



The **Regulation** and  
**Quality Improvement**  
Authority

# Review of Clinical and Social Care Governance Arrangements in Health and Social Care Trusts in Northern Ireland, 2008

Southern Health and Social Care Trust

informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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# 1 SETTING THE SCENE

## 1.1 The Role & Responsibilities of the Regulation & 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 places a statutory duty of quality on Health and Personal Social Services (HPSS) 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 fulfill its statutory responsibilities the RQIA has developed a planned three year programme of clinical and social care governance reviews of all HPSS organisations.

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

Clinical and social care governance is described as a framework within which HPSS 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.

## 1.2 Context for Review

Published in March 2006, *The Quality Standards for Health and Social Care*, underpin the duty of quality on Health and Social Services Boards and Trusts. They complement standards and other guidelines already in use by organisations and give a measure against which organisations can assess themselves and demonstrate improvement.

The five quality themes on which the standards have been developed were identified through consultation with service users, carers and HPSS 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 2007/2008 review has assessed the achievement of HPSS Organisations 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 has been undertaken focusing on the following seven criteria, as it was deemed that these were a representative sample of service user/patient engagement.

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.

Organisations were asked to provide information regarding all thirty-eight criteria under the three Themes, and this formed part of the overall report by RQIA. However, unless through the 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.

### **1.3 The Review Methodology**

The RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems which can identify performance standards and support the learning necessary for improvement.

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the HPSS Quality Standards. The distilled information from the self-assessment will be subjected to reality testing when review teams visit organisations.

This review was undertaken following a period of major transition for organisations further to the Review of Public Administration (RPA). The management structures within the new organisations, in the main, are now in place. The review team have taken account of these developments within this report.

In developing the methodology, consideration was given to review methodologies previously used by RQIA.

#### **1.3.1 The Review Team**

Review teams are multidisciplinary, and include both Health and Social Care professionals (Peer Reviewers) 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 and from all over Northern Ireland. They play a vital role in review teams, bringing with them new insights and helping the team look at how things are done from a lay person's point of view.

##### **Peer Reviewers**

Peer reviewers work 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 about the assessment reached.

### **1.3.2 The Review Process**

The review process has three key parts; local self-assessment (including completion of self declaration), pre-visit analysis and the validation visit by the review team.

### **1.3.3 Self-Assessment**

Self-assessment is based on the Statutory Duty of Quality as enshrined in the legislation and the underpinning 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. The completed self-assessment proforma and evidence documents were submitted to the RQIA for analysis.

Article 34 of the HPSS (Quality Improvement and Regulation) (NI) Order 2003, places a statutory duty of quality on statutory 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 return to RQIA.

### **1.3.4 Pre-visit Analysis of Self-Assessment**

On receipt of the completed self-assessment form, an analysis is made of the self-assessment information and evidence, and a pre-visit analysis report is produced which is sent to the review team, together with the self-assessment and any documentary evidence.

### **1.3.5 The Review Visit**

The review team assessed the breadth and depth of the organisation's achievements against the standards by undertaking a site visit. At the start of the site visit, the review team met key personnel responsible for the service under review.

Reviewers then spoke with local stakeholders, including staff, patients, clients and carers about the services provided. Information was also be obtained by observation of the physical surroundings and by examining documentation such as policies and procedures.

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

The visit concluded with the team providing feedback on its findings to the organisation. This included specific examples of good practice drawn to the attention of the review team, together with an indication of any particular challenges.

### **1.3.6 The Report**

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

Following each review visit, the RQIA Project Manager, with input as appropriate, 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, the RQIA website and other formats on request.

## 2 SERVICES WITHIN THE TRUST

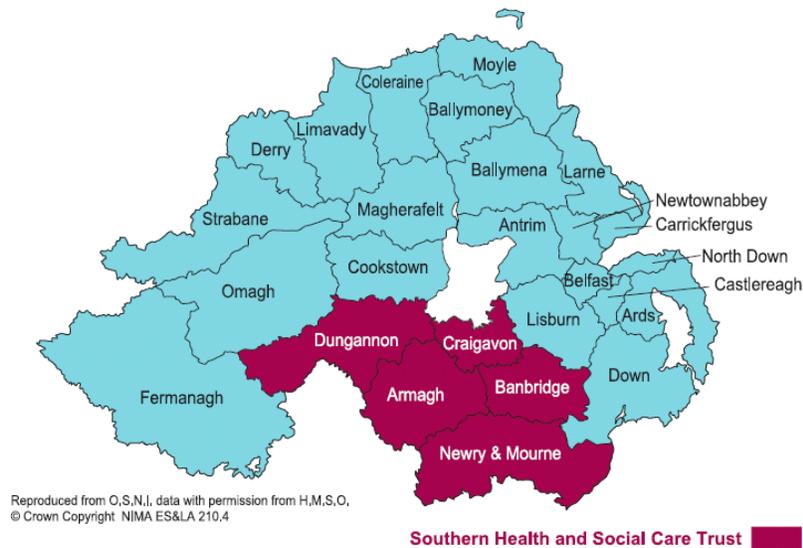
### 2.1 General Overview of Services

The Southern Health and Social Care Trust was established on 1 April 2007 following the amalgamation of the following four Trusts: -

- ❖ Armagh and Dungannon Health and Social Services Trust
- ❖ Craigavon Area Hospital Group Trust
- ❖ Craigavon and Banbridge Community Trust
- ❖ Newry and Mourne Health and Social Services Trust

The Trust provides services for a population of 327,000 and covers the geographical area depicted below.

#### Map of NI showing the Southern Health and Social Care Trust



In 2007/08 the Trust had a budget of £400 million and employed approximately 12,000 staff.

The Trust provides an integrated and comprehensive range of health and social care for the people in its area to a set of Service Level Agreements as established with commissioners and key stakeholders.

Main hospital services are located at:

- ❖ Craigavon Area Hospital
- ❖ Daisy Hill Hospital

Additional hospital services are provided at:

- ❖ Armagh Community Hospital
- ❖ Longstone Hospital
- ❖ Lurgan Hospital
- ❖ Mullinure Hospital
- ❖ South Tyrone Hospital
- ❖ St Luke's Hospital

The Trust also provides a range of community based services within the following locations:

- ❖ Armagh
- ❖ Banbridge
- ❖ Craigavon
- ❖ Dungannon
- ❖ Newry
- ❖ Mourne

## **2.2 Places and People**

Across each of the services visited, the reviewers were impressed by the open approach of staff and by their enthusiasm, commitment, devotion and vocation to work on the frontline. They were pleased to note that staff showed immense pride in their work and have a real commitment to provide high quality, responsive services. This was also reflected in discussion with service users who appeared to be extremely happy with the services provided and where it was indicated that most staff are willing to go 'the extra mile'. The review team heard many positive comments regarding the quality of the services provided.

An overarching view from each of the review team members was that the effects of both Agenda for Change and of the review of Public Administration need to be urgently resolved, by the DHSSPS and the Trust, to promote integration of the legacy Trusts and to ultimately assist in both the planning and provision of high quality, equitable and responsive service.

Generally reviewers found many examples of effective working across community and acute services facilitated by good communication and relationships. This is supported with a wide range of good quality information available for service users and carers. The review team noted the team work and the mutual respect for individual team members roles and saw strong evidence of one to one communication with patients and their carers and active involvement in the development and review of their care plans

### 3 ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES

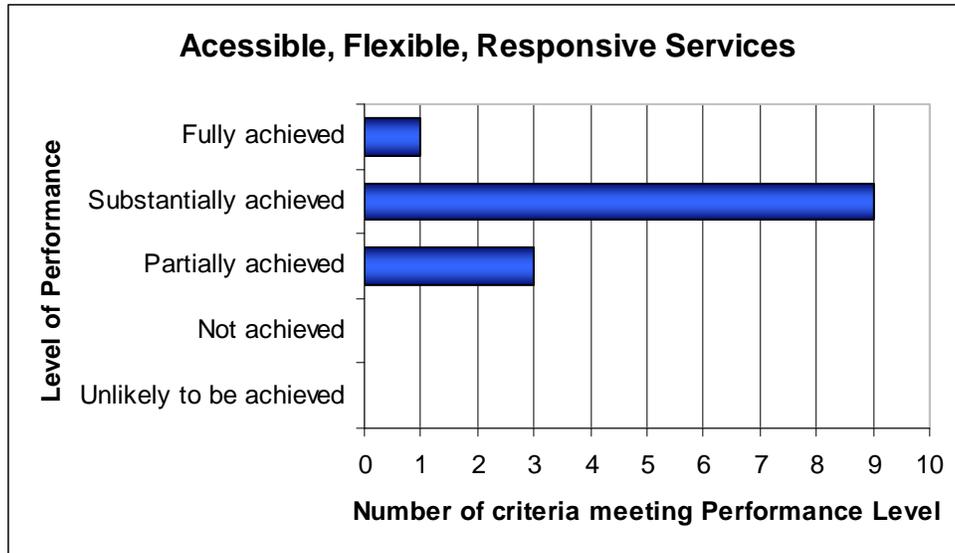
The DHSSPS Quality Standards cite Theme 3 as: "Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability 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 the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 3.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. <i>(A reason must be stated clearly in the Trust response)</i>
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.

### TABLE 3

Table 3 (a) illustrates how the Trust has self assessed its performance against the criteria under the standard of 'Accessible, Flexible and Responsive Services'.



