committing to embedding such processes within its PPI agenda.

5.0 Arrangements for Ensuring People Are Aware of the Consultation Scheme.

5.1 Along with NIMDTA, NIAS has contributed to the HSC Board, Public Health Agency stakeholder engagement, in the development of Consultation Schemes. NIAS will continue to work in partnership with other organisations and their existing structures to ensure the Consultation Scheme is promoted to as wide an audience as possible.

The Scheme will be placed on the Trust's website and the Trust will use current engagement activities to make stakeholders aware of the Scheme.

Communication of the availability of the Scheme will also be undertaken at the public session of a Trust Board meeting in 2010. As the Trust embarks on a programme of engagement in 2010 towards the development of a PPI Strategy, stakeholders will be made aware of the Consultation Scheme.

The Trust will also contribute as appropriate to the DHSSPS ENGAGE website in this regard and engage with partner organisations within the HSC in respect of the communication of all Consultation Schemes.

6.0 How PPI was used in Developing the NIAS Consultation Scheme

As previously stated, NIAS has engaged with other Trusts, the HSC Board, Public Health Agency and NIMDTA in discussing a collaborative and consistent approach to the development of its Consultation Scheme. It was agreed that as a regional organisation, rather than establish separate meetings with key stakeholder groups, NIAS would participate in the HSC Board and PHA Stakeholder Workshop designed to provide key stakeholder representatives with an opportunity to contribute to the development of Consultation Schemes and comment on PPI within Health and Social Care. A list of those organisations who participated in the workshop is provided at Appendix E. At this workshop stakeholders provided a number of very helpful comments which have been considered by NIAS in the development of its Consultations Scheme as outlined in Appendix E.

The Trust also took the opportunity at other meetings with stakeholders, most notably through the work, previously outlined with the Rural Community Network, to discuss the Consultation Scheme and PPI within NIAS.

Also as previously mentioned, the Trust engaged specifically with the Patient Client Council in order to discuss its approach to the development of the Consultation Scheme and to PPI generally. Within this meeting the Trust also discussed possible future PPI activities and opportunities for NIAS to work with the PCC in this regard.

Finally the Trust recognises that staff are one of its key stakeholder groups. NIAS is in the process of developing a Communications Strategy. In development of this, in regard to internal communications, the Trust undertook a number of focus group meetings with staff. Key points raised by staff in respect of how the Trust engages and communicates with them have been considered in the development of this scheme and are outlined at Appendix A.

7. Arrangements for ensuring PPI is an integral part of your organisation's business

7.1 As set out in Section 2 of this Scheme, the Trust has identified lines of leadership and management responsibilities in respect of PPI. Arrangements for monitoring PPI activity and its effectiveness have also been enshrined in the Trust's governance arrangements as explained in Section 2

7.2 Training

The Trust's Equality and Patient Experience Manager participated in the DHSSPS/Queens University Belfast Personal and Public Involvement Post Graduate Module which involved learning from within and beyond the Health sector and had significant input from service users. NIAS has ensured that reference to PPI is now included in Induction Training and in regular, ongoing training programmes for front line staff. In addition NIAS has nominated a number of key managers to attend the DHSSPS course on Measuring the Outcomes and Effectiveness of PPI. Further PPI has been included in training for Clinical Training Officers and in Induction Training provided to a newly created tier of staff called Clinical Support Officers who will be responsible for clinical quality assurance and mentorship for clinical front line staff. The Trust also plans to provide further training to key managers on effective engagement.

7.3 Capacity Building

The Trust is committed to building capacity of and providing support to service users and carers to engage with NIAS. In this regard the Trust will work with partner organisation within the HSC and engage with service users and carers in respect of what their needs may be in this regard.
Conclusion

NIAS is fully committed to ensuring that the PPI is embedded in how its does it business in the following ways:

- NIAS will strengthen PPI in its organisation by building on best practice of the past and demonstrating corporate and strategic leadership for PPI.
- NIAS will promote uniformity and consistency within its organisation and the wider health and social care sector and is committed to working collaboratively with partner organisations in the HSC in this regard.
- NIAS is committed to involving people in the planning/decisions of the organisation through working with individuals, service user groups, the wider public/community and PCC.
- NIAS will ensure HSC responds to the public's view, by clearly reflecting how they have influenced our planning and service delivery and referencing where contributions or input could not be delivered.
- NIAS will continue to ensure PPI is integrated into governance arrangements. The Trust's PPI Steering Group will meet regularly and PPI will continue to be the subject of performance objectives for the Trust's Medical Director and will continue to be an ongoing agenda item on the Clinical Governance Committee and Trust Board.

