

Personal and Public Involvement

Action Plan 2015-16

Final Version - Approved by the Board 9 July 2015

What is Personal and Public Involvement?

Personal and Public Involvement (PPI) is the agreed terminology used as an umbrella term to describe the involvement agenda in the Health and Social Care Services (HSC). It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/071, and reflects the integrated nature of services delivered by the HSC.

The key terms are defined below:

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

'Public' refers to the general population and includes locality, community and voluntary groups and other collective organisations.

'Involvement' refers to consulting, informing, engagement, active participation and partnership-working.

2.0 How does RQIA use PPI?

PPI plays an important role within the work of RQIA. RQIA will engage with service users, carers and the public in every aspect of our work. RQIA believes that through this engagement we will ensure that that they make a meaningful contribution to our work.

Within RQIA's Corporate Strategy for 2015-18, four strategic priorities align to PPI. These priorities are as follows:

1	Deliver Operational Excellence Improving the delivery of our core functions, taking account of best practice	 Complete a strategic review of inspection systems and processes Redesign our inspection and review reports to better demonstrate our assessment of the delivery of safe, effective and compassionate care Strengthen our internal quality assurance systems and processes Develop our external communications systems and processes so that the public understand our roles and responsibilities
4	Continuously Improve Key Processes We will develop and deliver quality improvement workstreams	 Make better use of information and intelligence from external sources Improve analysis of available information to support our core functions Optimise the use of information, communication and technology to enable RQIA to deliver its current and future priorities Implement a programme of

		continuous improvement workstreams
5	Develop and Enhance Effective External Relationships We will communicate effectively with people who use services, and collaborate with other HSC bodies, regulated services, and other regulators to share information and intelligence	 Engage with service users, carers and the public to obtain their views on the standard of care provision within health and social care services Develop strong partnerships with independent, voluntary and community groups Strengthen our links with other regulators and organisations to share intelligence to ensure that safety concerns are heard and acted upon
6	Focus Improvement Activities on Outcomes We will pursue opportunities to drive quality improvement across health and social care	 Involve lay assessors to listen and understand the experiences of service users and describe this in our inspection reports Use external expertise to identify areas of improvement in health and social care Actively participate in regional and national initiatives to drive safe, effective and compassionate care Strengthen our focus on quality improvement by disseminating the learning from our core activities

This Action Plan has been developed to ensure that RQIA are achieving these key priorities aligning each identified action to the relevant priority.

The Action Plan for 2015/16 has been divided into two sections:

- i) Organisational PPI
- ii) Stakeholder Engagement

i) Organisational PPI

This section relates to how RQIA will engage with service users, carers and the public to shape the future work of RQIA. We will create an organisation that listens to and incorporates their views in a meaningful way.

ii) Stakeholder Engagement

This section will outline how RQIA engages with service users, carers and the public to obtain service users perspective on the care provided to them by the services subject to regulatory activity by RQIA.

ORGANISATIONAL PPI

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	An RQIA PPI Action Plan for 2015-16.	Contribution to action plan from all directorates within RQIA. Discussion and agreement at RQIA PPI Forum. Action Plan sign off at PPI Forum 18 th June.	4,5,6	Corporate Improvement and Public Engagement Manager/PPI Forum			June 2015
	Ensure the Action Plan is accessible to the public	Publication onto RQIA's website July 2015.	4	Communication Manager			
	Ensure PPI Forum is updated bi-annually or by exception throughout 2015/16 on actions within Action Plan.	Bi-annual progress update to PPI Forum on actions from PPI Annual Action Plan (reporting through the corporate performance framework)		Directorate PPI Leads			
		The Annual Action Plan will be updated in September 2015 and results for the year set out in the final progress report March 2016.		Corporate Improvement and Public Engagement Manager/PPI Forum			

2.	RQIA will evaluate the approaches to date to involving Lay Assessors in review and inspection work in order to learn and improve the approaches	Organise and facilitate a focus group with Lay Assessors in April 2015 and evaluate outcome of the day.	1,5	Corporate Improvement and Public Engagement Manager	Focus Group carried out 17 th April. Results and evaluation information both qualitative and quantitative shared with Corporate Lay Assessor Group. 'Areas for improvement' evidence used to develop corporate procedures. This will ensure Lay Assessors are offered to go out on inspection at least once a month.	April 2015
3.	RQIA will hold a workshop with Lay Assessors to develop the core questions for service users in relation to: Is Care Safe? Is care effective? Is care compassionate?	Organise and facilitate a workshop with Lay Assessors in April 2015	1,5	Corporate Improvement and Public Engagement Manager	Workshop carried out 17 th April. Outcome of workshop shared with Corporate Lay Assessor Group 26 th May. Final meeting with corporate team	

					to determine 'core' questions will take place 16 th July following 3 rd pilot hospital care inspection.	April 2015
4.	Ensure that service users, carers, relatives and staff views on regulated services are taken on board to inform future RQIA inspection themes and methodology.	The Domiciliary care supported living team will meet or make contact with individual focus groups of service users throughout 2015 to assist in informing the following year's inspection themes	1,4,5,6	Regulation – Supported Living	It is planned that one focus group from within the groups of service users met will be held towards the end of 2015.	June 2015 update Final report end of 2015 inspection year.
5.	Stakeholders of in-patient Mental Health services will participate in the evaluation of the revised inspection methodology.	The Mental health and Learning Disability Directorate (MHLD) will formally invite stakeholders of in-patient Mental Health services to participate in the evaluation of the revised inspection methodology.	4,6	MHLD		
6.	MHLD team will ensure that the views of advocates in relation to patients' care and treatment on the Mental Health wards is captured and used to inform	MHLD will issue questionnaires to independent advocates prior to inspections to capture their views of care	4,5,6	MHLD		