The Trust also provided narrative under the headings of:

- ❖ Corporate
- ❖ Operational
- ❖ Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated Level of Achievement.

### 3.1 CRITERIA EXAMINED BY REVIEW TEAM

The RQIA selected three specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits. Areas visited are listed in Appendix (iii) of this report.

The criteria in this section includes:

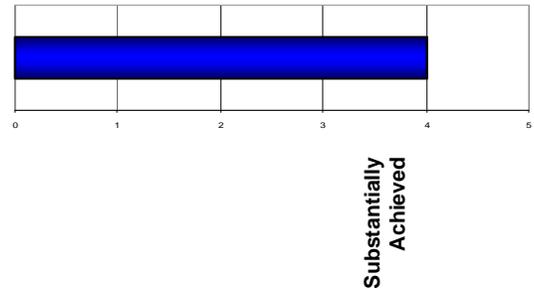
- ❖ 6.3.1 (a) - Service planning processes
- ❖ 6.3.2 (a) - Service user dignity, respect and privacy and the use of the advocates and facilitators
- ❖ 6.3.2 (b) - Service user information regarding treatment and care

### 3.1.1 Service Planning Processes

This sub-section relates to criterion 6.3.1 (a).

#### DHSSPS Quality Standard Criterion - Self assessed score

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.



As required by Circular HSS (PPM) 06/2006 the Southern HSC Trust outlined their service planning processes in their Trust Delivery Plan 2007/08, a copy this was provided as part of the self assessment submission. The Trust Delivery Plan responds to the principal standards and targets outlined in Priorities for Action 2006-08 and also to supplementary obligations and targets set in the context of the Southern Health and Social Services Board Health and Wellbeing Investment Plan (HWIP). The plan includes capital investment plans and management objectives which are in line with ministerial expectations.

The Trust Delivery Plan details the key challenges and major issues the Trust faces over the planning period. These are: -

- ❖ Achieving financial balance
- ❖ Improving efficiency and cash releasing efficiency targets
- ❖ Establishing the new organisation and achieving benefits of RPA (Review of Public Administration) reforms.
- ❖ Ensuring that expenditure commitments are capable of being managed recurrently within the available resources.

Generally, continuing to deliver safe, quality care and services which are accessible and responsive to patients, clients and carers also poses a number of key issues for the Trust.

The Trust Delivery Plan states that across the breadth of the Trust, health promotion and community development teams are involved in the planning and delivery of programmes and initiatives that contribute to the delivery of the Investing for Health Strategy at a local level. The Southern Health and Social Services Board, legacy Trusts and the Southern HSC Trust have worked in partnership to develop key service strategies for the Southern area which promote equality and focus on those in greatest need.

Regional priorities, such as access targets for acute care, community outpatients, allied health professions and mental health services are planned for on the basis of capacity and demand analysis, which builds a comprehensive understanding of the demand for services

and has informed Trust investment in resources to meet waiting time targets. In its Delivery Plan, the Trust demonstrated a commitment to working across all sectors to ensure local communities are engaged in identifying opportunities to improve and protect their health and the Trust indicated that the development of these service strategies and plans above has included engagement with users/carers/local communities.

At the outset of the review visit the Trust Senior Management Team, with specific responsibility for service planning and patient experience, outlined the involvement of key stakeholders in the development of the Trust Delivery Plan. However, when the review team spoke to frontline staff they often found very little understanding of the service planning process at the higher level and how they are, by working to their own targets on a daily basis, contributing to the delivery of the corporate goals. The review team saw evidence of good team working arrangements which allowed issues to be dealt with at local levels as required, but it was unclear how these processes move up the line.

#### **RECOMMENDATION 1:**

**The Trust should raise the profile of the Corporate Plan and ensure that staff, at all levels within the organisation, understand how their work contributes to the delivery of the Corporate Plan. This will ensure knowledge of the Corporate Goals, the common objectives therein and will reinforce the corporate identity of the newly formed Trust.**

When speaking with Senior Management, the review team were informed that good needs assessment, understanding of the risk, analysis of capacity/demand and accessibility of services were all essential to delivering the best possible service to the service user. The review team observed that the Senior Managers worked closely and in tune with each other, whilst each having their own specific areas to champion. In terms of funding, the review team explored the difficulties in handling aspirations within financial budgets. They found that, to address this, the Trust looked at innovative ways to fund new service developments and posts, for example partnership working with the voluntary sector to gain part funding of posts. Where aspirations could not be met the review team established that the Trust communicated with service users advising them of the limitations and difficulties faced. Reviewers did express some concern that there appeared to be a lack of appreciation of the need to evaluate existing innovative services from legacy Trusts into the context of the new Trust and to prioritise both the degree of change to be introduced and the use of resources.

**AREAS OF GOOD PRACTICE:** The review team welcomed the involvement of frontline practitioners in the planning function as this provided a different perspective on the challenges to be addressed and they noted the benefits of moving away from consultation exercises towards longer term engagement processes.

During the visit to the children's advocacy services, the review team praised the work of the services represented (VOYPIC, Personal Assistant's and the TASK project ) and were particularly interested to hear that services provided by TASK (Training, Awareness, Skills and Knowledge) were well supported by the young people; the strength of the project appeared to be that the staff are outside of the conventional care system. The programme was described as interesting and as providing valuable assistance and sense of achievement,

the review team were concerned that if this service is not recurrently funded, young people will no longer gain this valuable support. One young person stated that the staff "are devoted to help you" and reviewers noted that despite providing extensive support, staff encouraged independent living by varying the level of support by need. The young people felt enabled to comment on services provided and felt they did have the power to change things.

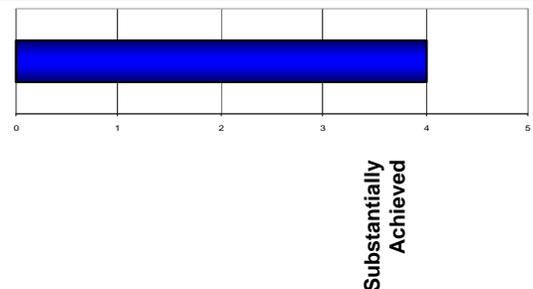
Following discussion with both senior management and operational staff, the review team agreed that the Trust's self assessment score of 'substantially achieved' accurately reflects their achievement in this criterion.

### 3.1.2 Service User Dignity, Respect and Privacy and the Use of Advocates and Facilitators

This sub-section relates to criterion 6.3.2 (a)

#### DHSSPS Quality Standard Criterion - Self assessed score

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.



#### Service User Dignity, Respect and Privacy

The Southern Trusts visionary objective is to "be known as a high performing, innovative organisation committed to delivering safe, quality care services that are accessible and responsive to the people who use them, provided in a way that respects the dignity and needs of individuals and delivered by skilled and motivated staff".

In the proforma return the Trust stated that, respect for the dignity of individual service users and carers is a core standard for all health and social care interventions. Trust staff are required to adhere to the professional standards of their governing bodies and this is supported by a range of operational policies within the Trust, for example, confidentiality, consent and data protection all of which are focused on upholding and protecting the dignity and privacy of service users and carers. The Trust has indicated that the patient centred planning approach encourages a strong ethos of treating service users, carers and relatives with dignity and respect, as well as ensuring that the privacy of any individual is protected. At an operational level the Trust detailed a number of support mechanisms to ensure that service user dignity, respect and privacy is maintained. In order to measure performance in this area, the Trust advised that benchmarking against the Essence of Care standard for privacy and dignity had been undertaken in a range of locations across the Trust.

The Trust response regarding promoting and protecting patient, client and service user privacy and confidentiality, focused on ICT (information communication technology) security, data protection and records management and the Trust stated that a memo from the Chief Executive re-enforced the need for staff to be fully aware of their data protection responsibilities.

During each of the review visits reviewers observed how service user privacy and confidentiality is protected within the physical environment. The Diabetic Service in Daisy Hill Hospital used a pre-testing service where bloods and urine are checked ahead of this clinic thus eliminating the need to do so at the outpatient clinic. In the Mandeville Unit, administrative staff were aware of confidentiality issues within the open plan environment and these issues are highlighted to new staff at induction training. In interviews with service users the review team were pleased to hear that when service users arrive for an appointment the reception staff know their names and ensure that their patient records are available. The review team were also given some practical examples of improvements designed to enhance the dignity of service users including the design of a new cape to be worn during breast screening which was developed with engagement from both frontline staff and service users. During the visit to Ward 1 South, Craigavon Hospital, the review team observed a separate office used for the electronic update of patient records meaning that computer terminal screens were not in general view on the ward. It was also noted that patient records were taken from and returned to storage trolleys which were kept out of public view within the nurses station.

In their self assessment return the Trust provided examples of several initiatives which evidenced its commitment to the principles of respecting and valuing the dignity of all individuals, the review team assessed the application of these principles in each of the areas visited. The review team established that a Policy Development Review Committee was in place who reviewed all policies to ensure that dignity issues are embedded within new policies, the Essence of Care benchmarking work underpins the principles of policy development and there is inclusion of value statements and involvement of service users which steers policy development. The review team were impressed by comments, from Senior Management, indicating that policy development is only one step in the process and that greater emphasis should be placed on policy implementation, adherence to and the delivery on the ground.

**AREAS OF GOOD PRACTICE:** Across each area visited, the review team observed evidence of staff 'signing off' when they have read guidelines and policies, this is done in an informal way and there was no evidence of this being formally recorded in the longer term. Whilst recognising that formal implementation of such procedures may be difficult in some areas of work, for example Health Visiting, the review team did consider this an example of good practice.