7.4 Through the arrangements set out within this document, NIAS will ensure PPI is embedded within all Directorates and is an ongoing item on the agenda of Clinical Governance Committee and Trust Board. Together with the PPI Steering Group and PPI Champions, this will ensure that PPI is embedded into our planning processes, implementation and evaluation processes.

7.5 The DHSSPS PPI Guidance outlines four core values which should underpin the behaviour and attitude of NIAS and our staff in respect of the interactions with individuals and the public, NIAS is fully committed to the promotion of these values:

- Dignity and Respect

- Inclusivity, Equity and Diversity
- Collaboration and Partnership
- Transparency and Openness

NIAS is also committed to the 12 principles outlined in the Departments guidance and these will be reflected in our monitoring and evaluation process.

APPENDICES

APPENDIX A PPI Input to the Development of Consultation Scheme

Summary of PHA/HSC Board Stakeholder Workshop for Consultation Scheme which NIAS participated in

The workshop was opened by Mary McMahon the non-executive Chair of the PHA, who gave her commitment and that of her colleagues on both boards to ensure that PPI was genuine, effective and inclusive across all HSC organisations. This was supported by John Compton, Chief Executive HSCB, who also give his commitment to ensuring there was clear leadership, drive and enthusiasm on the design and delivery of PPI making it everyone's business in their daily working environment.

The workgroups were given an overview of a proposed approach and the discussions focused around a series of set questions that examined the immediate requirements and a process of long term engagement. Below and overleaf an outline of questions that were discussed at the workshop and the feedback from the participants is provided. Following each response is an outline of how NIAS has incorporated this feedback into its Consultation Scheme and approach to PPI.

Question 1 – DHSSPS Template

HSCB and PHA are required to have a draft Consultation Scheme with DHSSPS by 31 December. A copy of the template has been circulated in advance with the agenda.

Given what you heard this morning is there (a) anything in particular you would like to see included or highlighted in the submission and/or (b) anything you particularly do not want to see?

Summary Response

Participants were keen to ensure that the draft consultation scheme demonstrated its inclusiveness from individuals through to the wider public. It was important that there was clarity of roles and responsibilities and the process of feeding back and responding to input was highlighted. The draft scheme needs to demonstrate evidence of a real cultural change that respond to the values and principles of PPI. There needed to be a sense of realism in the document that reflected the expectations, capacity and resources that existed internally and externally and build of best practice and existing relationships.

The NIAS Consultation Scheme has outlined a commitment to engaging with groups, the public, service users and carers. The Trust recognises PPI requires cultural change and this is reflected in the training and embedding of PPI in governance arrangements. Resources and capacity are an issue and the Trust has outlined within the Scheme that a new post has been created to support the Equality and Patient Experience Manager in implementing the Equality, PPI and Patient Experience Agendas.

Question 2: The Process of Engaging People/Groups in the Process

Today is the beginning of a long and comprehensive process. This is about initial discussions to get your input to the process and your views and suggestions on how we move the process forward, assuming DHSSPS approval of the suggest approach

Given what you heard and from your experience how should communities, service users, carers and other stakeholders engage with the HSCB and PHA (a) on this process? and (b) how should engagement be undertaken during the formal consultation?

Summary Response

HSC need to start with the understanding that service users already have power; this has to be embraced and HSC has to share the power in a

partnership approach. There is a need for flexibility that will reflect the different challenges in the process but there are key organisations that can assist in the development and delivery. It is important HSC build off existing relationships but must ensure they adhere to the core principles of PPI and deliver on them.

HSC should review and build on best practice, don't re-invent the wheel significant work has already been done and a literature review would be useful as a first step towards developing the pre-consultation stage.

In relation to the formal process the minimum standard of 12 weeks is just that, a minimum, and it has to be acknowledged that as HSC will be working with a wide variety of stakeholders therefore the period of consultation needs to be much longer, if it is to be meaningful. The range of stakeholders to be engaged in the process range from the individual service user to the wider political spectrum and this will impact on the timeframes suggested.