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	inspection processes.	and treatment on the			
		wards. These views			
		will be used to inform			
		inspection processes.			March 2016
7.	Lay Assessors will	Lay Assessors will be	Regulation,		
	contribute to inspections	recruited in January	Review and		
	and reviews interviewing	2016.	MHLD		
	service users and gathering	Resource	Directorates		
	their views an opinions in	requirement to embed			
	relation to:	lay assessor			
	• is care safe,	contribution in to			
	 is care effective, 	inspection and			
	,	reviews will be			
	• is care	estimated to inform			
	compassionate?				
		future costs.			
		Lov occoors will			
		Lay assessors will contribute to the			
		development and			
		delivery of new			
		programmes of work			
		including the new			
		programme of			
		inspections of acute			
		hospitals.			
		Lay Assessor			
		contribution to			
		inspections and			
		reviews will be			
		externally evaluated			
		to demonstrate added			
		value to inspection			
		and review.			March 2016
		and loviow.			141011 2010

STAKEHOLDER ENGAGEMENT

	What do we want to achieve?	How will we do this?	Priority in Corporate Strategy	Person/Team responsible	Progress	Outcome	Completion Date
1.	Ascertain the views of service users as part of the domiciliary care agencies inspections (this excludes supported living services)	The User Consultation Officer (UCO) will carry out interviews with a sample of service users throughout 2015/16. Any concerns will be raised with the inspector and used by the team when deciding the 2016/17 inspection themes. Findings will be included in the agency's inspection report.	4,5,6	Regulation (UCO)			March 2016
2.	Ensure that carers views on the quality of the service provided to them by the Adult Placement Agencies are taken on board and any areas of concern will be raised with the provider in order to drive improvement in the service quality.	The inspectors will discuss with AP carers their view on the quality of service during the next inspections. These comments will be taken to individual providers as well as the local APA group.	4,5,6	Regulation - Agencies			March 2016

3.	Ascertain the views of young people living within children's homes.	The children's team are currently developing a proposal for the involvement of Council for the Homeless Northern Ireland in the inspection process. An incremental three year plan will include the recruitment of peer reviewers. These reviewers will be directly involved in the inspection of children's services.	4,5,6	Regulation – Children's		
4.	Ascertain service user views during inspections of all regulated services. The information will be used to drive improvements in service quality.	The agencies team will take on the views of service users during inspections. The agencies team will also meet with individual service user groups and gain information to help drive improvement.	4,5,6	Regulation – All teams		March 2016
5.	Ensure that areas of concern raised by our stakeholders are considered. Information from these meetings may also be used to inform future	All areas of concern raised will be discussed with stakeholders by the agencies team.	5	Regulation – All teams		

	inapactions				T	
	inspections.					March 2016
7.	Ensure patients' experiences of their care and treatment are obtained and used to inform inspection processes.	As part of pre inspection information, patients who have recently been discharged will be sent a "your care your view" post card. Patients will be asked to comment on their experience of the ward during their period of admission. This information will be used to inform inspection processes.	4,5,6	MHLD		March 2016
8.	Evaluate the	Lay assessors will	4,5,6	Regulation		Waren 2010
	effectiveness of the role of lay assessors in	speak to patients and observe care practice	, ,	Team		
	improving inspection processes.	on a minimum 40% of mental health wards.		MHLD Team		
				Hygiene		
		The views of service		Team		
		users in the services inspected by the		Review Team		
		regulation, MHLD and		Troviow Todin		
		hygiene teams will be				
		captured, with the support of lay				
		assessors.				

9.	Ensure that patient and	Outcomes will be measured following evaluation of lay assessor input.	4,5,6	Review Team		March 2016
9.	relatives views are sought as part of reviews within the Three Year Review programme	take place during 2015-16 which will incorporate elements ensuring that patients and relatives views are sought and harnessed. A wide range of appropriate methods will be used to obtain the views of patients, their families, carers and advocates, to include: Questionnaires and Surveys Focus Groups	4,5,6	Review Team		

		 One-to-One Telephone Interviews One-to-One face- to-face Interviews Workshops Summit Events 				March 2016
10.	Ensure that stakeholder groups are aware of the role of RQIA (proactively seek invitations)	 Key stakeholders that represent particular interest groups are invited to participate within the RQIAs programme of reviews. New stakeholders identified through the planning of reviews are also invited to participate within the RQIAs programme of reviews. We will continue to clearly define the role of RQIA before these working partnerships commence. 	5	All staff		March 2016

11.	RQIA will continue to	Continue to attend	5	Corporate		March 2016
	contribute to the regional	and contribute to the		Improvement		
	HSC PPI Forum	Regional PPI Forum.		and Public		
				Engagement		
		Continue to contribute		Manager		
		to subgroup work in				
		relation to				
		development of a				
		regional PPI training				
		pack for HSC staff				
		Continue to contribute				
		to subgroup work in				
		relation to				
		development of				
		regional PPI				
		measurements of				
		outcome for HSC staff				