Whilst visiting Ward 1 South, Craigavon Hospital, staff highlighted some specific issues in relation to the dignity of service users and the unavailability of nightwear and toiletries on the ward. Staff indicated that on admission patients do not always have adequate supplies, particularly if they have been admitted from a nursing home. Staff felt this issue could be addressed via enhanced communication with nursing homes and subsequently carers and the public.

When speaking to individual service users, reviewers heard very positive comments about their patient journey. Service users told the review team, they had been treated with a high degree of respect and dignity, that staff always explained how and why procedures would be carried out and kept them informed regarding the progression of their treatment. It was observed that even when patients were unconscious, nursing and clinical staff still explained what they were going to do and why. When staff were addressing 'personal needs' staff maintained the dignity of patients by use of screens and towels, and always asked if they could proceed. One member of staff said they try to put themselves in the shoes of the patient.

Young people at Lisnally House described to the review team how staff treated them as individuals and afforded dignity and respect without focusing on their individual backgrounds. Some young people described their experiences of longer term care in residential facilities; all had single rooms, their own keys and some had en suite bathrooms, there was also provision of private areas to meet with friends and relatives. It was acknowledged by senior staff that this is the correct way to provide services and there was a desire to fit out older units in a similar way. The young people indicated that, at monthly meetings, they were given an opportunity to address issues of dignity and respect, privacy and to raise any complaints.

**RECOMMENDATION 2:**

**The Trust should endeavour to ensure the dignity of service users is maintained across all programmes of care.**

**Use of Advocates and Facilitators**

The Trust were asked to provide information about advocacy and facilitator services available, and in response supplied numerous examples of such services available within each Programme of Care. The Trust felt that the strength of their current provision was because the arrangements were integral to and embedded within service delivery. One weakness identified was in relation to the availability of the service provided by the Patient Support Manager, which is currently only available on the Craigavon Area Hospital site. The Trust is developing proposals to explore, develop and extend the service to cover both acute sites.

**RECOMMENDATION 3:**

**The Trust should continue to develop proposals to explore, develop and extend the Patient Support service to cover both acute sites.**

It was evident to the review team that staff across the Trust did, have access to, and referred service users to a wide range of advocacy and indeed other support services. The Trust through a Service Level Agreement with VOYPIC (Voice of Young People in Care), a voluntary support body separate to the Trust, provide an effective, accessible and flexible advocacy service for young people in care. Reviewers found that whilst the VOYPIC service is relatively new it is apparent that usage is increasing. Participation of service users is

embedded in all the work of the group and this is recognised as vital in ensuring that young people have a voice. Reviewers were pleased to see Trust teams are supporting the work of VOYPIC and relationships are good.

In relation to interpreting services, the review team found that Senior Managers within the Trust monitor the use of interpreting services and feedback to the Department on the increasing usage in these areas. The review team were impressed with the Trust's response to the increasing demand of multicultural service users and found they have developed many innovative measures to address issues arising. At the frontline staff have excellent knowledge of the range of interpreting assistance available and how to access them, in the acute medical ward visited there was information on display about interpreting services. Other services such as Language Line can be used if required, for example an emergency appointment or when an interpreter is not available. Staff did highlight some difficulties in accessing immediate interpreting services but did not feel this was a major problem. The review team established that a number of practical tools were also available to assist staff including the availability of multicultural handbook and a pictorial communication book that can be utilised as required.

Based on interviews with senior staff, the review team expected to find significant evidence of increased usage of Trust services from Black, Ethnic and Minority communities, however in the areas visited by the review team this was not the case. Whilst recognising the review visit only provided a snapshot of the specific services visited, this did raise some concerns among the review team regarding access to Trust services. Reviewers would encourage the Trust, in association with primary care providers, to raise awareness on their services among all communities including those from Black, Ethnic and Minority backgrounds.

**RECOMMENDATION 4:**

**The Trust, in association with primary care providers, should increase awareness of their services among 'hard to reach' groups ensuring that information on service provision is accessible to all.**

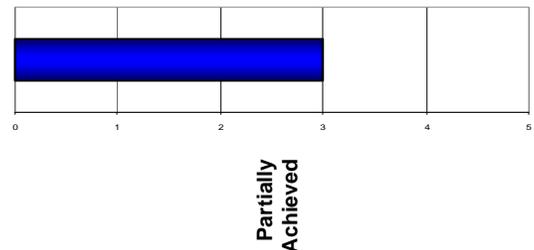
**The review team were impressed by the substantial work undertaken by the Trust and agreed that the Trust's self assessment score of 'substantially achieved' accurately reflects their achievement of this criterion.**

### 3.1.3 Service User Information regarding Treatment and Care

This sub-section relates to criterion 6.3.2 (b).

#### DHSSPS Quality Standard Criterion - Self assessed score

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.



In the self assessment return, the Southern Trust referred to their action plan to deliver the Trust corporate objective for Effective User and Community Engagement. This facilitates an enhanced role for service users in the development of trust wide services and priorities at strategic and operational levels. In terms of information provision the Southern Trust reported having a vast range of information available in both printed and other media in relation specific health conditions, accessing services and a range of health promotion material.

The Trust self assessment stated that a person centred ethos underpins all aspects of assessment and care planning and facilitates the provision of appropriate information in an accessible format to enable informed decisions and choice about care/support provision. The Trust also demonstrated a number of areas where there had been user involvement in designing and developing service provision, delivery and information leaflets.

#### Consent Process

At the time of submission of the self assessment, the Trust did not have a harmonised consent policy however legacy Trust consent policies were in place and effective in those localities, thus ensuring appropriate management of consent.

Reviewers were advised that as part of the harmonisation process the Trust were planning to develop a unified trust wide policy which will marry together both the acute and community sector. The review team were pleased to hear that this is something the Trust is aware of and working on, however timescales for the production and implementation of a new trust wide policy were not provided. The review team emphasised the importance of seeking consent and that whilst this should be implicit in all the professions, the challenge is to make it explicit in the documentation processes.

The Senior Management Team reported that training, which encapsulated a broad range of issues/service specific, was provided for frontline staff and that staff induction provided information on consent. It was indicated that additional information was available on the Trust intranet which list contacts who can provide further assistance if required.

## Training on Consent

From the Trust self assessment it would appear that no specific training on consent has been provided to staff in the newly formed Trust. Legacy Trusts provided training during 2004, and it was unclear from the proforma if there had been any training opportunities regarding consent since then. The Trust reference to numbers trained in 2004 would only represent a proportion of the total number of staff who would be expected to take consent from service users. Reviewers were unsure of the extent and availability of training on consent as there was no evidence of this within the training programme, however, during interviews with staff the review team found limited evidence of training on consent. It became clear to the review team that at operational level the emphasis was on mandatory training and that other training opportunities were often seen to be less important.

### **RECOMMENDATION 5:**

**The Trust should develop and implement a unified policy on consent within this current financial year and ensure that mandatory consent training is provided to all staff as appropriate. This should be of satisfactory depth to ensure that informed consent is being both obtained and recorded.**

## Enabling Service Users to Make Decisions and Choices

The Trust reported that processes are in place to ensure services users are enabled to make informed decisions about their own treatment and care including person centred care planning. Trust staff provide written information leaflets to augment verbal information and this information can be translated into other languages and formats when required.

During visits to services the review team observed the availability of a wide and varied range of information leaflets and availability of these in a number of formats. Reviewers found that, across each of the services reviewed, information leaflets are provided to service users and were impressed that this information was also repeated verbally and that there are regular checks to ensure that service users understood their condition and care thus enabling them to make informed decisions about their care.

**AREAS OF GOOD PRACTICE:** In both the Diabetic Service and the Mandeville Unit, service users were able to address their concerns via named contact nurses and both these services offered a 24 hour advice line. Reviewers felt that these were valuable initiatives that could be replicated in other services and across the Trust.

In the Mandeville Unit a process of pre-clinic appointments was described, this enabled the provision of information before treatment is started, allowing service users to digest the information at their own pace and therefore ensuring full understanding. The review team recognised the value of this approach, during interviews with service users, who stated that at first it was difficult to register the information however that they had further opportunity to ask questions both of their consultant and contact nurse.

Across the service there was evidence of involving patients in their care. In the acute ward visited the review team noted that staff were encouraged to write up the patient notes at the bedside with the involvement of the service user. Where there were difficulties in transmitting or understanding information, relatives were engaged to assist. In the community sector the team were satisfied that initiatives such as TASK and Personal Advisors ensured that young people had appropriate information to make informed decision and choices on their care.

### **Information Leaflets on Diabetes**

Patient information leaflets act as a useful supplement to discussions between patients and healthcare professionals. As part of their self assessment submission, the Southern Trust were asked to supply a range of information that would be given to a service user who had just been diagnosed with type 2 diabetes.

The Trust stated that newly diagnosed Type 2 diabetics are provided with a range of information at their outpatient appointments and in total the Trust submitted 29 leaflets. All leaflets clearly identified the origin of the leaflet and had been produced by commercial companies, charities and the Trust. It should be noted that some Trust information was still in legacy Trust formats. Most, but not all, of the information leaflets were dated. Notably, some of the information provided by the Trust did not provide any dates.

Most leaflets used pictures or diagrams to aid explanation and most provided contact details for further information, however, several of the leaflets provided did not include a telephone number or address which the service user could contact for further information. In addition to receiving information in written formats patients are also given the opportunity to participate in a 5-week structured education programme (Xpert).