This will take resources, time, financing and labour and HSC need to invest in the process if they are to demonstrate genuine commitment to the PPI.

Investment in PPI has previously been outlined. NIAS has outlined in its Consultation Scheme how it proposes to work collaboratively with partner organisations in the HSC, share and build on established good practice and engage with service users in respect of what support they need to engage with the organisation.

Question 3: Section 75 and Hard to reach groups

One of the challenges of PPI is to ensure that those most vulnerable, who suffer the greatest inequalities or disenfranchised are part of the process

Are there (a) any potential equality and human rights implications of the consultation scheme that you think we should be aware of? And (b) suggestions on how we reach out to and include hard reaching groups?

Summary Response

Is it the people who are hard to reach or is it the service that is hard to reach? It is important that HSC organisations recognise their own development needs and barriers and it has to be the system that changes its way of working to become more approachable and engaging. HSC needs a passion and commitment for change and this must be demonstrated and evident.

HSC must not separate the human rights and equality agenda as something separate to PPI, likewise the client and patient experience must feed into the wider process as does the relationships with the community and voluntary and independent sectors.

There is a need for robust data and evidence of need both qualitative and quantitative and these also need to be tested to ensure they are reflective of need and aspirations.

Engagement starts with “trust” HSC need to build a chain of trust that involves working with the immediate carer or group that individual(s) trust and will engage with. There would be a naturally hierarchy of engagement that would reflect geographical, issue, and/or disease focus.

The language used must be clear, avoiding jargon and abbreviations. HSC should make maximum use of new technology, creative arts and innovation if they want to ensure they reach out to a universal audience, this includes consideration to the venues and mechanisms that are used in the consultation and implementation of the engagement processes.

The NIAS Consultation Scheme outlines an understanding of the link between PPI and the Equality agenda although appreciate that these are

separate work streams. In this regard NIAS has placed PPI within the same area of responsibility as Equality and Patient Experience. NIAS recognises PPI is about more than consultation and requires long term vision and the building of relationships. NIAS is committed as outlined to providing information in clear accessible formats.

Question 4: Timescales

The PHA and HSCB are committed to making this process meaningful and effective; we are proposing the following timeframe:

- Before 31 December 2009 Initial Discussion Process and submission of draft approach
- February to May 2010 Pre-consultation stage with a wide range of stakeholders
- June-August Prepare the formal scheme
- September-November 2010 Formal Consultation Scheme
- January 2011 Launch of Full Blown PPI Policy and Action Plan

What do you think of (a) the proposed timescales? And (b) how should pre-consultation be undertaken in first quarter 2010 to ensure all stakeholders are engaged?

Summary Responses

Engagement starts now but there is acknowledgement that there a process to go through and this needs the appropriate time and resources to ensure that it is effective. There are capacity issues for the community and voluntary sector as much as HSC and this need to be considered.

The timescales are ambitious given the huge task so there needs to be flexibility built in, especially during the formal process. HSC and its partners need to work smarter in terms of the information we share with

each other, this also includes other statutory sectors including the likes of local government, education, housing etc.

It would be useful in advance of the pre-consultation scheme to undertake a stakeholder mapping that would use a matrix approach looking at geographical and themes issues to ensure as wide an audience as possible is considered.

NIAS has outlined a proposed plan and timescale for the development of a PPI Strategy which has built in a pre-consultation element. These timescales correlate with those of other HSC organisations such as the PHA, HSC Board and NIMDTA and NIAS is committed to working collaboratively with these organisations as far as possible to reduce the burden on organisations and individuals who would wish to engage as part of this process.

Question 5: Communications and PR

We are keen to ensure that stakeholders are kept informed throughout the process and that information is provided in an accessible and meaningful way to all

- (a) How best can we keep you and constituents informed of progress and
- (b) how should the formal consultation document be formatted to ensure it is accessible to all?

Summary Response

HSC must keep people informed, internally and externally. Staff need to be aware of the process not just the external stakeholders. Keep the updates short, clear and concise, avoiding the jargon and abbreviations but also consider being creative.

In the first instance start with the stakeholders in the initial discussion then there is a responsibility on everyone to feed information out to their wider membership and constituents, the promotion of the PPI message is not just down to HSC. HSC and its partners need to be mindful of representative images e.g. gay couples, single parent families, urban/rural, ethnicity etc.

