



The Regulation and  
Quality Improvement  
Authority

# Review of Clinical and Social Care Governance arrangements in Health and Social Care Trusts in Northern Ireland

## Overview Report 2008



informing and improving health and social care  
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## Executive Summary

### Introduction

*The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* places a statutory duty of quality on HSC Boards and Trusts.

The Quality Standards for Health and Social Care, published in March 2006 underpin the duty of quality and provide a measure against which quality of services provided in health and social care can be assessed.

The five quality themes are:

- Corporate leadership and accountability of organisations
- Safe and effective care
- Accessible, flexible and responsive services
- Promoting, protecting and improving health and social well-being
- Effective communication and information.

This overview report provides a summary of clinical and social care governance reviews carried out by the RQIA of the six HSC Trusts, between March and April 2008.

### Methodology

The reviews assessed the achievement of HSC Trusts against three themes of the quality standards

- theme 3 - Accessible, flexible and responsive services
- theme 4 - Promoting, protecting and improving health and social well-being
- theme 5 - Effective communication and information.

There are 38 criteria associated with these three themes and the RQIA decided to undertake detailed reviews focusing on seven criteria, which would best provide an assurance of the standard of service user and patient engagement.

A self-assessment proforma was sent to the six HSC Trusts which incorporated all 38 criteria as well as some in depth questions, to fully examine the Trust's position. The Trusts were also able to self assess their own performance using a five point scale where "1" represented "unlikely to be achieved" and "5" represented "fully achieved"

On receipt of the completed self assessment, an analysis was carried out by the RQIA and an analysis report forwarded to review team members.

The RQIA then carried out site visits to Trusts. These visits assessed each Trust's achievements against the quality standards, particularly emphasising the criteria to be explored in more detail.

Finally the RQIA produced a report for each Trust based on the Trust's self declaration, written submissions to the RQIA as well as input from members of the review teams.



## Conclusions and Recommendations

### Theme 3 - Accessible, Flexible And Responsive Services

#### Service planning processes

All six Trusts use a Trust Delivery Plan to illustrate how they intend to deliver services. There was some evidence that consultation does take place with service users, the voluntary, community sectors and statutory organisations but some Trusts needed to increase representation from staff and service users.

The RQIA recommends that HSC Trusts ensure increased involvement from staff, service users, the voluntary and community sectors and other relevant stakeholders in the Trust Delivery Plan.

#### Dignity and respect

All HSC Trusts rated themselves as having substantially achieved in relation to this criteria, though particular issues were highlighted in relation to dignity and respect within certain Trusts.

The RQIA recommends that HSC Trusts ensure the use of single sex accommodation and also prevent the use of shared hospital accommodation between children and adults.

The RQIA recommends that HSC Trusts need to make provision for dedicated rooms to be used for patients and relatives to discuss and receive confidential information.

#### Use of advocates and facilitators

The RQIA found that across HSC Trusts, advocacy support was much more developed within mental health services compared to other Trust directorates.

The RQIA recommends that HSC Trusts provide dedicated advocacy services in all directorates.

#### Provision of information

There is evidence of information being made available to service users in all HSC Trusts, however staff in the Belfast Trust are unaware of the appropriate use of the interpreting service, and in the Southern Trust there is little evidence of Minority groups accessing services.

The RQIA recommends that HSC Trusts provide interpreting services across all areas, ensuring also that staff and service users are provided with information on how to access services.



## Consent processes

Five HSC Trusts confirmed that they adhered to regional guidelines on consent; however policies on consent have not been updated since trusts were merged and this means that different policies are being used in the same trust.

The RQIA recommends that HSC Trusts put in place a single consent policy in line with regional guidance, which includes staff training and regular review.

The RQIA agrees that the majority of Trust self-assessed scores accurately reflect their level of achievement. However the RQIA questions the self assessed score of the South Eastern Trust regarding the three criteria assessed in depth suggesting a lower level of achievement.

## Theme 4 - Promoting, Protecting and Improving Health and Social Well-being

### Partnership arrangements

All six HSC Trusts have formal arrangements in place for partnership working which contribute to reducing health inequalities, promoting social inclusion and health and social well-being. It was however clear that greater co-ordination and increased awareness in relation to partnership working was needed.

The RQIA recommends that HSC Trusts develop more structured partnership arrangements within organisations to reduce health inequalities and promote health and well-being. Staff should be aware of relevant strategies and ongoing work in this area.

### Personal and public involvement

Trusts were examined in relation to their performance in adopting Personal and Public Involvement (PPI) Guidance issued by DHSSPSNI in 2007.

The RQIA found that there is a need to ensure that PPI is better integrated into different directorates with increased service user input into service delivery.

The RQIA recommends that HSC Trusts should ensure full implementation of DHSSPS PPI Guidance.

With the exception of the Northern Trust, The RQIA found a lower level of achievement than that self-assessed by the Trusts regarding these criteria.

This area showed greatest variation between Trust self-assessed level of achievement and that found by the RQIA.

**Active participation of service users and carers including feedback mechanisms appropriate to the needs of individual service users and the public.**



## Theme 5 - Effective Communication and Information

All Trusts demonstrated involvement in partnerships with the voluntary or community sectors though the RQIA found a lack of a strategic approach in how feedback was used by Trusts.

The RQIA recommends that HSC Trusts make greater use of partners such as GP forums, the community and voluntary sectors and service users, in obtaining feedback about services.

Effective training for staff on how to communicate with service users and carers, and where needed, the public and media.

The RQIA found that all Trusts were involved in the delivery of training to staff on how to communicate with service users but that while some plans were readily available, others had not been updated.

The RQIA recommends that HSC Trusts develop:

- systems to ensure equal and regular access to staff training, appraisal and supervision
- methods to evaluate the effectiveness of communications training for staff
- a strategy on media training where applicable.

This area showed greatest consistency between Trust self assessed levels of achievement and that found by the RQIA.



## Introduction

This overview report provides a summary of the key findings of the clinical and social care governance reviews, undertaken by the RQIA in the six Health and Social Care Trusts, between March and April 2008. Individual reports specific to each HSC Trust are available from the RQIA and provide a more detailed account of each review.

The reviews were undertaken following a period of major transition for HSC Trusts. In April 2007 as part of the Review of Public Administration the number of Trusts was reduced from 19 to 6. This process involved the amalgamation of pre-existing legacy Trusts, and the RQIA has reflected this within individual HSC Trust reports.

### The Quality Standards for Health and Social Care

*The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* places a statutory duty of quality (Article 34) on HSC Boards and Trusts. Each organisation had to ensure that there were rigorous structures, processes roles and responsibilities in place to deliver, monitor and promote safety and quality improvements in the provision of care.

Published in March 2006, The Quality Standards for Health and Social Care underpin the duty of quality which was placed on HSC Boards and Trusts. The five quality themes on which the standards have been developed were identified through consultation with service users, carers and HSC staff and through a review of standards developed elsewhere at local, national and international level.

The five quality themes are:

- Corporate leadership and accountability of organisations
- Safe and effective care
- Accessible, flexible and responsive services
- Promoting, protecting and improving health and social well-being
- Effective communication and information

The five quality themes are applicable to all parts of health and social care whether community, primary, secondary or tertiary care.

### The Role and Responsibilities of the Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under *the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.



*The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* placed a statutory duty of quality on Health and Social Care (HSC) organisations, and requires the RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

In order to fulfil its statutory responsibilities the RQIA developed a planned three year programme of clinical and social care governance reviews of all HPSS organisations, measuring achievement against the five quality themes.

### **Clinical and Social Care Governance**

Clinical and social care governance is described as a framework within which HSC organisations can demonstrate their accountability for continuous improvement in the quality of services and for safeguarding high standards of care and treatment. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care.



## Setting the Scene

### General overview of services

In Northern Ireland, health and social care services are integrated within a single structure.

Under the review of Public Administration, the previously existing 19 Trusts have been replaced by five new health and social care Trusts (combining acute and community health with social services) and a new Regional Health and Social Services Board, which has yet to be established. Each of the new Health and Social Care Trusts, with the exception of the Northern Ireland Ambulance Service, was established following an amalgamation of previously existing Legacy Trusts, as shown on the map below.

The Northern Ireland Ambulance Service HSC Trust is included within these services and brings to 6 the number of Health and Social Care (HSC) Trusts which provide health and social services. The six HSC Trusts became fully operational on 1st April 2007 and are overseen by the Department of Health, Social Services and Public Safety. The proposed new Regional Board, when established, will cover the entire province and will replace the commissioning function of the four existing Boards

### Health and Social Services Boards

Health and Social Care Services in Northern Ireland are provided as an integrated service. At present the four Health and Social Services Boards plan and commission services for the residents of their areas.

## Health and Social Care Trust Structures [HSC Trusts]

The five new HSC Trusts consist of the Belfast Trust, Northern Trust, South Eastern Trust, Southern Trust and Western Trust. The Northern Ireland Ambulance Service (NIAS) operates as a regional service throughout Northern Ireland to manage ambulance, patient transport and communication services provided from ambulance control centres.

**Figure 1: Map showing the new Health and Social Care Trusts**





## Context of reviews

These reviews have assessed the achievement of HSC Trusts against three themes of the HPSS Quality Standards [2006]:

- theme 3 - Accessible, Flexible and Responsive Services
- theme 4 - Promoting, Protecting and Improving Health and Social Well-being
- theme 5 - Effective Communication and Information.