**The review team would agree with the Trust self assessment of "partially achieved" as an accurate reflection of their achievement in this criterion.**

## **3.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT**

This section reports on the information provided by Trusts in their self-assessment submission.

The criteria in this section includes:

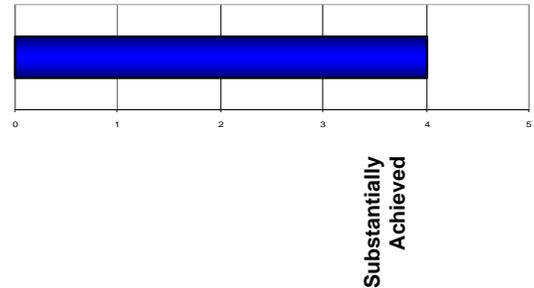
- ❖ 6.3.1 (b), (c), (d) - Service Planning and Design
- ❖ 6.3.1 (e) - Standards for Commissioning of Services
- ❖ 6.3.1 (f) - Access to Services
- ❖ 6.3.2 (c) - Availability of Information in Alternative Formats
- ❖ 6.3.2 (d) - Service User Right to Choose for Themselves
- ❖ 6.3.2 (e) - Confidentiality of Service User Information
- ❖ 6.3.2 (f) - Minimising the Need to Repeat Information
- ❖ 6.3.2 (g) - Opportunity to Comment on Service Delivery

### 3.2.1 Service Planning and Design

This sub-section relates to criterion 6.3.1 (b), (c) and (d).

#### DHSSPS Quality Standard Criterion - Self assessed score

6.3.1 (b) 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.



In the response proforma the Trust referred to their Corporate Plan which identifies user engagement as a key objective, the Trust have stated that a Director holds lead responsibility for the co-ordination and development of this programme of work. The Trust further stated that a draft action plan was agreed to initiate the development and roll-out of mechanisms and key processes that will ensure greater involvement of users, carers and communities in the planning, development and delivery of services across strategic and operational levels of the Trust.

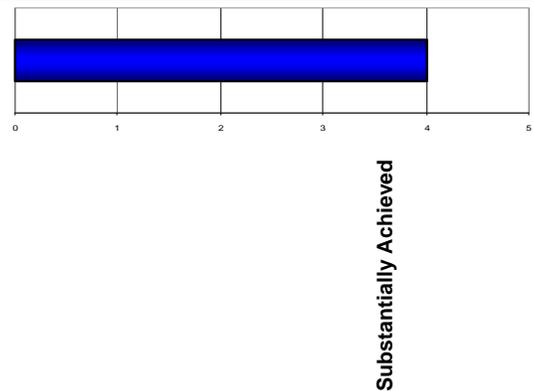
Operationally, the Trust provided examples of numerous fora in place across legacy Trust areas which have ensured the involvement of service users, carers and communities. Work is ongoing to map these existing structures into the new Southern Trust organisational arrangements.

## DHSSPS Quality Standard Criterion

### - Self assessed score

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

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

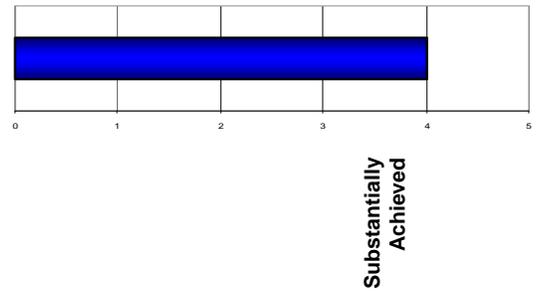


In the proforma the Trust indicated at corporate level, service design and planning incorporates an analysis of need based on demand, informed by Trust statistics, population data, evidence of best practice and national incidence data where available; this is compared to the capacity/usage/responsiveness and other available quality indicators of current services. Risk assessment takes place both at individual service user level and at service/corporate level. Together with communities and partnerships the Trust utilised, the recently established Investing for Health and Northern Ireland Neighbourhood Information Service (NINIS) health information data set, public health reports and research, to inform the setting of priorities and service development. This information is supplemented with qualitative based health profiles and outcomes of needs assessments.

The Trust indicated they actively seek and encourage the involvement of service users within service planning, assessment, care planning and review processes. This is achieved via person centred approaches including use of formal person centred plans and user participation at a range of levels (from individual assessment through to participation in formal service planning and delivery fora).

**DHSSPS Quality Standard Criterion  
- Self assessed score**

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



In the Trust submission they stated that operational Directorates are structured by the following Programmes of Care

- ❖ Acute Services
- ❖ Older People and Primary Care
- ❖ Mental Health and Disability
- ❖ Children & Young People

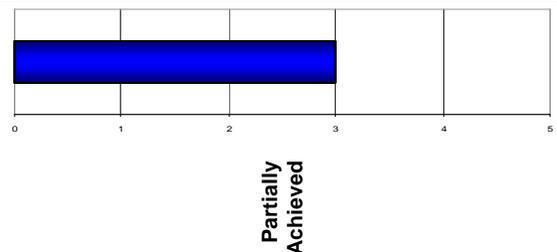
Each Directorate is divided into divisions to ensure a specific focus is brought to service planning and decision making relevant to individual service user groups. A performance management framework is in place which identifies the lead Director responsible for delivering the regional priorities set out in Priorities for Action as well as a range of local priorities. Each Directorate has a service planning team led by the Director, which involves Assistant Directors with responsibility for the key programmes/services and is supported by planning, reform, information, finance and human resource staff. This ensures local and regional priorities are taken forward for approval by the Senior Management Team and where appropriate to Trust Board.

**3.2.2 Standards for Commissioning of Services**

This sub-section relates to criterion 6.3.1 (e).

**DHSSPS Quality Standard Criterion  
- Self assessed score**

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



In the self assessment response, the Southern Trust indicated the commissioning of services on two main levels. Firstly, provision of voluntary, domiciliary, residential and nursing home

services which is currently commissioned via a Trust contract containing standards supporting client dignity, privacy, independence and choice. Service users can have access to this contract upon request. The Trust has further indicated these current contracts will be replaced by a regional contract. Secondly, provision of acute services in the independent sector is done on the basis of a regionally agreed contract which all Trusts use, and which contains organisational, financial and clinical and social care governance standards.

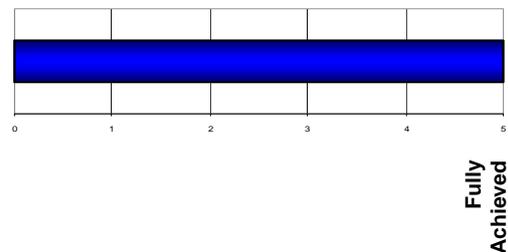
The Trust indicated some user involvement in the development of standards for commissioning and have given the example of the involvement of young people in the development of standards for Looked After Children through the Voice of Young People in Care (VOYPIC).

**3.2.3 Access to Services**

This sub-section relates to criterion 6.3.1 (f)

**DHSSPS Quality Standard Criterion - Self assessed score**

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



In the self assessment return, the Southern Trust outlined a commitment to deliver access times as set out in Priorities for Action and has agreed capacity plans with the Southern Health and Social Services Board to ensure these are delivered, putting additional capacity in place where required. Performance against these access targets are reported weekly to the Trust Senior Management Team and monthly to the Trust Board. As of January 2008 the Trust indicated they were on target to deliver all access targets for inpatient, outpatient, allied health professions, mental health and community outpatient services. Access to diagnostic services has been similarly progressed and the Trust continue to provide flexible and responsive domiciliary services (both in house and by the independent sector). In addition to the work on access targets the Trust is working to meet standards with regard to timely discharge from hospital of complex cases within 72 hours.

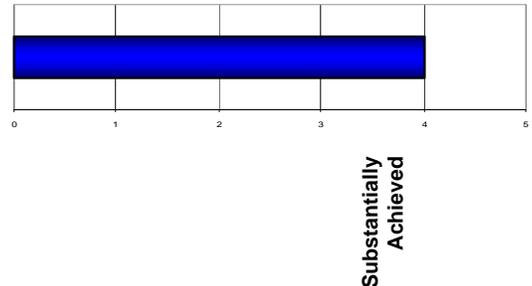
### 3.2.4 Availability of Information in Alternative Formats

This sub-section relates to criterion 6.3.2 (c)

#### DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (c) The organisation 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.



In the self assessment return the Southern Trust advised that accessibility statements are printed in all corporate publications. A standard paragraph is routinely included in all policy documents and Trust reports signaling a commitment to produce the document in alternative formats, this paragraph is translated into a range of languages.

In order to facilitate communication with Black, Ethnic and Minority communities the Trust stated they have contracts and/or arrangements in place for the provision of interpreting services and quality assured translations; information relating to the procedure for accessing interpreters is available to all staff via the Trusts intranet site. For those with other communication difficulties the Trust provide sign language interpreters, information in alternative formats and access to induction loops and text phones. In addition to this there is access to general information about the Trust via the Trust website. Operationally, the Trust have stated that the Equality Unit holds a central database of information in other languages and provides advice and training for staff on booking interpreters and the provision of information in alternative formats.