In the first instance there should be a test-group to critically review the content and presentation of communications/PR.

NIAS is committed to working with other organisations in HSC in this regard and have set out in our Scheme how we intend to make people aware of it. We have recognised in the Consultation Scheme that staff are a key stakeholder. Views expressed will be taken on board in the production of any promotional information.

Question 6: Final overview and making a difference

We are working to very tight timescales for this initial process and whereas today is the start and we are duty bound to have a draft scheme with the DHSSPS by 31 December we are keen to make sure it is as inclusive as possible and what to focus on the big outcome.

(a) In the context of what you have told us is there anything you would like to add that should be included in the submission to DHSSPS? And (b) finally how would you know that PPI is making a difference?

Summary Response

There is a need to build confidence and HSC must demonstrate that they have the machinery and mechanisms in place to engage the public and community in influencing decision making with clear evidence of change/impact. HSC need to ensure the loop is closed in the process ensuring feedback and showing that it is making a difference.

It is important that HSC do not duplicate or overlap, this must be one HSC system. There is a need for consistency across HSC through this process. It would be useful to demonstrate some early wins to build trust and confidence, but remembering that this is a long term process not a one-off consultation, it's about engagement.

NIAS has outlined in our Consultation Scheme a commitment to working with other HSC organisations to ensure consistency. We have also recognised within the Scheme that we understand PPI is about more than

consultation. We have set out within the Scheme the mechanisms we have developed to ensure PPI is embedded in the organisation and ensure progress including effectiveness, feedback and evaluation are monitored.

NIAS Staff Communication Focus groups

Key issues raised by staff during these focus groups were as follows:

- More use should be made of team briefings.
- Staff should be encouraged to make more use of computers in stations.
- Senior managers should engage more often with operational staff.
- Staff have a duty to inform themselves on a regular basis.

NIAS recognises its staff are a key stakeholder and will consider engagement in this regard in the further development of our Communications Strategy but also within PPI.

NIAS Engagement with Rural Community Network

Key comments in respect of PPI and Consultation Schemes were as follows:

- There needs to be a clear link between PPI and Section 75
- Organisations should work together to maximise resources and protect the capacity of community and voluntary sector organisations to engage with HSC.
- Engagement with rural communities should be a clear priority
- These needs to be clear feedback to groups on the outcome of the engagement – ‘what changed’ as a consequence of this?

NIAS has set out the link between PPI and Section 75 and its commitment to working with other HSC organisations within its Consultation Scheme. NIAS has also outlined its commitment to continuing to work with the Rural Community Network to build relationships with rural communities and to ensure feedback is enshrined within its PPI activities.

PPI INTRODUCTORY ACTION PLAN

Desired Outcome	Action Planned	Time frame	Lead
Ensure NIAS participation in regional and national PPI collaborative working fora as appropriate	Secure representation of NIAS on regional working group and national ambulance forum	30 Sept 2008	Communications Officer
To establish a structural framework for the introduction of PPI work in NIAS	Agree membership and schedule meetings for a PPI Steering Group	31 August 2008	Medical/HR Director
	First Steering Group Meeting to be held to agree terms of reference and establish objectives (to include DHSSPS Circular and Social Capital Indicators)	30 September 2008	Medical/HR Director
To establish a reporting system for PPI work within the Trusts governance arrangements	Agree the reporting structure for the reporting of PPI work	31 August 2008	Medical/HR Director
To identify the baseline of PPI work within the Trust	Production of a baseline report to include a baseline audit of PPI work undertaken	31 July 2008	Equality Manager
To appoint a PPI Co-ordinator for NIAS	Collation of job descriptions of PPI Leads	31 July 2008	Communications Officer
	Development of economic appraisal for PPI Co-ordinator	31 August 2008	Asst Director of Operations (Performance)

	Initiate recruitment process for PPI co-ordinator (if funding approved).		Medical/HR Director
Establishment of PPI engagement mechanisms	Presentation for proposals for engagement mechanisms presented to PPI Steering Group.	01 Feb 2009	PPI Co-ordinator
	Initiate programme of ongoing engagement	Ongoing	PPI Co-ordinator



Northern Ireland Ambulance Service Health and Social Care Trust

PERSONAL AND PUBLIC INVOLVEMENT

PROGRESS REPORT



July 2009

BACKGROUND TO PPI IN NIAS

This agenda presents particular challenges to NIAS as providers of an emergency service and a non-emergency transportation service for patients of other Trusts. These challenges include issues relating to structure as a small Trust with a small management support team. In addition our contact with patients is often episodic, generally for a short period of time and often in very difficult circumstances. In order to help address some of these challenges NIAS has reviewed structures in order to prioritise the implementation of the PPI agenda.