Within these three themes, a detailed review was undertaken focusing on the following seven criteria, as the RQIA thought these would provide an assurance of the standard of service user and patient engagement within HSC Trusts.

### **Under Theme 3 "Accessible, Flexible and Responsive Services" criteria:**

- 6.3.1 (a) The organisation has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives.
- 6.3.2 (a) The organisation ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.
- 6.3.2 (b) The organisation has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision.

### **Under Theme 4 “Promoting, Protecting and Improving Health and Social Well-being” criteria:**

- 7.3 (a) The organisation has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities.
- 7.3 (b) The organisation actively involves the services users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities.

### **Under Theme 5 “Effective Communication and Information” criteria:**

- 8.3 (a) The organisation has active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public
- 8.3 (g) The organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media.



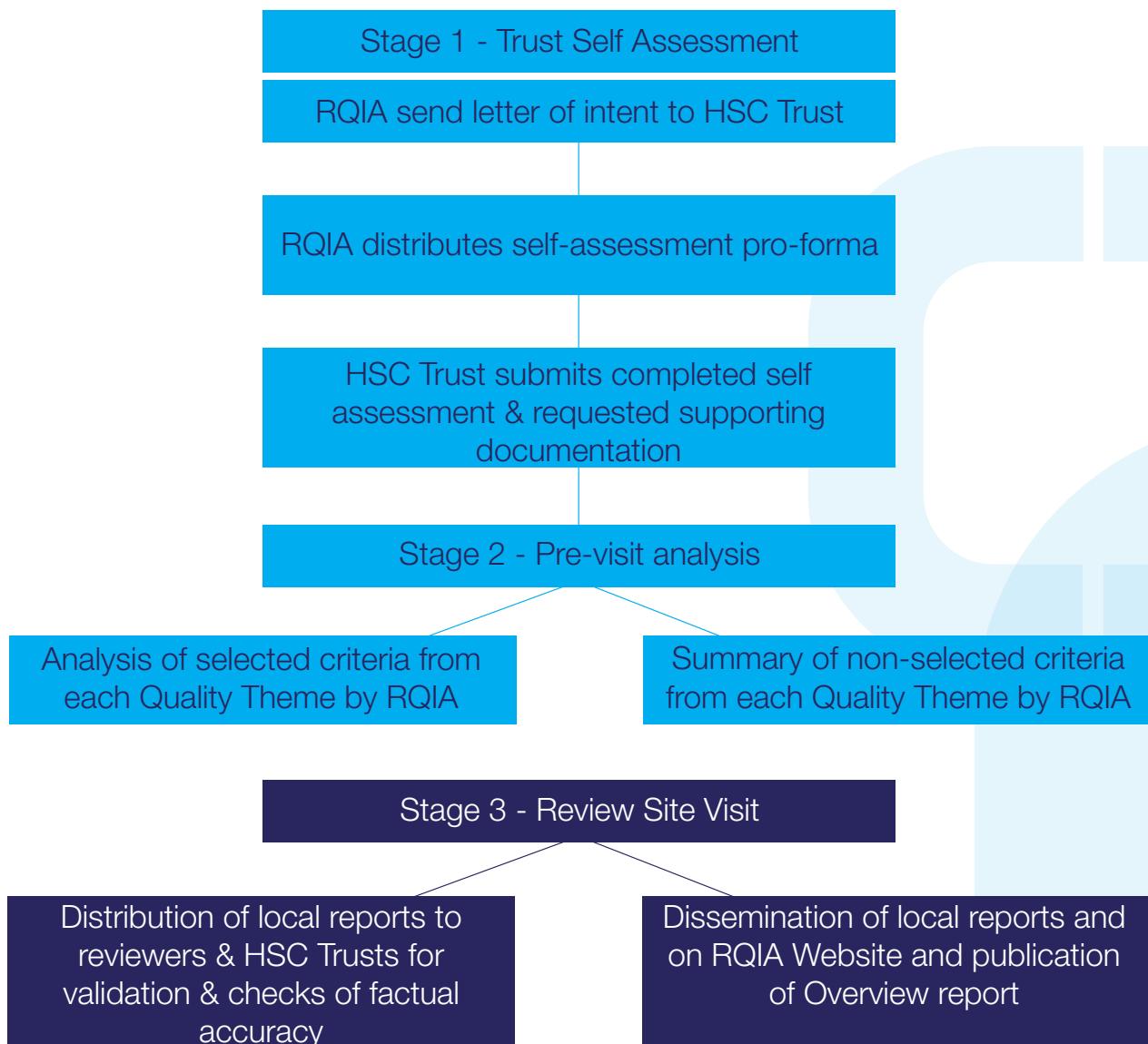
In total there are 38 criteria associated with these three quality themes. Organisations were asked to provide information regarding all 38 criteria, and this formed part of the overall report by the RQIA. However, unless through analysis, or as part of the review process, there was an issue that needed to be addressed, these other criteria were not subject to the same level of scrutiny as the seven noted above.

## The Review Process

The review process has three key stages:

- (1) Local HSC Trust self-assessment (including completion of self declaration)
- (2) Pre-visit analysis
- (3) Review team visit

**Figure 2: Review Process map**





## Self-assessment

Self-assessment is based on the statutory Duty of Quality, and the requirement for HSC organisations to self assess their progress against the quality standards for health and social care. Self-assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally.

A self assessment proforma, including all 38 of the criteria from the three quality themes to be assessed, was sent to the six HSC Trusts. As well as obtaining information from Trusts, the self assessment also provided Trusts with an opportunity to assess their progress against each criterion. This was done using a five point level of achievement where "1" represented "unlikely to be achieved" and "5" represented "fully achieved". The Trusts also submitted documentation requested by the RQIA which supported their achievements. The completed self-assessment proforma and evidence documents were submitted to the RQIA for analysis.

Article 34 of the *The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003*, places a statutory duty of quality on HSC organisations to, "...put and keep in place arrangements for the purpose of monitoring and improving the health and personal social services that it provides to individuals; and the environment in which it provides them.". In meeting this legislative responsibility, the Trust's Chair and Chief Executive signed a declaration confirming the accuracy of the self-assessment returned to the RQIA.

## Pre-visit analysis of self-assessment

When completed self-assessment forms were received, the self-assessment information and associated evidence was analysed. A pre-visit analysis report was produced which was sent to review teams, together with the self-assessment and any other documentary evidence.

## The review visit

The RQIA assessed the extent of each organisation's achievements against the standards by undertaking site visits, allowing for a more in-depth analysis of the seven selected criteria. At the start of each site visit, the RQIA met key personnel responsible for the service being reviewed.

The RQIA then spoke with local stakeholders, including staff, patients, clients and carers about the services provided. Teams also obtained information by observation of physical surroundings and by examining documentation such as policies and procedures.



After these meetings, the RQIA assessed the performance of an organisation against the standards, based on the information gathered during the self-assessment exercise, pre-visit analysis and site visits.

Each RQIA visit ended with teams providing initial feedback on their findings to each organisation. This included specific examples of good practice drawn to the attention of review teams, together with an indication of any particular challenges.

## The review teams



Review teams are multidisciplinary, and include both Health and Social Care professionals (peer) and members of the public (lay reviewers) who have undertaken training provided by the RQIA. Review teams are managed and supported by RQIA project managers and project administrators.

### Lay reviewers

Lay reviewers come from a range of backgrounds from across Northern Ireland. Each plays a vital role in review teams, bringing new insights and providing a lay person's perspective on all aspects of the provision of health and social care services.



### Peer reviewers

Peer reviewers have worked at a senior level in both clinical and non-clinical roles in the HPSS. They have a particular interest in the area of governance and a commitment to improving health and social care.

There is an identified leader for each review team who works closely with the RQIA project manager during the review, to guide the team in its work and ensure that team members are in agreement with the assessment reached.

## The report

The findings in this report are based on the Trust's self-declaration and written submissions to the RQIA, as well as observations made by, and views expressed to, members of review teams during validation visits to each Trust.

Following each review visit, the RQIA drafted a local report detailing the findings of the review team and recommendations for improvement.

This draft report was sent to the review team for comment, and then to the organisation to check for factual accuracy.

The overview report will be made available to the general public in hardcopy, on the RQIA website and other formats on request.



## Quality Theme 3: Accessible, flexible and responsive services

The DHSSPS Quality Standard, Theme 3 states: "Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources. Each organisation strives to continuously improve on the services it provides and/or commissions."