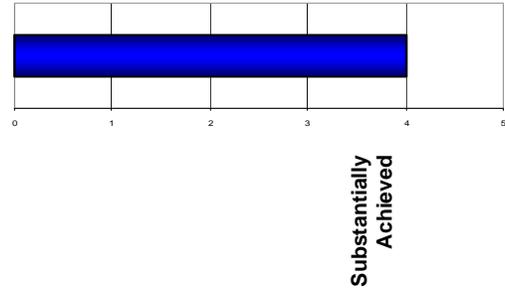
The Trust not only provide information in a variety of alternative formats they also use alternative formats to capture information. The Trust detailed a number of areas where services users were engaged in work to determine the range and type of information required in alternative formats and stated that user groups have been asked to provide feedback on the accessibility of information produced.

### 3.2.5 Service User Right to Choose for Themselves

This sub-section relates to criterion 6.3.2 (d)

#### DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (d) The organisation 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.



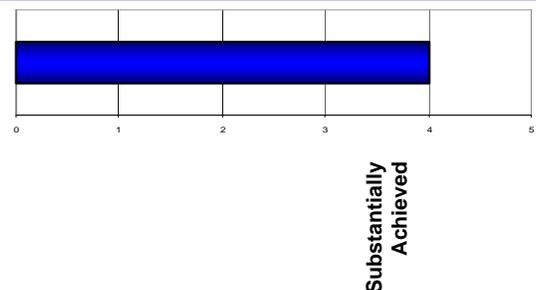
In the self assessment return the Trust have indicated that corporately the Southern Trust encourage a person centred planning approach to the assessment, planning, delivery and review of an individual's treatment and care ensuring that an individual's rights, views and choice are taken into account, particularly in relation to assisting individuals to manage potential risks. The person centred planning approach is embedded operationally within service provision and care, treatment and review processes, risks are identified and explained to service users/carers and processes are put in place to help them manage such risk. This approach is adopted across both the acute and community sectors and at the interfaces between the two.

### 3.2.6 Confidentiality of Service User Information

This sub-section relates to criterion 6.3.2 (e)

#### DHSSPS Quality Standard Criterion - Self assessed score

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



The Trust response regarding the confidential treatment of information focused on ICT (information, communication, technology) security, data protection and records management arrangements. The Trust state they have registered with the Information Commissioner the categories of information held and the purpose of its use. Operationally, data access agreements are put in place with third parties who legitimately require access to patient/client data, both hard copy and electronic. Information system users are trained in system use and

confidentiality and all systems are password protected and access controlled and access to health records libraries is restricted.

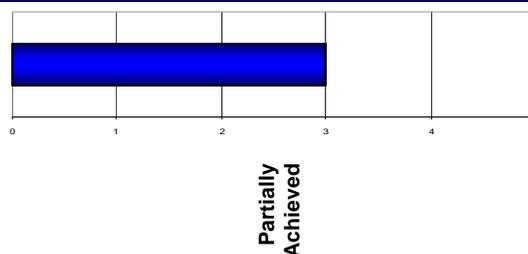
To ensure 'fair processing' of information the Trust have advised that each elective inpatient, day case and outpatient receives a leaflet advising of the purpose for which their information may be used for example audit, research or statistics. This leaflet provides service users with an opportunity to query this. If any information is to be gathered for the purposes of external research the consent of service users is sought in advance.

### 3.2.7 Minimising the Need to Repeat Information

This sub-section relates to criterion 6.3.2 (f)

#### DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (f) The organisation 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.



To minimise the need for service users and carers to repeat basic information to a range of staff the Trust stated they have multi-disciplinary/multi-professional assessment processes in place across all Directorates and have indicated that their care management system makes provision for multi-disciplinary collaboration in both assessment and review processes. These processes are carried out in partnership with service users and carers. To facilitate discharge of patients requiring intermediate care services a shared assessment approach is used across the acute and community services and an e-referral facility is being rolled out in all hospitals to facilitate the timely exchange of information for patients referred to these services.

As part of their self assessment submission the Trust were asked to provide an example of the multi-disciplinary team work which takes place within their Diabetic Services. The Trust detailed the Day Project (Diabetes and You) which operates in the Craigavon/Banbridge area, this allows newly diagnosed type 2 patients to access a dietitian, a specialist nurse and a podiatrist in clinical setting. In the Armagh/Dungannon and Newry/Mourne areas there is a primary care based service for type 2 diabetics, this is provided in local surgeries by the dietitian, practice nurse and General Practitioner. Bertie and Xpert are structured educational programmes, for both Type 1 and 2 diabetics, delivered by a multidisciplinary team across all areas of the Southern Trust.

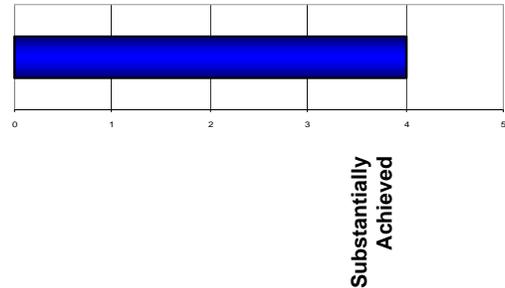
Service users have been involved in the ongoing work of the Trust in this area, an example provided by the Trust outlined how they, in partnership with parents and young people with a disability, have developed and introduced a new record (Passport) which reduces the need for repetition of information.

### 3.2.8 Opportunity to Comment on Service Delivery

This sub-section relates to criterion 6.3.2 (g)

#### DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (g) The organisation provides the opportunity for service users and carers to provide comment on service delivery.



Organisations are expected to provide opportunities for service users to comment on service delivery and the Trust have stated that opportunities are in place and facilitated by the use of empowerment groups in Day Care services, individual assessment and review processes, attendance at Trust Board meetings, audits undertaken with service users, complaints processes, consultation with service users new developments, service user feedback forums and participation in external and internal needs assessment planning ventures. Arrangements are underway to utilise Picker survey for inpatients feedback and a range of tools from the Social Care Institute for Excellence (SCIE) for feedback about social care provision.

The Trust stated that service users and families are informed and involved with developments relating to the commissioning and delivery of their care and provided many examples of opportunities for service users and carers to comment on service delivery across both acute and community care services.

#### 4 PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

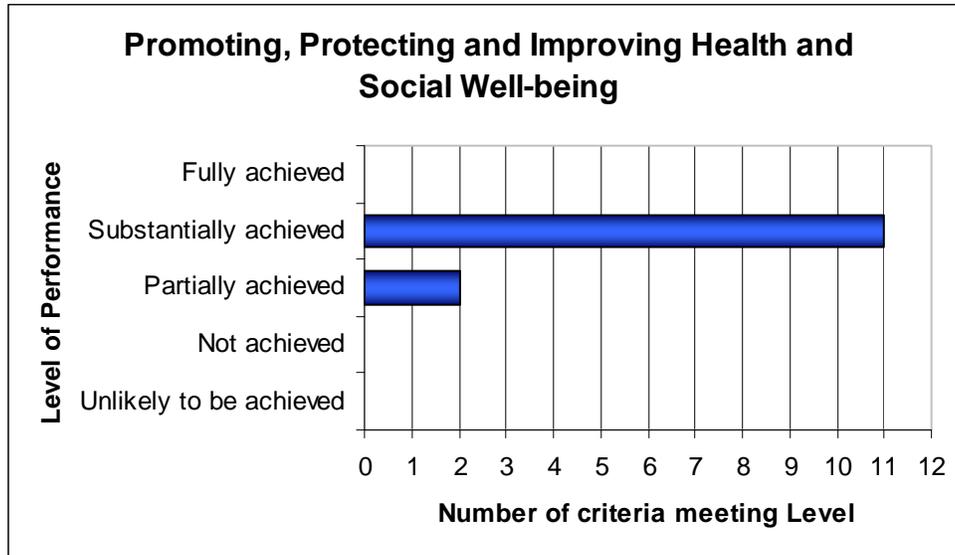
The DHSSPS Quality Standards cite Theme 4 as: "The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social wellbeing, and to tackle inequalities within and between geographic areas, socio-economic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

There are a total of 13 criteria within this Theme and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 4.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. <i>(A reason must be stated clearly in the Trust response)</i>
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.

**TABLE 4**

Table 4 (a) illustrates how the Trust has assessed its own performance against the criteria under the standard of 'Promoting, Protecting and Improving Health and Social Well-Being'.



The Trust also provided narrative under the headings of:

- ❖ Corporate
- ❖ Operational
- ❖ Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated Level of Achievement.

#### **4.1 CRITERIA EXAMINED BY REVIEW TEAM**

The RQIA selected two specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits. Areas visited are listed in Appendix (iii) of this report.

The criteria in this section includes:

- ❖ 7.3 (a) - Trust Partnership Arrangements in Place
- ❖ 7.3 (b) - Personal and Public Involvement

In general, Senior Executives acknowledged the difficulties of the amalgamation of the legacy Trusts and recognised the work that has been done to date around planning and improving health and social well-being. Patient safety and well-being is recognised as being a priority for the Trust, together with user involvement in all aspects of the delivery of services. The Directors reported undertaking a Safer Patient Walkabout.