PROGRESS AGAINST STEPS 1-3

Step 1: Confirm or establish leadership and accountability arrangements for PPI

The Trust has determined that leadership of the PPI agenda will be provided by the Trust's Medical Director. Progress of PPI work streams is driven by a PPI Steering Group, chaired by the Medical Director. This is then in turn monitored by the Trust's Governance Committees. In addition, regular progress reports are provided to the Trusts Senior Executive Team and Trust Board.

The Trust's PPI Steering Group identified a need for additional resources to support delivery of this work. In the meantime the Trust's Equality Manager as lead manager has been undertaking PPI work in addition to other duties and a review has been undertaken to identify appropriate support in order to ensure implementation of this work. As a consequence, progress in implementation has been hindered to some extent.

In order to ensure the prioritisation and delivery of this work, key objectives relating to PPI have been incorporated in Director/Senior manager objectives for the Medical Director and Equality Manager.

Step 2: Using the principles in the guidance as a framework, review current PPI work to establish the baseline from which improvements can be made.

The first stage of a review in this regard within NIAS involved a senior management workshop, attended by the Trust's Chief Executive and Executive Directors. The purpose of this was to review current work streams, consider the requirements of the PPI agenda including the challenges presented to NIAS in this regard and develop a

way forward for the Trust. It was as a consequence of this workshop that leadership and accountability arrangements were established and the creation of a PPI Steering Group proposed.

In addition, the Trust undertook an audit of engagement activity in order to identify good practice and gaps and to provide a baseline from which improvements could be made. In order to further assist the development of a PPI framework within the Trust a benchmarking exercise was undertaken in relation to PPI structures and activities within other Trusts and other ambulance services.

Step 3: Prioritise the areas for improvement

To date, NIAS has prioritised the following as key areas for progress in respect of PPI:

- Engagement and accountability arrangements with stakeholders in relation to the implementation of proposals for Efficiency Savings and Comprehensive Spending Review Investment as a key strategic work stream for the next two years. To this end a PPI work stream is being developed within the Management Implementation Framework for these proposals.
- Patient Care Service (PCS) – this is the non-emergency element of the ambulance service. PPI Work streams for this year will include further exploration into how improvements in this regard could be progressed.
- Systems for recording and reporting PPI activity. Work will also be undertaken this year to audit these systems, benchmark systems in other organisations and develop a plan to improve these systems within the Trust.