There are a total of 13 criteria within this Standard and each Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in the table below.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the Trust response)
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

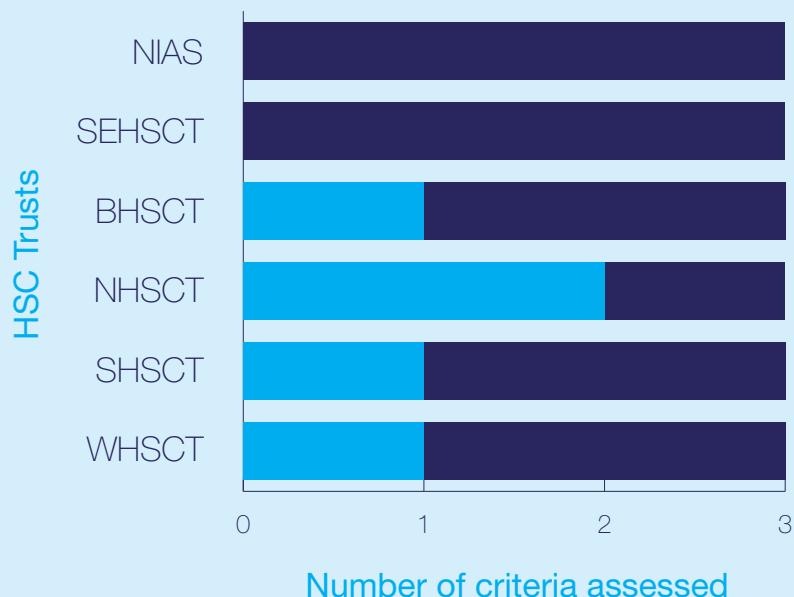


Examined by Review Team  
Quality Theme 3: Accessible, Flexible and Responsive Services

Level of Achievement against Quality Theme

- 1- Unlikely to be achieved
- 2 - Not achieved
- 3- Partially achieved
- 4- Substantially achieved
- 5- Fully achieved

Figure 3: Service Planning and Delivery Criteria



The graph above shows HSC Trusts self-rating of 3 criteria relating to service planning and delivery. Trust self-ratings for performance on individual criteria are available within respective local Trust reports. The HSC Trusts rated their performance as having substantially or partially achieved the criteria.



The following criterion from Theme 3 regarding service planning processes, was examined by each review team during the review visits.

6.3.1a The organisation has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives.

### Trust Delivery Plan

All six HSC Trusts use a Trust Delivery Plan [TDP] to illustrate how they will deliver services throughout the year. There was evidence that consultation does take place with service users, the voluntary, community sectors and statutory organisations to provide a service needs assessment. However, within some HSC Trusts [Northern, Western, Belfast, NIAS], there is a need to provide for increased representation from staff and service users.

#### **Recommendation 1:**

**The RQIA recommends that HSC Trusts ensure increased involvement from staff, service users, the voluntary and community sectors and other relevant stakeholders in the Trust Delivery Plan.**

#### **Areas of good practice specifically commented on by the RQIA.**

Within the NIAS, there is an increased weekend service to renal patients in Altnagelvin Hospital which is a direct result of patient and provider engagement. In this instance the NIAS responded to unmet need, without requiring high levels of additional resource.

In the Southern Trust, the RQIA welcomed the involvement of frontline practitioners in planning as this provided a different perspective on the challenges to be addressed. The RQIA also noted that there were benefits in moving away from consultation exercises towards longer term engagement processes.



The following criterion from Theme 3 regarding service delivery for individuals, carers and relatives was examined by each review team during the review visits.

6.3.2a The Trust ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.

### Dignity and respect

Dignity and respect are important principles in service delivery and all HSC Trusts rated themselves as having substantially achieved in relation to this criterion. They referred to various sources which incorporate these principles, such as corporate plans, the patient charter, staff induction documentation and policies and codes of professional conduct.

Both Western and Southern HSC Trusts made reference to the "Essence of Care" standards for privacy and dignity. Senior management stated that they had received assurances from staff that these principles were being applied and demonstrated this through the use of verbal feedback, findings within patient satisfaction surveys and the use of complaints procedures.

In the South Eastern and Northern HSC Trusts, the lack of single sex facilities was highlighted by patients as a concern, although staff gave assurances that mixed sex units are used only when necessary and that screening is used.

The RQIA, in the Western Trust raised a potential child protection issue where children were being placed in the regional adult endoscopy unit. When questioned, senior staff from the Trust gave an assurance that this was kept under review and is being managed within an ongoing risk assessment.

### Recommendation 2:

**The RQIA recommends that HSC Trusts ensure the use of single sex accommodation and also prevent the use of shared hospital accommodation between children and adults.**

All HSC Trusts, where applicable, are aware of the need to provide a separate room for breaking bad news to relatives. Throughout the Trusts, staff expressed the need for such a dedicated facility within their respective units and this need was particularly evident within the South Eastern Trust.



### **Recommendation 3:**

**The RQIA recommends that HSC Trusts should provide dedicated rooms to be used for patients and relatives to discuss and receive confidential information.**

### **Areas of good practice specifically commented on by the RQIA.**

The breast screening unit in the Southern Trust and the endoscopy unit in the Western Trust provide modesty clothing and an innovative funding approach provides a relatives room within the A&E Department in Altnagelvin Hospital.

### **Use of advocates and facilitators**

Five HSC Trusts use advocacy services and commission these from outside the Trust. The Northern Ireland ambulance Trust does not make use of any advocates or facilitators. Across the other five HSC Trusts advocacy support is more developed within mental health services with much less use across other Trust directorates.

The RQIA found a poorly co-ordinated approach in the South Eastern Trust, a poor use of advocates within the Belfast Trust and no clearly defined role within the Western Trust. However, there is an awareness among staff of the need to expand this facility equally throughout all Trust areas.

### **Recommendation 4:**

**The RQIA recommends that HSC Trusts provide dedicated advocacy services in all Trust directorates.**

### **Areas of good practice specifically commented on by the RQIA.**

Antrim Hospital, in the Northern HSC Trust provides a “meet and greet” service for patients. Volunteers also escort patients within the hospital and offer a befriending service for those patients who have no relatives or no visitors.



The following criterion from Theme 3 regarding the Provision of Information, was examined by each review team during the review visits.

6.3.2b The Trust has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision

### **Provision of information**

Evidence of information available to service users was found in all HSC Trusts. This was evident mainly in the form of patient information leaflets. The Belfast Trust hosts the Regional Interpreting Service and both the Belfast Trust and the NIAS use "Language Line" which provides a translator for non-English speakers. The NIAS also has text phones available for use by members of the deaf community and uses a multi-lingual emergency phrase book.

#### **Recommendation 5:**

**The RQIA recommends that HSC Trusts provide interpreting services across all areas. Trusts should ensure that staff and service users are provided with information on how to access these services.**

#### **Areas of good practice specifically commented on by the RQIA.**

In the Southern HSC Trust, in both the Diabetic Service and Mandeville Cancer Unit, service users are able to address any concerns to named contact nurses, and both services offer a 24 hour advice line. The RQIA felt that these were valuable initiatives that could be used in other services across the Trust.

In the Southern HSC Trust, patients admitted to hospital have their medicines put into a "green bag" which makes sharing information about their medicines history easier. The review team felt this scheme had excellent potential to be used regionally.



## Consent processes

Five HSC Trusts excluding the NIAS adhere to Regional Guidelines on Consent; however consent policies have not been updated since Trusts were merged meaning that different policies are being used within the same Trust. The Northern Ireland Ambulance Service (NIAS) has participated in the Regional Consent Group and has highlighted the need for regional guidelines in an emergency situation, although they do comply with the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines for informed consent.

All six HSC Trusts provide general mandatory training on consent for staff, which tends to happen during induction. However, there is no central system to record the number of staff trained within directorates, no accurate figures for those who have received training and there is evidence within Trusts that some staff have not been trained.

In the Southern and Northern HSC Trusts staff have received no consent training since the merger of Trusts. However, in some specialised areas within the South Eastern Trust there are examples where staff have received in depth training in consent.

### **Recommendation 6:**

**The RQIA recommends that HSC Trusts put in place a single consent policy in line with regional guidance which includes staff training and regular review.**

### **Areas of good practice specifically commented on by the RQIA.**

Both in the NIAS and the endoscopy unit in Altnagelvin Hospital in the Western HSC Trust, there is a policy allowing patients the option of withdrawing their consent for a procedure.

In the Oncology Unit at the Ulster Hospital, nursing staff have a mentoring programme for a minimum of one year. This ensures that staff have sufficient knowledge to provide a patient with adequate information about their treatment and care.

In the Ulster Hospital in the South Eastern Trust, an Outpatient Department has developed a 'green sheet' that is used to record information given to and discussed with patients. Recording discussions in this way has ensured greater continuity and consistency of use of patient information making informed consent easier.

### **RQIA commentary on the Trusts' self-assessed levels of achievement**

**The RQIA agrees that the majority of Trust self-assessed scores accurately reflect their level of achievement. Areas of disagreement are highlighted in individual Trust reports.**

**The RQIA questions the self-assessed score of the South Eastern Trust regarding the three criteria assessed in depth suggesting a lower level of achievement.**



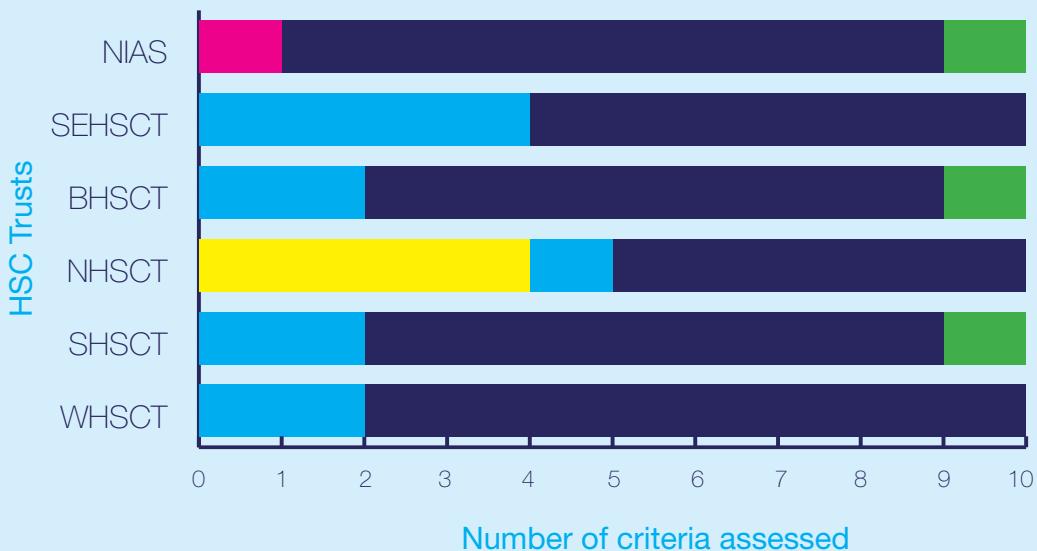
The following criteria were examined through analysis of each Trust's self-assessment return.