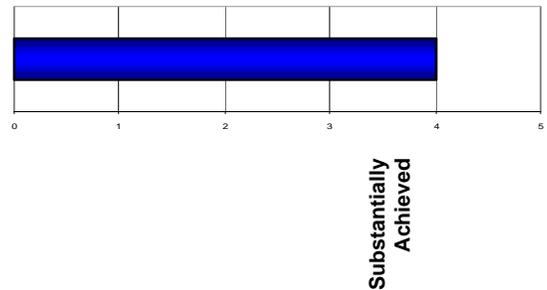
Staff within the Promoting Wellbeing department displayed a good awareness of the reporting systems within the Trust up to the Director of Older People and Primary Care with responsibility for promoting wellbeing. Some Directorates have identified their key priorities under Health Promotion and identified staff had links within each Directorate. However, the review team felt that some operational staff remained unsure about a Trust strategy for improving health and wellbeing across the new Trust area as some staff were working to the legacy Trusts agenda and despite prioritisation for the health promotion agenda some examples still appear to be driven from Board level.

#### 4.1.1 TRUST PARTNERSHIP ARRANGEMENTS IN PLACE

This sub-section relates to criterion 7.3 (a).

##### DHSSPS Quality Standard Criterion - Self assessed score

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.



In the Trust Delivery Plan the Southern Trust stated "that across the breadth of the Trust, health promotion and community development teams are involved in the planning and delivery of programmes and initiatives that contribute to the delivery of the Investing for Health Strategy at a local level" and has demonstrated a commitment to working across all sectors to ensure local communities are engaged in identifying opportunities to improve and protect their health.

In addition to this, the Trust Corporate Plan 2007/08 under Corporate Objective 4, Effective User and Community Engagement and Partnership working, the Trust has stated the following plans:

- ❖ To develop and implement a User and Community Development Strategy
- ❖ Review arrangements for involving users in service planning and develop a robust process which builds on existing engagement arrangements
- ❖ Engage young people more in case conferences and Looked After Children Reviews
- ❖ Develop communications strategies to keep service users and communities informed about actual and proposed changes in service provision
- ❖ Embed a community development ethos to working in partnership for the development and delivery of high quality services

The Southern Trust have proposed the establishment of a Southern Trust Partnership Forum with the purpose of strengthening partnerships with the local community and complimenting community development and engagement activities. It is anticipated that the forum, whilst not Southern HSC Trust Final Report

involved in the day to day management of the Trust, will provide an essential link between the Trust, the wider public and the communities which it serves.

A core objective within the Southern Trust Corporate Plan is 'Improving Health and Well Being and Reducing Health Inequality', operationally the Trust has established the Promoting Well Being Department to lead action on health and social care improvement and reducing health and social care inequalities and to co-ordinate the agenda of User Engagement and Community Development/Partnership working.

In interviews with Senior Management, the Review Team confirmed a corporate vision of Health & Well Being integration is apparent at senior and middle management. The Promoting Well Being service has been established bringing together the health promotion and community teams from the legacy trusts and the review team felt that the restructuring provides an integrated approach for promoting well being across the organisation and solid foundation for future development.

The review team explored the challenge of spreading the Health and social well-being agenda across all Programmes of Care. They found that an internal accountability framework is being developed and 'Champions' have been highlighted within each Directorate with linkages to the Promoting Well Being Team. Associated targets will be monitored corporately and embedded more formally next year.

#### **RECOMMENDATION 6:**

**The Trust should ensure that they continue to embed the Promoting Well Being vision across the emerging structures and actualise the delivery of Promoting Well Being objectives across the organisation. Senior staff should acknowledge the need and benefit of measuring the impact of all Promoting Wellbeing initiatives both in terms of qualitative and quantitative outcomes.**

### **Partnerships Contributing to Health and Social Well-Being**

In the proforma return the Southern Trust have indicated that an Assistant Director for Promoting Well Being has been appointed to lead this work and reshape the legacy Trust resource into an integrated team.

The review team were provided with numerous examples of effective cross sector partnerships that emerged from a locality focus and were impressed by staff enthusiasm, drive and willingness to work in collaboration with service users and community/voluntary sector and other statutory bodies. The knowledge and awareness demonstrated by Trust staff of the benefits of supporting the development of local solutions to drive forward the Promoting Wellbeing agenda was evident

The review team met with Directors responsible for the Protect Life Implementation Group and User Forum, then separately with the Implementation Group, they found that partnership arrangements were in place however these had only been established in the current year.

New communication structures have been developed between the Trust, community/ voluntary groups, service user and carer groups. Although work is still ongoing in this area, service users felt they now have opportunities to access information and there is a perception of accessibility, to the Trust, from the user forum. In response to the increasing Black, Ethnic and Minority communities there is now access to protect life and mental health services for Polish residents facilitated by Polish out of hours doctors.

The review team were impressed by how the community and voluntary sector have been working together with the Trust to drive the protect life agenda. It was noted that despite significant progress there were still challenges, particularly in ensuring the Trust see the voluntary sector as full partners within service provision and recognise the valuable contribution they make.

The review team met with staff from the Craigavon Area Hospital Pharmacy Department which has been a pilot site for Integrated Medicines Management Programme, a key component of which is the principle that drug prescribing follows the patient. This has led to a reconfiguration of pharmacists and pharmacy technicians who are now based in A&E and medical wards. As patients are being discharged they now have a full medicine history of their acute stay (including changes and discontinuation of medicines). The Trust has also funded the placement of pharmaceutical personnel in nursing homes to track patients medicines management, this has been ongoing for three to four years. The review team described this pilot as innovative, effective and user friendly resulting in service users being better informed on personal medicine management and better collaboration between General Practitioner's and Pharmacists both in the acute and community sector.

**AREA OF GOOD PRACTICE:** When meeting with staff from the Integrated Medicines Management Programme the review team were given an opportunity to learn about the 'green bag pilot'. When a patient is admitted for treatment it is important to be aware of their medicines history, this can be facilitated by the collection of their medicines into a 'green bag', it is hoped to roll this out to ambulance personnel and paramedics. The review team felt this scheme has excellent potential to be replicated regionally.

## **Partnerships Contributing to the Promotion of Social Inclusion and Reduction in Inequalities**

In the self assessment submission the Trust report having a range of partnerships in place to enable a collaborative approach to address health and social need. Building capacity within individuals and communities is integral to this approach. A transparent exchange of information and communication is embedded, with key personnel assigned for particular population groups. Where capacity is limited, community development staff advocate on their behalf.

Operationally the Trusts Promoting Well Being Department leads on health and social care improvement and reducing health and social care inequalities; working with communities and partner organisations to ensure action across the wider determinants of health and social care as outlined within the Investing for Health Strategy and a more integrated planning and service delivery model with community, statutory and voluntary sector partners.

**AREA OF GOOD PRACTICE:** Reviewers found the work of the Southern Area Action with Travellers (SAAT) to have been very successful, enabling employment of a shadow worker who now links the Trust with the traveller community. The review team met with staff representatives of the Youth Health & Wellbeing Forum which engages with young people to seek their views on how services should be developed and shaped to meet their needs, giving opportunities for young people, of differing ages and backgrounds, to come together to discuss their issues. The Southern Trust Promoting Wellbeing Department is the lead body for the Forum. The review team were interested to hear that the young people were made to feel important, that their opinion was valued and they seen this as a model to influence change. The review team considered this a good example of Health Promotion and Community development working in partnership resulting in a cohesive unit impacting on local and regional services at a strategic level.

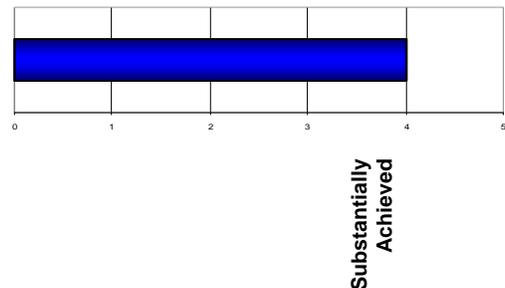
The review team were impressed by the substantial work undertaken by the Trust however they were uncertain that the Trust has "substantially achieved" this criterion, a "partially achieved" level of achievement may be a more realistic assessment overall.

#### 4.1.2 PERSONAL AND PUBLIC INVOLVEMENT

This sub-section relates to criterion 7.3 (b).

##### DHSSPS Quality Standard Criterion - Self assessed score

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.



In their self assessment proforma the Southern Trust have stated that a process has been agreed to develop a Promoting Well Being Strategy by September 2008. This will actively involve all Directorates, stakeholders and partner organisations at regional, area and locality levels in the identification of issues, needs and priorities and in the development of actions to address these.

To provide operational support the Trust has a wide range of mechanisms and structures that involve community, statutory and voluntary partners in the development of solutions to improve health and social well-being and reduce health inequality. The Trust has maintained support for a wide range of local groups and organisations across the area, both in the form of financial support and through direct support from staff teams. A major focus of much of this work is the engagement of users, carers and communities in identifying and addressing local service provision. Across the Trust, community development teams represent where necessary the views of users, carers and communities within the business of the Trust and

facilitate training for community groups. In addition, the Trust facilitates a number of projects and programmes aimed at promoting the needs and views of marginalised groups.

In addition to assessing compliance to the above standard criterion, the RQIA review sets out to examine how, in the first year, Trusts have adopted the principles set out in guidance issued by DHSSPS in September 2007<sup>1</sup> to help Trusts strengthen and improve personal and public involvement (PPI) in the planning, commissioning, delivery and evaluation of services as part of their clinical and social care governance arrangements and to what extent a systematic process of self-evaluation to strengthen PPI has been developed.

## **Responsibility for implementing the Guidance**

The Trust have identified the Director of Older People and Primary Care as being responsible for implementing the guidance on strengthening personal and public involvement.