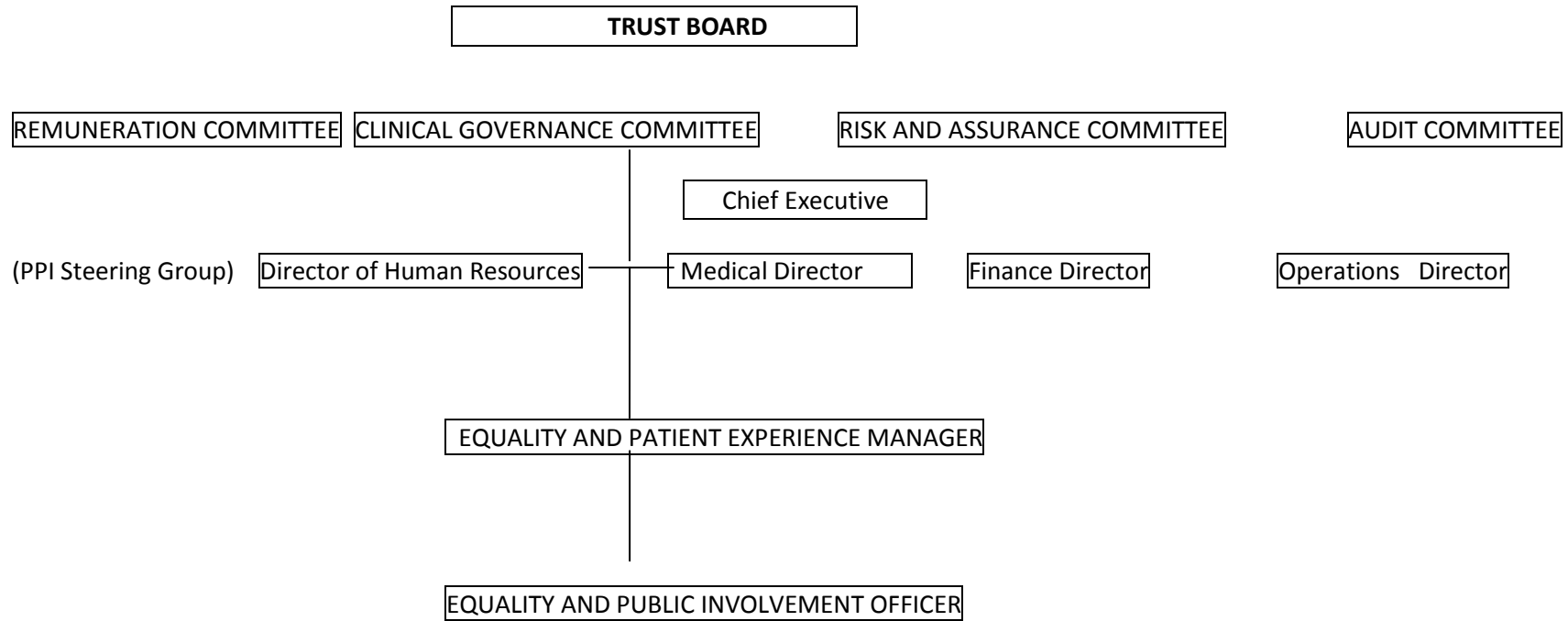
OTHER ACTIVITY OVER THE PAST YEAR

Having undertaken a baseline audit of activity and established a PPI Steering Group, an introductory action plan was developed. A key priority identified within this was a review of internal structures in order to identify funding for support to the Equality Manager to implement PPI work streams. This review has now been undertaken and approval in principal obtained to redirect existing resources from other work streams to support the creation of a post to support the Equality Manager in undertaking work related to PPI and the new PFA target related to Patient Client Experience.

The Trust has continued its programme of engagement with stakeholders over the past year including ongoing local engagement with stakeholders in relation to service delivery. During this time, one of the most key strategic issues for the Trust was the

development of proposals for Efficiency Savings and Comprehensive Spending Review investment. In this regard the Trust undertook an extensive programme of engagement including pre-consultation with trade unions and Section 75 representative groups to aid the development of draft proposals and a consultation document. A three month formal consultation process was then undertaken involving focus groups and local council and community meetings. The Trust's Executive Directors also carried out a Road show visiting Trust premises throughout Northern Ireland to engage directly with staff. In its final published document in relation to these proposals, the Trust published, as an appendix, a summary of consultees' comments in respect of its proposals along with the Trust response to this and explained how views expressed were given consideration in the decision-making process. As outlined previously, the Trust has also given a commitment to develop a specific PPI work stream around the implementation and monitoring of these proposals as they are implemented.

APPENDIX D NIAS ORGANISATION CHART



Appendix E Summary of Groups Invited to Preliminary Discussions

Organisation	Rationale
NICVA	An umbrella group for the C&V sector groups in NI
CDHN	A network group for C&V organisations with a specific health related agenda
Disability Action	An umbrella group for a broad range of organisations representing people with disabilities
Children's Commissioner	To ensure the views of children are included in the process
Youth Council NI	To ensure the views of young people/adults are taken account off
Age Concern and Help the Aged	To ensure the wider views/needs of older people are taken account off
Carers NI	To engage with the wider remit of groups representing Carers
NICEM	To ensure that the needs of ethnic minority groups are included
Rainbow	An umbrella group for the Gay and Bi communities
An Munia Tober - Travellers Support Groups	To address the needs of the Travelling Community
Equality Commission	To ensure we address the wider Human Rights and Equality agenda/Section 75
PCC	To engage at the outset with the wider Patient/Client Council representatives
RQIA	To ensure issues of Clinical & Social Governance are addressed
CO3	To ensure the views of the third sector are secured at a strategic level
NICCY	To ensure the views of children are included in the process
Long Term Conditions Alliance	To represent the views of one group service users and their carers
LASI	To represent the views of lesbian and bisexual women