### Quality Theme 3: Accessible, Flexible and Responsive Services

Level of Achievement against Quality Theme

- █ 1- Unlikely to be achieved
- █ 2 - Not achieved
- █ 3- Partially achieved
- █ 4- Substantially achieved
- █ 5- Fully achieved

Figure 4: Service Planning and Delivery Criteria



This graph shows each of the six HSC Trusts and their self-rating against ten criteria, describing service planning and delivery.

Most of the criteria were rated by the Trusts as having been partially or substantially achieved. However, the Northern Trust rated their position in relation to four criteria as having been 'not achieved'. The NIAS rated one criteria as unlikely to be achieved. Three Trusts rated one criteria as having been fully achieved.

Information on Trust ratings for specific criteria is available within individual Trust reports.



The following criteria under Quality Theme 3, were examined through analysis of each Trust's self-assessment return.

6.3.1b The organisation integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services.



### Service planning

Each Health and Social Care Trust decides individually on the approach it will take in relation to the extent and method of service user involvement in service planning. Health and Social Care Trusts are required to consult with patients and public bodies before making changes to their services, however, it is difficult to evaluate the benefits of this involvement in terms of influence on service planning. HSC Trusts are working towards developing a Personal and Public Involvement Strategy (PPI) which may enable a more strategic approach to be taken to user involvement.

Examples of staff and user consultation in service planning and delivery were found in the Chemotherapy/ Cancer Unit in Laurel House, Antrim Hospital in the Northern Trust and in the Review of Mental Health Services at Tyrone County Hospital within the Western Trust.

In the Southern Trust there is user involvement within health promotion and community development teams, who contribute to the delivery of the "Investing for Health" Strategy at a local level. The Northern Ireland Ambulance Service (NIAS) works with community representatives through a number of Ambulance Liaison Groups which provide access to key decision makers within the NIAS.

### Areas of good practice specifically commented on by the RQIA.

In the Southern Trust, the RQIA welcomed the involvement of frontline practitioners in planning as this provided a different perspective on the challenges to be addressed . The RQIA noted the benefits of moving away from purely consultation exercises towards longer term engagement processes.

In the South Eastern Trust, the RQIA noted that Local Councils and committees help to identify local health and social care needs, aiding service planning processes.



6.3.1c The organisation promotes service design and provision which incorporates and is informed by:

1. Information about the health and social well-being status of the local population and an assessment of likely future needs
2. Evidence of best practice and care, based on research findings, scientific knowledge, and evaluation of experience;
3. Principles of inclusion, equality and the promotion of good relations
4. Risk assessment and an analysis of current service provision and outcomes in relation to meeting assessed needs;
5. Current and/or pending legislative and regulatory requirements
6. Resource availability; and
7. Opportunities for partnership working across the community voluntary, private and statutory sectors

6.3.1d The organisation has service planning and decision-making processes across all service user groups, which take account of local and/or regional priorities

### **Service design and provision**

Trusts implement service planning and decision making through Trust Delivery Plans and Planning Cycles, using a range of sources of information to help with service design and provision. These include, for example, access to information datasets [Northern Ireland Neighbourhood Information Services], Investing For Health (IFH) documentation and partnerships with the community development and voluntary sectors.

All HSC Trusts report that Directorates in their approach to service design and provision include risk assessment, equality and best practice procedures. All have assessed their performance as having substantially or fully achieved in relation to this criterion.

6.3.1e The organisation has standards for the commissioning of services which are readily understood and are available to the public.

### **Commissioning of services**

HSC Trusts operate using regionally agreed contracts which contain organisational, financial and clinical and social care governance standards. However, analysis of the information provided indicates there are different monitoring arrangements in place across Trusts. The Trusts are in the process of developing and improving these arrangements.

A range of standards are used by five of the HSC Trusts for the commissioning of services, which include the Quality Standards from the DHSSPS and the Safety First framework. There are also Service and Budget agreements that incorporate various standards which the Trusts require provider organisations to comply with. These are all publicly available documents.

The NIAS does not commission services and considered the availability of commissioning standards to the public as not being relevant to their organisation.



Two HSC Trusts do not make standards in relation to Service Level Agreements available to the public. The Western HSC Trust has indicted that Service Level Agreements are "commercial in confidence documents". The Southern Trust has made available to the public, the Trust contract which contains standards relating to dignity and privacy, independence and choice and has involved service users in the development of standards, for example in relation to Looked After Children (LAC).

6.3.1f The organisation ensures that service users have access to its services within locally and/or regionally agreed timescales

All HSC Trusts reported having substantially or fully achieved this criteria in relation to users having access to services, within agreed timescales. Access to services within all Trusts is determined through the DHSSPSNI Priorities for Action (PfA) that provides local and regional standards for services. These targets form part of the Trust Development and Corporate Plans.

All HSC Trusts use access targets, and performance is assessed through Trust Board meetings that are open to the public. Performance is also reported against targets on a weekly basis and managed and reviewed on a daily basis by operational managers.

6.3.2c The Trust ensures that information, where appropriate, is provided in a number of formats, which may include, large print, audio format on tape or compact disc, computer readable format, Braille, etc. and is:

- written in easy to understand, non-technical language;
- laid out simply and clearly;
- reproduced in a clear typeface;
- available on the internet; and
- in the preferred language of the reader, as necessary.

6.3.2d The Trust incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others.



## Availability of information and service user choice

All Trusts have arrangements in place to help users access information on available services. This is done primarily by providing leaflets and through the provision of interpreter services.

In some Trusts there seemed to be more effective use of these services. For example within the Southern Trust referral forms indicate if a patient is a non English speaker, enabling an interpreter with the appropriate language to be booked ahead of the patient's appointment.

All Trusts offer a range of approaches to enable service users to receive information and make choices. These range from display screens and advocacy services to information leaflets for illnesses such as diabetes.

HSC Trusts incorporate the rights, views and choices of the individual by having a person centred approach and involving service users in their care planning and treatment. Information provided by Trusts stated that this is supported through a range of policies and practices.

6.3.2e The Trust ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially



## Confidentiality of information

All Trusts have policies, procedures, professional codes of practice and regional guidance to ensure confidentiality of service user information. Information leaflets are also given to patients showing how the Trust uses personal information. All Trusts are aware of the Data Protection Act and regional guidance, to ensure that information is only used for the purposes for which it is collected.

### Recommendation 7:

#### **The RQIA recommends that HSC Trusts develop:**

- a policy, supported by staff training to ensure that all patient information transmitted between health care professionals remains confidential**
- regular monitoring and auditing of the process.**



6.3.2f The Trust promotes multi-disciplinary team work and integrated assessment processes, which minimise the need for service users and carers to repeat basic information to a range of staff

6.3.2g The Trust provides the opportunity for service users and carers to provide comment on service delivery

#### **Minimising need to repeat information and opportunity for commentary on service**

All Trusts are involved to varying degrees in multidisciplinary working across different directorates. As an example Trusts were asked to provide evidence of multidisciplinary working specifically in relation to diabetes services. All Trusts were able to provide evidence of multidisciplinary working in this area.

All Trusts provide opportunities for service users to comment on service delivery using a range of methods, such as satisfaction surveys, service user focus groups, comment cards and leaflets and through provision of a complaints procedure.

#### **Areas of good practice specifically commented on by the RQIA.**

Within the South Eastern Trust, there is a "green sheet" to record information already given to and discussed with patients. This is used to avoid the need for repetition.

Within the NIAS, patient specific information is recorded by NIAS staff on a Patient Report Form that is then given to the receiving hospital, to reduce the need for the patient to restate personal information.



## Quality Theme 4: Promoting, protecting and improving health and social well-being

The DHSSPS Quality Standards Theme 4 states that “The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social wellbeing, and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation.”

There are a total of 13 criteria within this Standard and Trusts were asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in the table below.

<b>Code</b>	<b>Level of Achievement</b>	<b>Definition</b>
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the Trust response)
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.



## Quality Theme 4: Promoting, Protecting and Improving Health and Social Well-being

### Level of Achievement against Quality Theme

- 1- Unlikely to be achieved
- 2 - Not achieved
- 3- Partially achieved
- 4- Substantially achieved
- 5- Fully achieved

Figure 5: Trust Partnerships and Personal and Public Involvement Criteria



The graph shows each Trust self-rating for 2 criteria regarding partnerships and public involvement. The Trust self-ratings show a level of substantial or partial achievement.