**AREA OF GOOD PRACTICE:** The review team welcomed the appointment of a 'Champion' for promoting wellbeing at Assistant Director Level and felt this placed the health and social well-being vision at the heart of the organisation. The team found evidence of strong leadership evident supported by a range of good working relationships and they acknowledged the significant progress made during this initial year in developing Promoting Well Being strategy.

The review team found that relevant Senior Management staff interviewed expressed knowledge and understanding of the PPI (Personal And Public Involvement) strategy including involvement of service users, carers, public voluntary and community sectors and were able to give numerous local examples of this in practice.

However, within the Protect Life Implementation Group and User Forum the review team uncovered a difference of opinion between the Trust perspective and that of the user forum. Due to a lack of documented evidence such as minutes of meetings the review team were unable to assess the level of involvement and consultation with service users in relation to the PPI strategy. However, the team did find that representatives from the community and voluntary sectors were aware of PPI strategy and the associated consultation process.

## **RECOMMENDATION 7:**

**Further work is needed to ensure that community/voluntary groups and service users are engaged and involved across all trust planning fora and beyond their core association with the Trust.**

## **Progressing the Guidance**

The Trust have outlined that in taking this work forward the Trust have membership on the DHSSPS Stakeholder Involvement Steering Group. A Southern Trust User Involvement

<sup>1</sup> (Circular: HSC SQS 29/07: Guidance on strengthening personal and public involvement in health and social care)

Action Plan and an infrastructure to progress this have been agreed and is currently under development. A proposal to develop a Corporate Partnership Forum is under consideration and support is being maintained for work of legacy Trusts in user/community involvement in line with locality expressed need.

In support of their submission the Trust submitted an outline document of its proposal to set up an infrastructure to engage with users called 'Enhancing the Involvement of Users and Stakeholders Within the work of the Trust' (November 2007) however there were no timescales or action plans indicating how this will be achieved submitted. The Trust also submitted a proposal entitled 'Improve the Patient/Client experience through Engagement and focus on organizational culture and behaviour' (August 2007), which highlights a requirement on Trusts to consult when the Draft Reform Order 2007 passes through legislative process. This order will put an onus on health services to ensure that service users are involved & consulted in the planning & provision of services

**AREA OF GOOD PRACTICE:** During the review visit, the review team had the opportunity to meet with both staff and service users of the FIT4U project, a lottery funded partnership (for 18 months) currently led by the Armagh and Dungannon Health Action Zone. Reviewers felt that securing future funding and sustainability of the project was a significant challenge for the Trust to address. The FIT4U project is user led and designed to improve the physical, mental and social health of people with physical and sensory disabilities. The review team found that both the delivery of, and participation in, the programme have a positive impact on the health and social well-being of the service users. Evaluation, by the Project Manager, is extensive and focus group sessions have been held to collect qualitative feedback from service users on the benefits of the programme and how it could be improved. The review team found users of the programme were fully in control of how it is delivered and noted their enthusiasm, innovation and dedication. In evaluation, users described the programme as extremely beneficial and said they enjoyed participating in the activities. Reviewers felt that the growth and success of the programme should be attributed to the enthusiasm of the staff, they noted the FIT4U project team were clearly working towards investing for health agenda including targets and they were aware of this, the review team would encourage the Trust to learn from this pilot and apply similar processes for service user involvement and engagement across other sectors.

**RECOMMENDATION 8:**

**The Trust should acknowledge and harness the value and contributions of schemes, commissioned from and provided by the community and voluntary sector.**

On a general note the review team commented on the poor signposting of the Willowbank Resource Centre.

**RECOMMENDATION 9:**

**The Trust should identify areas where there are problems with signage and address this forthwith.**

The review team were uncertain that the Trust has "substantially achieved" this criterion and based on discrepancies in opinion between the Trust perspective and that of the Protect Life Implementation Group and User Forum, a "partially achieved" level of achievement may be a more realistic assessment overall.

## 4.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

This section reports on the information provided by Trusts in their self-assessment submission.

The criteria in this section includes:

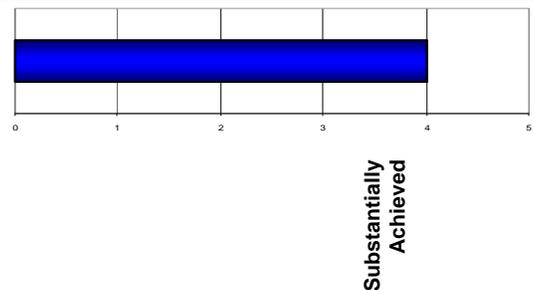
- ❖ 7.3 (c) - Human Rights
- ❖ 7.3 (d) - Equality Screening with Section 75
- ❖ 7.3 (e) - Responsibility and Ownership with regard to Health
- ❖ 7.3 (f) - Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information
- ❖ 7.3 (g) - Major Incident and Emergency Planning Policy and Procedures
- ❖ 7.3 (h) - Environmental Health Policies and Procedures
- ❖ 7.3 (i) - Chronic Disease Management Programmes
- ❖ 7.3 (j) - Healthier, Safer, Family Friendly Workforce
- ❖ 7.3 (k) - Screening and Immunisation Programmes
- ❖ 7.3 (l) - Public Health and Social Care Reports in the Development of Priorities, Planning and Delivery of Services
- ❖ 7.3 (m) - Use of Volunteers

### 4.2.1 Human Rights

This sub-section relates to criterion 7.3 (c )

#### DHSSPS Quality Standard Criterion - Self assessed score

7.3 (c ) 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.



In the proforma return the Southern Trust has demonstrated a commitment to the promotion of human rights and has developed its own guidance (currently in draft) around effective policy development which includes equality and human rights considerations as part of the policy development process. The Trust has also established a Records Management and Policy Committee and all new policies and collective decisions are screened for Human Rights and Equality implications, this provides evidence that equality and human rights

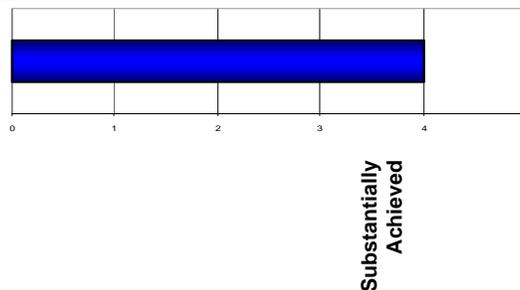
considerations have been incorporated as early as possible in the policy development and decision making process. Human Rights training is provided to staff and at the frontline there are a number of ongoing initiatives which uphold and underpin the Human Rights agenda offering greater choice and flexibility to service users in how they choose to lead their lives.

**4.2.2 Equality Screening with Section 75**

This sub-section relates to criterion 7.3 (d)

**DHSSPS Quality Standard Criterion - Self assessed score**

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



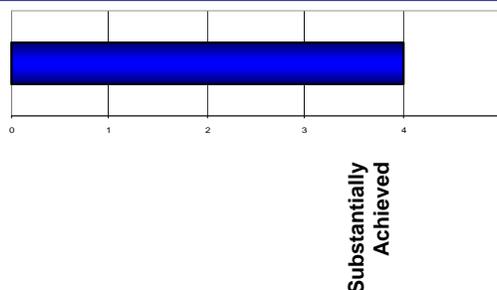
In the proforma the Trust reported that the Equality Assurance Unit maintains a log of all policies screened from an equality and human rights perspective; it is also responsible for consulting with key stakeholders interests on the outcome of screening decisions and for communicating these decisions to the Equality Commission for NI in the Trust Annual Equality Progress Report. The unit provides advice, guidance and training on equality and human rights screening the purpose of which is to identify which policies and decisions need to be subjected to a full Equality Impact Assessment and the Trust continues to work with the HPSS on the regional programme of Equal Impact Assessments.

**4.2.3 Responsibility and Ownership with regard to Health**

This sub-section relates to criteria 7.3 (e)

**DHSSPS Quality Standard Criterion - Self assessed score**

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



The Trust have identified the development of the Promoting Well Being Department and its associated strategy as one element in the approach to improve health and social well-being and reduce health inequality. Operationally there are a range of programmes and projects

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which target the need to increase public awareness and action on health in areas such as physical activity, smoking, alcohol, drugs, mental health, sexual health, infection prevention and control and breast feeding. These initiatives utilise a range of media including newspapers, websites, information materials and training programmes and a number of the programmes seek to develop the concept of 'lay health workers' within local communities supporting this through advice, co-ordination, education and training and project resource. Partnership working with local community and voluntary groups is a key element in developing this agenda.

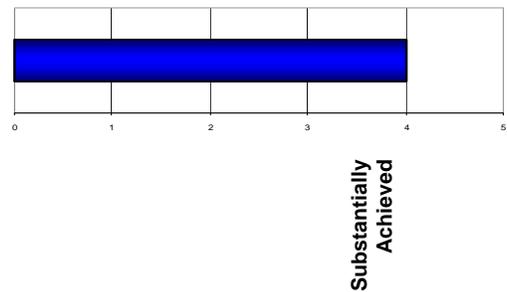
In terms of user involvement the Trust harness a community development approach, which aims to address broader dynamics such as social isolation, inclusion and marginalised communities, and also facilitates a number of outreach Health Promotion initiatives.

**4.2.4 Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information**

This sub-section relates to criterion 7.3 (f)

**DHSSPS Quality Standard Criterion - Self assessed score**

7.3 (f) 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.