The Belfast and Western Trust self-rated their performance as having substantially achieved in having structures and processes in place to promote and implement effective partnerships. They also reported substantial achievement in engagement and involvement of service users, carers and the wider public in the planning and development of services.

The Southern and Northern Trust rated both these criteria as having been partially achieved. The NIAS and South Eastern Trust showed a mixture of partial and substantial achievement for these criteria.

Trust self-rating for individual criteria is available within local Trust reports.



**The following criterion from Theme 4 regarding partnership arrangements, was examined by each review team during the review visits.**

7.3a The organisation has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities.

All six HSC Trusts have formal arrangements in place for partnership working, which contribute to reducing health inequalities, and promoting social inclusion and health and social well being. These arrangements include collaboration with a range of stakeholders, user groups, voluntary and community groups as well as independent providers.

Although there was clear evidence that Trusts have both formal and less formal partnership arrangements designed to reduce inequalities and promote health and wellbeing, it was also clear that greater co-ordination and increased awareness in relation to partnership working was needed.

In the Northern HSC Trust for example, the review team felt that more robust links and improved partnership arrangements needed to be established between the Trust and the Board. The RQIA also indicated the need for improved working relations between senior management and frontline staff in the NIAS. The RQIA, in the Southern Trust found evidence of an over-reliance on the community and voluntary sectors. A service provider in this area was being used as a first point of contact in child and adolescent crisis response, a function for which the organisation felt they were neither fully equipped nor funded to provide.

#### **Recommendation 8:**

**The RQIA recommends that HSC Trusts develop more structured partnership arrangements within organisations to reduce health inequalities and promote health and wellbeing. Staff should be aware of relevant strategies and ongoing work in this area.**

#### **Areas of good practice specifically commented on by the RQIA.**

In the Western HSC Trust there is evidence of integration of health improvement across the Trust with champions and sub groups in each Directorate. Feedback systems are in place to record issues and complaints raised by users and others and this information is used to identify trends and help with both essential learning and staff training initiatives.

In the Northern HSC Trust the review team thought that the development of a Disability Consultation Panel was a good example of social inclusion. This group had produced a development plan and had presented an action plan to the Trust Board to help with access to services for people with a disability. This had been endorsed and linked into various directorates within the Trust.

In the Northern HSC Trust, the Equality Manager described a meeting between the Chinese Welfare Association and the Assistant Director of Mental Health. This had led to Approved Social Workers being trained in the use of interpreting services to aid completion of mental health assessments.



**The following criterion from Theme 4 regarding Personal and Public Involvement (PPI), was examined by each review team during the review visits.**

7.3b The organisation actively involves service users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities on service delivery

The RQIA found that all Trusts involve service users, staff and the wider public in planning and development of solutions to improve health and social well-being. This occurs more often when specific planning issues need to be addressed.

The Southern Trust has agreed a strategy involving all directorates, stakeholders and partner organisations to identify any issues and priorities as well as ways to address these.

In the Belfast Trust, staff involvement focused on encouraging them to raise issues with more senior staff. The RQIA did however highlight that relevant documents, such as corporate plans, are not routinely circulated to staff.

The Western and Northern Trusts use forums and panels where members of the public and service users are consulted. Within the NIAS there is engagement with local representatives and the public to prioritise locations with regard to ambulance provision. However, the RQIA thought there was scope for more proactive involvement by the NIAS in community engagement schemes.

### **Personal and Public Involvement (PPI)**

Personal and Public Involvement (PPI) Guidance, supports the values underpinning the Quality Standards where effective personal and public involvement is central to the delivery of safe, high quality services and as such, is a key element of clinical and social care governance.

The RQIA has been tasked to determine how well, in the first year, HSC Trusts have adopted the principles set out in the guidance, and to what extent a systematic process of self-evaluation to strengthen PPI has been developed.

The 3 key premises, according to the Guidance, which underpin PPI, are that:

- people in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions, and feedback about their own care and treatment
- the wider public has a legitimate entitlement to have opportunities to influence health and social care services, policies and priorities
- PPI should be part of everyday practice within HSC organisations and should lead to improvements in an individual's personal experience of the service and the overall quality and safety of service provision.



HSC Trusts were examined in relation to their performance in adopting Personal and Public Involvement Guidance (PPI) issued by the DHSSPS in 2007. Specifically, Trusts were asked who was responsible for implementation of the guidance, what had been done in relation to taking forward the guidance, and to demonstrate progress towards achieving this goal.

All HSC Trusts were asked to identify a nominated lead responsible for implementing the Guidance and to provide evidence of a PPI strategy. Four Trusts have nominated directors to lead the work but neither the Belfast HSC Trust nor NIAS have a nominated lead. The RQIA noted that the Belfast Trust is forming a group to develop the strategy with input from service users and/or their representatives. The NIAS Trust does not appear to have made any progress in this area.

Five HSC Trusts are at the early stages of development of updated policies regarding PPI strategies. The NIAS demonstrated no evidence of going beyond the basic statutory requirements in relation to developing a Personal and Public Involvement strategy.

The Southern Trust has developed an action plan and infrastructure while the Western Trust had a draft PPI strategy. However, the RQIA found no engagement or consultation with staff, service users or the wider community in the drawing up of this strategy. The South Eastern HSC Trust is in the process of establishing a PPI committee with significant service user membership. The Northern Trust provided no report or action plan and staff are currently working with a Trust User/Carer Strategy with no awareness of PPI initiatives.

Within the Trusts the RQIA found that there is a need to ensure that PPI is better integrated into different directorates with increased service user input into service delivery.

#### **Recommendation 9:**

**The RQIA recommends that HSC Trusts should ensure full implementation of DHSSPS PPI Guidance.**

#### **RQIA commentary on the Trusts' self-assessed levels of achievement**

With the exception of the Northern Trust, the RQIA found a lower level of achievement than that self-assessed by the Trusts. This is highlighted in individual Trust reports.

This area showed greatest variation between Trust self-assessed level of achievement and that found by the RQIA.



The following criteria under Quality Theme 4, were examined through analysis of each Trust's self-assessment return.

#### Quality Theme 4: Promoting, Protecting and Improving Health and Social Well-Being

Level of Achievement against Quality Theme

- █ 1- Unlikely to be achieved
- █ 2 - Not achieved
- █ 3- Partially achieved
- █ 4- Substantially achieved
- █ 5- Fully achieved

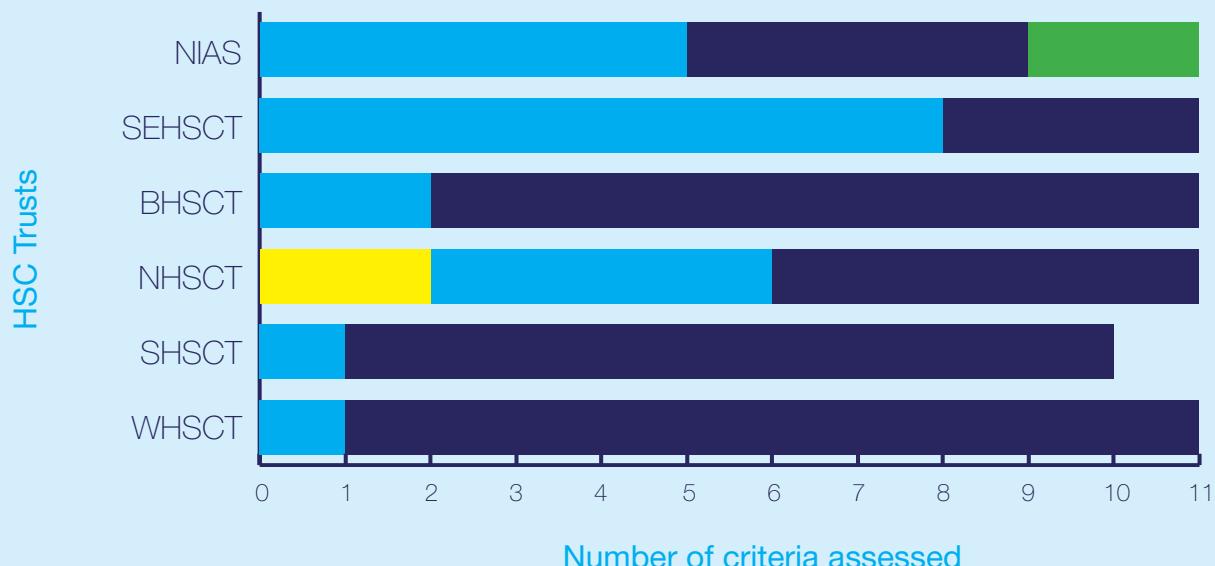


Figure 6: Trust Policies, Procedures, Systems and Programmes And Health and Social Care Needs Assessment Criteria

This graph shows each of the six HSC Trusts and their self-rating against eleven criteria, describing promoting, protecting and improving health and social well-being.

Most of the criteria were rated by the Trusts as having been partially or substantially achieved. However, the Northern Trust rated their position in relation to two criteria as having been 'not achieved'.

The NIAS rated two criteria as being 'fully achieved'.

Information on Trust ratings for specific criteria is available within individual Trust reports.



7.3c The organisation is committed to human rights, as identified in human rights legislation and United Nations Conventions, and to other Government policies aimed at tackling poverty, social need and the promotion of social inclusion.

7.3d The organisation actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the *Northern Ireland Act 1998*.

#### **Human Rights.**

Section 75 of the *Northern Ireland Act 1998* requires that each HSC Trust should have due regard to the need to promote equality of opportunity. There is also a statutory requirement to ensure that HSC Trust decisions and actions are compatible with the European Convention on Human Rights and that Trusts act in accordance with these rights.

All HSC Trusts indicated that they comply with human rights, equality screening and section 75 requirements. Trusts reported that staff are aware of the need to carry out an equality impact assessment in the development of any new service and the need for relevant staff training within these areas. There was also some reference within Trust policies and procedures of policy makers engaging with service users before making any changes to services.

#### **Recommendation 10:**

**The RQIA recommends that HSC Trusts should have systems in place to ensure compliance with relevant human rights and equality legislation.**

7.3g The organisation has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance.



## Emergency planning and dealing with a pandemic.

Five Trusts are at varying stages in developing mechanisms to deal with major emergencies. These were present before the merger and are currently being updated.

All Trusts were asked about plans to deal with a pandemic outbreak. A pandemic refers to the world-wide spread of a disease. Pandemics of influenza usually happen when a new influenza virus emerges which is different from other influenza viruses, and which has the ability to spread rapidly from person-to-person causing serious illness in a high number of cases. It is not possible to predict when a pandemic of human influenza will occur. The World Health Organisation (WHO) has advised countries around the world that a global pandemic of human influenza could emerge in the near future. Countries are urged to prepare plans to deal with such an eventuality [DHSSPS].

All Trusts recognise the need to have these plans in place and are moving away from a reliance on pre merger documentation. The NIAS has established detailed plans that conform to DHSSPSNI guidelines in emergency situations and has an ambulance specific response system in place for the management of pandemics.

### **Recommendation 11:**

**The RQIA recommends HSC Trusts work to produce policies and procedures for emergency planning, in particular dealing with a flu pandemic.**

7.3h The organisation has processes to engage with other organisations to reduce local environmental health hazards, as appropriate

All HSC Trusts have systems and processes to reduce environmental health hazards, are familiar with Controls Assurance Standards, and engage with Environmental Health Organisations and Local Councils.

7.3j The organisation has systems to promote a healthier, safer, and “family friendly” workforce by providing advice, training, support and, as appropriate, services to support staff

7.3m The organisation provides opportunities for the use of volunteers, as appropriate

## Family friendly workforce and use of volunteers.

All Trusts reported having a range of approaches to promote a safer, family friendly workforce which included flexible working arrangements such as those within the Western Trust. The Southern Trust focuses on health and wellbeing and work life balance policies, while the Northern Trust, through its Human Resources department ensures it is an employer of choice in terms of work life balance. The South Eastern Trust emphasised its "family friendly" policies.



The Belfast Trust showed little evidence of a "family friendly" ethos for their workforce and did not provide, as requested, an example of a family friendly policy. The NIAS has in place "thirteen work/life balance policies" and that up-take among staff is good. However, it would appear that staff induction seems to be the only time that management receive training on these policies, which need to be regularly updated and reviewed.

The use of volunteers within HSC Trusts is regarded by Trusts as an important asset and a valuable source of support for staff, service users and patients. All six Trusts have systems and policies to enable volunteers to apply for this work and to support them in it.

Areas of good practice specifically commented on by the RQIA.

The Belfast Trust currently employs 5 volunteer managers who have a remit for recruiting, training, placing and supporting volunteers within the organisation. The Trust also has a Service Level Agreement with the Voluntary Services Bureau in Belfast for the delivery of volunteering services.

The NIAS has a Memorandum of Understanding (MOU) with voluntary ambulance services and a number of community First Responder Schemes across the province.

7.3e The organisation promotes ownership by service users, carers and communities to enable service users and the public to take responsibility for their own healthcare and social well-being, and to participate as concerned citizens in promoting the health and social well-being of others.

7.3i The organisation has evidence-based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes, which take account of local and regional priorities and objectives.

7.3k The organisation has quality assured screening and immunisation programmes in place, as appropriate, and promotes active uptake among service users, carers and the public.

All Trusts are involved in promoting individual responsibility for health, and in chronic disease management. This occurs mainly through existing health improvement, community development and health promotion programmes and in support of "Investing for Health" strategies.

The NIAS promotes responsibility for individual health by supporting and providing advice to those who use the emergency call system. The service is investigating alternative pathways to permit referral of patients to specialist disease management teams, rather than exclusively to A&E Departments.



Five HSC Trusts provide screening and immunisation programmes for service users. These are promoted through a variety of methods such as Health Visiting, GP practices, maternity services and the work of the Health Boards.

The NIAS ensures that all of its staff are appropriately vaccinated and that this arrangement is reviewed as necessary.

7.3f The organisation collects, collates, develops and uses health and social care information to assess current and future needs of local populations, taking account of health and social well-being inequalities.

7.3l The organisation uses annual public health and social care reports in the development of priorities and planning the provision and delivery of services.

Trusts use a range of approaches to assess both the needs and demands of their populations and to provide support for service planning. These include use of information available within the Northern Ireland Statistics and Research Agency (NISRA), Northern Ireland Neighbourhood Information Service (NINIS), Noble Indicators and use of census data for projecting population growth. The NIAS relies on incident data to help with resource deployment decisions at strategic and operational levels.

Trusts use numerous resources to develop priorities in planning for and delivery of services. Examples are reports relating to Public Health and Social Care, commissioner reports within the context of regional and local priorities, user involvement arrangements, the Bamford Review of Mental Health and Trust Delivery Plans and Health and Well Being Plans.



## Quality Theme 5: Effective communication and information

The DHSSPS Quality Standards Theme 5 states that, “The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.”

There are a total of 12 criteria within this Standard and the Trusts were asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in the table below.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the Trust response)
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.



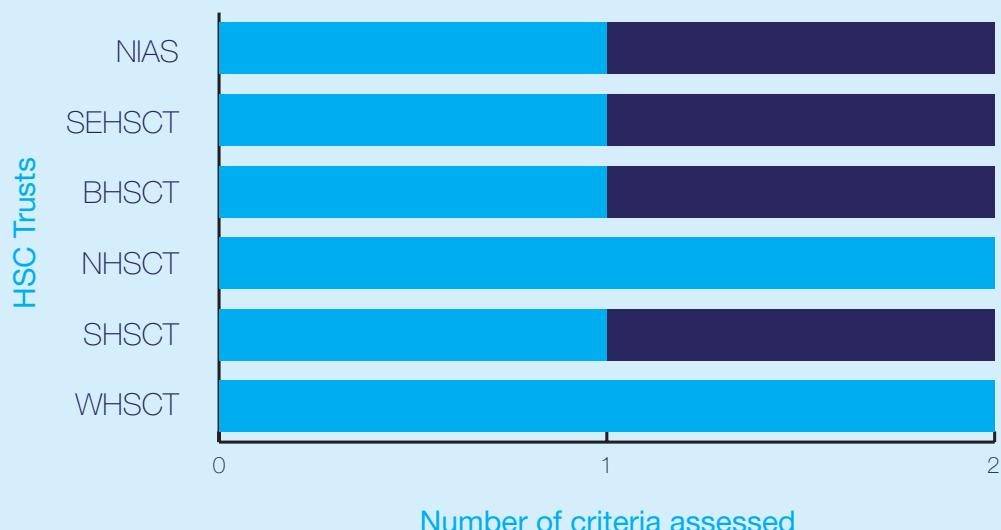
## Criteria examined by review team

### Quality Theme 5: Effective Communication and Information

Level of Achievement against Quality Theme

- 1- Unlikely to be achieved
- 2 - Not achieved
- 3- Partially achieved
- 4- Substantially achieved
- 5- Fully achieved

Figure 7: Participation of Service Users, Carers and the Public and Effective Training in Communication Criteria



The graph shows Trust self-ratings for two criteria describing involvement of service users and the public as well as delivery of communication training for staff.

The majority indicated a level of partial achievement with four Trust scoring their performance as having 'substantially achieved'.

Information on performance for individual criteria is available within local Trust reports



**The following criterion from Theme 5 regarding the participation of service users, carers and the public, was examined by each review team during the review visits**

8.3a The organisation has active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public.

Support for and the engagement of service users, carers and the wider public is important within health and social care organisations, and all HSC Trusts demonstrated involvement in partnerships with the voluntary or community sectors. Trust strategic documents were also used to support this process.

Guidelines have been issued by the DHSSPS to help Trusts develop a strategy in relation to Personal and Public Involvement. The RQIA considered that the NIAS was not proactive in public participation but relied on the goodwill and availability of staff on the ground. There was greater scope for NIAS staff, with their local knowledge to engage with service users but this needed to be supported by Trust senior management.

A range of approaches was used by each of the Trusts that included feedback from partnership groups, workshops, seminars, complaints systems, user forums and meetings. However, there is a lack of a strategic approach in how feedback is achieved and used by Trusts.

**Recommendation 12:**

**The RQIA recommends that HSC Trusts make greater use of partners such as GP forums, the community and voluntary sector and service users in obtaining feedback about services.**

**Areas of good practice specifically commented on by the RQIA.**

In the South Eastern Trust the Podiatry Department in Bangor Community Hospital had created a focus group of stakeholders that had helped to develop a new assessment process. The project had resulted in better foot care, including the provision of more suitable foot wear, for residents of 43 homes.

In the Northern HSC Trust diabetic outpatient clinic, through holding monthly meetings with user representatives additional clinics were secured for patients.

In the Kilkeel area the NIAS actively participated in a committee consisting of health care professionals, SHSSB and representatives from the local community, formed to investigate ways of working together to provide better services in the area. The outcome was the provision of doctor out of hours sessions in Kilkeel health centre. There was also significant investment in a new ambulance station in Kilkeel.



8.3g The organisation has effective training for staff on how to communicate with service users and carers, and where needed, the public and the media

The RQIA found that all Trusts are involved in the delivery of training to staff on how to communicate with service users, but these arrangements are at varying stages of development. Some training plans are readily available, such as those in the NIAS and South Eastern Trust, while others are still being developed.

Trusts address the use of communication skills through staff induction, annual training needs analysis, supervision and appraisal processes. The RQIA was positive about the services they reviewed and the information they received from service users regarding the effectiveness of communication. The RQIA was particularly impressed with the dignity and respect with which NIAS front line staff treated service users.

The RQIA identified some training issues which included unequal access in certain areas within the South Eastern Trust and also gaps within the NIAS, where staff who were interested in receiving training in dealing with stressful situations (such as the sudden death of psychiatric patients) were unable to access suitable training.

Media training is available within HSC Trusts and this is targeted at senior staff or those who are likely to require it.

#### **Recommendation 13:**

##### **The RQIA recommends that HSC Trusts develop:**

- methods to evaluate the effectiveness of communications training for staff**
- a strategy on media training where applicable.**

#### **Areas of good practice specifically commented on by the RQIA.**

The Regional Ambulance Training Centre has developed links with a number of national bodies representing patients with special communication needs, for example The Royal National Institute for the Deaf. Through these links trainers have delivered training to NIAS staff enabling them to communicate better with this particular group of service users.

#### **RQIA commentary on the Trusts' self-assessed levels of achievement**

**This area showed greatest consistency between Trust self-assessed level of achievement and that found by the RQIA.**



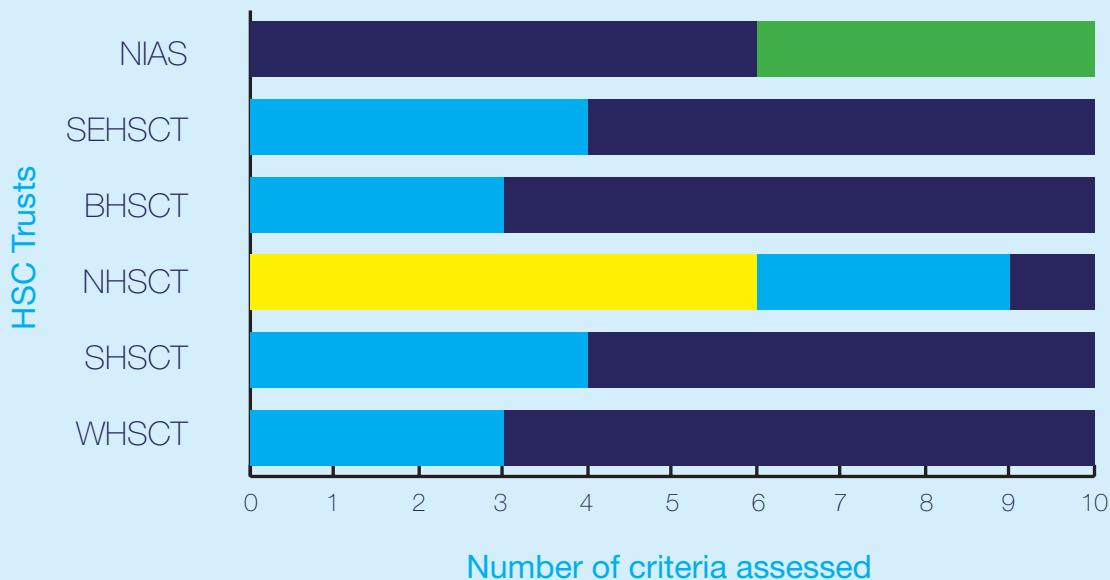
## Criteria examined through HSC Trust self-assessment

### Quality Theme 5: Effective Communication and Information

Level of Achievement against Quality Theme

- █ 1- Unlikely to be achieved
- █ 2 - Not achieved
- █ 3- Partially achieved
- █ 4- Substantially achieved
- █ 5- Fully achieved

Figure 8: Trust Strategies, Systems, Principles, Policies and Procedures Criteria



The Graph above shows HSC Trust self-rating for 10 criteria in having in place effective systems, strategies and policies.

The majority self-rated as having substantially achieved in relation to this.

The Northern Ireland Ambulance Service [NIAS] has self-rated 4 criteria as having been fully achieved, having in place effective and integrated information technology systems for urgent communications, procedures for valid consent and complaints systems.

The Northern HSC Trust rated 6 criteria as having not been achieved. These relate to communication and information strategies and principles, procedures for protection of service user and carer information, consent and complaints procedures and published up to date information about services.



8.3b The organisation has an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation.

8.3c The organisation has effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services.

8.3d The organisation has systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness.

Effective communication and information strategies are important to the smooth running of all organisations. There is an explicit commitment by Trusts to develop relevant strategies and all are at varying stages in this process in terms of draft documents and action plans.

All Trusts are developing, or already have in place a Safety Alert Broadcast System (SABS) and they also comply with guidance issued by the Northern Ireland Adverse Incident Centre. The Northern Trust uses a manual system for communication but is planning to introduce an electronic system in this current financial year.

#### **Recommendation 14:**

**The RQIA recommends that HSC Trusts develop systems and strategies to promote effective communication and information sharing.**



8.3e The organisation has clear communication principles for staff and service users, which include:

- openness and honesty;
- use of appropriate language and diversity in methods of communication;
- sensitivity and understanding;
- effective listening; and
- provision of feedback.

8.3f The organisation has clear information principles for staff and service users, which include:

- person-centred information;
- integration of systems;
- delivery of management information from operational systems;
- security and confidentiality of information; and
- sharing of information across the HPSS, as appropriate.

The principles of communication and information are incorporated within all relevant Trust strategies and form part of their core work in communicating with staff and service users. These principles are included in, for example, Trust corporate vision statements, codes of conduct and policy and procedure documents. The RQIA found appropriate use of communication and information principles through discussions and submitted documentation.

8.3h The organisation has effective records management policies and procedures covering access and the completion, use, storage, retrieval and safe disposal of records, which it monitors to assure compliance and takes account of Freedom of Information legislation.

All Trusts, affected by the Review of Public Administration (RPA), with the exception of the NIAS, have not updated all policies since Trusts were merged.

A records management strategy is in place in the Southern Trust and within the Belfast Trust an information governance group has been formed to direct this process. In the NIAS there are policies for the management of specific documents.

Trusts acknowledge there is still work to be done in developing new policies regarding records management.



### **Recommendation 15:**

**The RQIA recommends that HSC Trusts:**

- **develop new records management policies**
- **update all policies not reviewed following the merger of Trusts**
- **develop a system to ensure staff are aware of the content of all relevant policies.**

8.3i The organisation has procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care.

All Trusts have policies and procedures in place to manage the protection of service user and carer information and to promote "best practice" however these are often still in draft .

A number of methods are used to ensure that good protection measures are being used such as adherence to CREST guidelines and the use of POCVA checking systems as well as other systems to ensure patient confidentiality.

8.3j The organisation has effective and efficient procedures for obtaining valid consent for examination, treatment and/or care.

Effective consent processes are important to protect patients and all Trusts reported that they operate within these processes. Within the Trusts there are regional consent forms and information leaflets and work is being carried out to review consent issues, to update existing policies and procedures and provide training in relation to these. The NIAS use the National Clinical Guidelines on Consent issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

8.3k The organisation has an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery.

Complaints are important in helping to reduce poor or ineffective practices. Five HSC Trusts operate using policies which have not been updated since the merger of Trusts. The NIAS already has a well established complaints mechanism and operates under a "lessons learned" system, which is also being applied in the Southern Trust. This enables amendments to be made to existing systems.

In addition to the complaints system, other approaches for service user feedback include satisfaction surveys, service user and patient forums, complaints review groups or service user feedback committees. The Northern Trust was highlighted by the RQIA as having an over reliance on their complaints system to the detriment of other options.



#### **Recommendation 16:**

**The RQIA recommends that HSC Trusts:**

- ensure they have an up to date complaints policy in place
- have a system to enable staff to learn from complaints
- ensure that all staff are able to deal with complaints
- ensure that service users are provided with feedback from their complaint

8.31 The organisation has a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review.

All Trusts provide up to date published information and use a variety of methods to communicate with staff and service users. These range from a Trust website and patient information leaflets to the use of annual reports. In addition, there are service user forums and representatives who contribute to working groups that assist with the production of a range of published information.

The Western Trust is in the process of reviewing the range of information it publishes and this will be subject to regular review and audit.



## Appendix 1 - Summary of key recommendations

### Theme 3 - Accessible, Flexible, Responsive Services

#### **Recommendation 1:**

The RQIA recommends that HSC Trusts ensure increased involvement from staff, service users, the voluntary and community sectors and other relevant stakeholders in the Trust Delivery Plan.

#### **Recommendation 2:**

The RQIA recommends that HSC Trusts ensure the use of single sex accommodation and also prevent the use of shared hospital accommodation between children and adults.

#### **Recommendation 3:**

The RQIA recommends that HSC Trusts provide dedicated rooms to be used for patients and relatives to discuss and receive confidential information.

#### **Recommendation 4:**

The RQIA recommends that HSC Trusts provide dedicated advocacy services in all Trust directorates.

#### **Recommendation 5:**

The RQIA recommends that HSC Trusts provide interpreting services across all areas. Trusts should ensure that staff and service users are provided with information on how to access these services.

#### **Recommendation 6:**

The RQIA recommends that HSC Trusts put in place a single consent policy, in line with regional guidance which includes staff training and regular review.

#### **Recommendation 7:**

The RQIA recommends that HSC Trusts develop:

- a policy, supported by staff training to ensure that all patient information transmitted between health care professionals remains confidential
- regular monitoring and auditing of the process.



## Theme 4 - Promoting, Protecting and Improving Health and Social Wellbeing

### **Recommendation 8:**

The RQIA recommends that HSC Trusts develop more structured partnership arrangements within organisations to reduce health inequalities and promote health and wellbeing. Staff should be aware of relevant strategies and ongoing work in this area.

### **Recommendation 9:**

The RQIA recommends that HSC Trusts should ensure full implementation of DHSSPS PPI Guidance.

### **Recommendation 10:**

The RQIA recommends that HSC Trusts should have systems in place to ensure compliance with relevant Human Rights and Equality Legislation.

### **Recommendation 11:**

The RQIA recommends that HSC Trusts work to produce policies and procedures for emergency planning, in particular dealing with a flu pandemic.



## Theme 5 - Effective Communication and Information

### **Recommendation 12:**

The RQIA recommends that HSC Trusts make greater use of partners such as GP forums, the community and voluntary sector and service users, in obtaining feedback about services.

### **Recommendation 13:**

The RQIA recommends that HSC Trusts develop:

- methods to evaluate the effectiveness of communications training for staff
- a strategy on media training where applicable.

### **Recommendation 14:**

The RQIA recommends that HSC Trusts develop systems and strategies to promote effective communication and information sharing.

### **Recommendation 15:**

The RQIA recommends that HSC Trusts:

- develop new records management policies
- update all policies not reviewed following the mergers of Trusts
- develop a system to ensure staff are aware of the content of all relevant policies.

### **Recommendation 16:**

The RQIA recommends that HSC Trusts:

- ensure they have an up to date complaints policy in place
- have a system to enable staff to learn from complaints
- ensure that all staff are able to deal with complaints
- ensure that there are robust processes in place on an area wide basis so that service users are provided with feedback in relation to their complaint.



## Appendix 2 - Summary of areas of good practice identified during the review

### Theme 3 - Accessible, Flexible, Responsive Services

#### **Areas of good practice specifically commented on by the RQIA.**

Within the NIAS, there is an increased weekend service to renal patients in Altnagelvin hospital which is a direct result of patient and provider engagement. In this instance the NIAS responded to unmet need, without requiring high levels of additional resource.

In the Southern Trust, the RQIA welcomed the involvement of frontline practitioners in planning as this provided a different perspective on the challenges to be addressed. the RQIA also noted that there were benefits in moving away from consultation exercises towards longer term engagement processes.

The breast screening unit in the Southern Trust and the endoscopy unit in the Western Trust provide modesty clothing and an innovative funding approach provides a relatives room within the A&E Department in Altnagelvin Hospital.

Antrim Hospital, in the Northern HSC Trust provides a "meet and greet" service for patients. Volunteers also escort patients within the hospital and offer a befriending service for those patients who have no relatives or no visitors.

In the Southern HSC Trust, in both the Diabetic Service and Mandeville Cancer Unit, service users are able to address any concerns to named contact nurses, and both services offer a 24 hour advice line. The RQIA felt that these were valuable initiatives that could be used in other services across the Trust.

In the Southern HSC Trust, patients admitted to hospital have their medicines put into a "green bag" which makes sharing information about their medicines history easier. The review team felt this scheme had excellent potential to be used regionally.

Both in the NIAS and the endoscopy unit in Altnagelvin Hospital in the Western HSC Trust, there is a policy allowing patients the option of withdrawing their consent for a procedure.

In the Oncology Unit at the Ulster Hospital, nursing staff have a mentoring programme for a minimum of one year. This ensures that staff have sufficient knowledge to provide a patient with adequate information about their treatment and care.

In the Ulster Hospital in the South Eastern Trust, an Outpatient Department has developed a 'green sheet' that is used to record information given to and discussed with patients. Recording discussions in this way has ensured greater continuity and consistency of use of patient information making informed consent easier.



In the Southern Trust, the RQIA welcomed the involvement of frontline practitioners in planning as this provided a different perspective on the challenges to be addressed . The RQIA noted the benefits of moving away from purely consultation exercises towards longer term engagement processes.

In the South Eastern Trust, the RQIA noted that Local Councils and committees help to identify local health and social care needs, aiding service planning processes.

Within the South Eastern Trust, there is a "green sheet" to record information already given to and discussed with patients. This is used to avoid the need for repetition.

Within the NIAS, patient specific information is recorded by NIAS staff on a Patient Report Form that is then given to the receiving hospital, to reduce the need for the patient to restate personal information.

#### **Theme 4 - Promoting, Protecting and Improving Health and Social Wellbeing**

In the Western HSC Trust there is evidence of integration of health improvement across the Trust with champions and sub groups in each Directorate. Feedback systems are in place to record issues and complaints raised by users and others and this information is used to identify trends and help with both essential learning and staff training initiatives.

In the Northern HSC Trust the review team thought that the development of a Disability Consultation Panel was a good example of social inclusion. This group had produced a development plan and had presented an action plan to the Trust Board to help with access to services for people with a disability. This had been endorsed and linked into various directorates within the Trust.

In the Northern HSC Trust, the Equality Manager described a meeting between the Chinese Welfare Association and the Assistant Director of Mental Health. This had led to Approved Social Workers being trained in the use of interpreting services to aid completion of mental health assessments.

The Belfast Trust currently employs 5 volunteer managers who have a remit for recruiting, training, placing and supporting volunteers within the organisation. The Trust also has a Service Level Agreement with the Voluntary Services Bureau in Belfast for the delivery of volunteering services.

The NIAS has a Memorandum of Understanding (MOU) with voluntary ambulance services and a number of community First Responder Schemes across the province



## Theme 5 - Effective Communication and Information

In the South Eastern Trust the Podiatry Department in Bangor Community Hospital had created a focus group of stakeholders that had helped to develop a new assessment process. The project had resulted in better foot care, including the provision of more suitable footwear, for residents of 43 homes.

In the Northern HSC Trust diabetic outpatient clinic, through holding monthly meetings with user representatives additional clinics were secured for patients.

In the Kilkeel area the NIAS actively participated in a committee consisting of health care professionals, SHSSB and representatives from the local community, formed to investigate ways of working together to provide better services in the area. The outcome was the provision of doctor out of hours sessions in Kilkeel health centre. There was also significant investment in a new ambulance station in Kilkeel.

The Regional Ambulance Training Centre has developed links with a number of national bodies representing patients with special communication needs, for example The Royal National Institute for the Deaf. Through these links trainers have delivered training to NIAS staff enabling them to communicate better with this particular group of service users.



## Appendix 3 - Glossary of terms and abbreviations

Term	Definition
<b>Accountability</b>	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
<b>Advocate</b>	One who enables the views of an individual to be represented.
<b>Appraisal</b>	Examination of people or the services they provide in order to judge their professional qualities, successes or needs.
<b>Audit</b>	The process of measuring the quality of services against explicit standards.
<b>Clinical record</b>	The record of all aspects of the patient's treatment, otherwise known as the patients notes.
<b>Clinical and Social Care Governance (CSCG)</b>	A framework within which HSC is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
<b>Consultant</b>	Medical or dental practitioner who works independently without supervision.
<b>DHSSPS</b>	Department of Health Social Services and Public Safety.
<b>Essence of Care</b>	Patient-focused benchmarking for health care practitioners designed to support the measures to improve quality.
<b>HSC Trust</b>	Health and Social Care Trust. An organisation which provides health and social care e.g. a Trust providing hospital and community services.
<b>Informed consent</b>	The legal principle by which a patient is informed about the nature, purpose and likely effects of any treatment proposed before being asked to consent to accepting it.



## MDEA

Medical Device/Equipment Alert. These are distributed to HSS Boards, Trusts, and Agencies for direct action and for onward transmission were appropriate in accordance with local procedures.

## NIAS

Northern Ireland Ambulance Service. A regional service managing ambulance, patient transport and communication services provided from ambulance control centres.

## Organisational structure

A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.

## Patient records

The record of all aspects of the patient's treatment, otherwise known as the patients notes.

## Review of Public Administration (RPA)

Northern Ireland is currently undergoing a major reform programme which aims to rationalise the number of local authorities and public bodies within the region. This reform programme is known as the Review of Public Administration



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