The Trust have reported that at corporate level, they access a wide range of health and social care information to assess both need and demand for services and to support service planning. The development of the Trust's Promoting Well Being Strategy will further utilise regional, area and local data to inform the setting of priorities, actions and investment. The Trust is in the process of establishing staffing structures across the Trust to ensure the effective collation and analysis of information to support future service planning and needs assessment of the health and social care wellbeing of the local population.

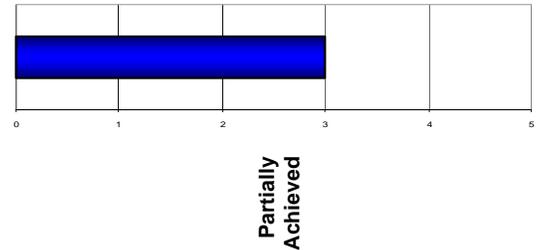
The Trust also utilises other information relating to the health and social wellbeing of the population such as census data for projecting population growth and various information as published by NI Statistics and Research Agency. The Trust has participated in the development of the regional Investing for Health/Northern Ireland Neighbourhood Information Service (NINIS) website of health data; this database is used to inform local priority setting, programme development and application for resource and support.

## 4.2.5 Major Incident and Emergency Planning Policy and Procedures

This sub-section relates to criterion 7.3 (g)

### DHSSPS Quality Standard Criterion - Self assessed score

7.3 (g) 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.



In their proforma response the Southern Trust have indicated that they are developing plans and structures to ensure Emergency Planning is 'mainstreamed' in line with guidance 'Civil Contingencies Act' and 'NHS Emergency Planning Guidance 2005'. The Trust plan to develop a corporate level Emergency Planning Committee, made up of key officers from all disciplines, which will give strategic guidance on emergency planning issues. The Committee will give clear direction to the operational level Emergency Planning Teams at each Trust locality to ensure clear lines of command and control.

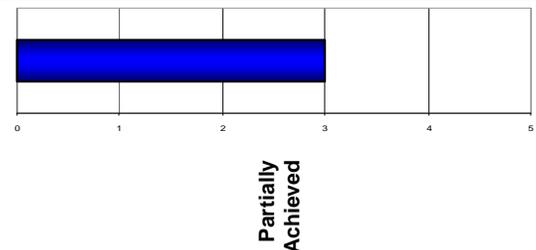
Multi-disciplinary locality based teams will be established to maintain standards of emergency planning preparedness. These teams will take their strategic direction from the Emergency Planning Committee and their role will be to implement emergency planning processes across the Southern Trust. In addition, a senior Pandemic Flu Committee is to be established which will have a strategic input to the planning of any response to a 'flu pandemic, this group will link closely with the Emergency Planning Committee to maintain co-ordination and consistency. To ensure personal and public involvement the Trust consult with stakeholders at the Local Resilience Forum and have requested that the Director of the Southern Group of Councils become a member of the Trust Emergency Planning Committee.

## 4.2.6 Environmental Health Policies and Procedures

This sub-section relates to criterion 7.3 (h)

### DHSSPS Quality Standard Criterion - Self assessed score

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



In the proforma the Trust have reported the establishment of an Environmental Management Steering Group and Environmental Management Committees. The Trust has arrangements in place, and identified officers responsible, for liaison with the Health and Safety Executive N.I. and Environmental Health Departments of local Councils and is currently engaged in supporting a number of 'Neighbourhood Renewal' programmes which address environmental enhancement within local areas.

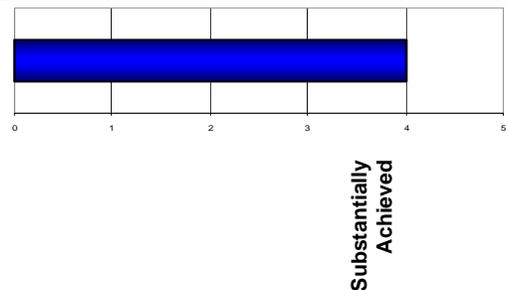
The Trust have an Infection Prevention and Control Committee and an Infection Control Team which provide advice and expertise in the procurement of medical devices and equipment and is involved in project teams for new builds/refurbishments. There is close internal liaison between the Infection Control Team and the trust Facilities Management to ensure infection control is considered in the areas of cleaning, laundry, waste and decontamination. The Trust is also looking at ways it can reduce harmful impact to the environment a number of practical measures have been put in place within laundry and pharmacy services.

**4.2.7 Chronic Disease Management Programmes**

This sub-section relates to criterion 7.3 (i)

**DHSSPS Quality Standard Criterion - Self assessed score**

7.3 (i) 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.



The Trust has identified the area of chronic disease management as a key priority within their Corporate Plan. An Assistant Director has been appointed to lead this work which is realised through both the work of Directorates and the Promoting Well Being Department.

Operationally, in keeping with the regional Investing for Health Strategy, the Southern Trust has a range of chronic disease, health promotion and community development programmes in place addressing issues such as coronary heart disease, stroke, smoking, nutrition, physical activity, obesity prevention, mental health, suicide prevention, accidents, alcohol and drugs, sexual health and teenage pregnancy. Chronic disease case management programmes are in place for patients with diabetes and chronic obstructive pulmonary disease (COPD) and the Southern Trust is currently working with their lead commissioner in the ongoing development of a major evidence-based reform of COPD Services as part of the Southern Area Reform, Modernisation and Efficiency Plan.

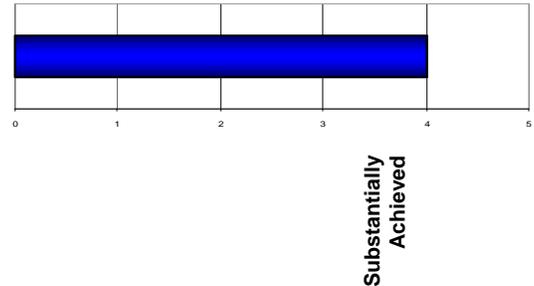
## 4.2.8 Healthier, Safer, Family Friendly Workforce

This sub-section relates to criterion 7.3 (j)

### DHSSPS Quality Standard Criterion

#### - Self assessed score

7.3 (j) 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.



In the self assessment submission, the Southern Trust have outlined the ongoing development and consultation upon the Health and Well Being policy, designed to support staff in maintaining and enhancing their personal health and social well-being at work and to reduce and control the risks of work related pressure. This policy confirms the Trust's commitment to develop and implement policies aimed at promoting the health, safety and wellbeing of employees. The Trust has developed a draft Work-Life Balance policy and associated procedures and a Health and Well Being group has been established to encourage and support employees in adapting healthier lifestyles and making healthier life choices. In order to engage the views of staff, the newly formed Trust plans to issue its first annual staff survey early in the financial year 2008/09, in addition to this a liaison leader initiative has been launched with nominations sought from staff members.

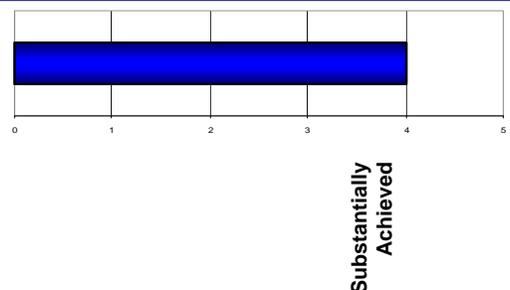
## 4.2.9 Screening and Immunisation Programmes

This sub-section relates to criterion 7.3 (k)

### DHSSPS Quality Standard Criterion

#### - Self assessed score

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



In the proforma the Southern Trust have indicated that they cooperate with and support the delivery of DHSSPS screening and immunisation initiatives. This includes taking positive action to encourage uptake by service users and members of the public at immunisation

sessions. Operationally, the Trust has several screening and immunisation programmes in place including the annual flu immunisation, childhood screening and immunisation and the dental screening service who work closely with education and early years providers to encourage uptake.

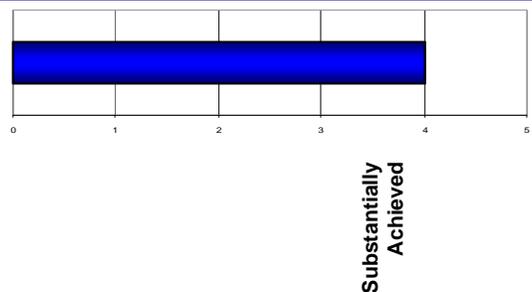
In response to an increasing Black, Ethnic and Minority community, the maternity and women's health service profile is being developed to include Tuberculosis (TB) testing and BCG immunisation administered by midwives. There is additional proactive work with General Practitioners to ensure appropriate clinics to provide immunisations.

**4.2.10 Public Health and Social Care Reports in the Development of Priorities, Planning and Delivery of Services**

This sub-section relates to criterion 7.3 (I)

**DHSSPS Quality Standard Criterion - Self assessed score**

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



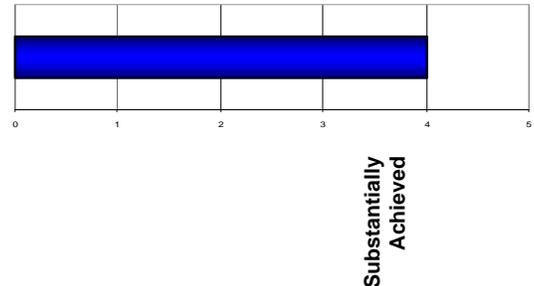
In the self assessment return the Trust have indicated partnership working arrangements with the Southern Health and Social Services Board, in the development of priorities and planning of services, which utilise a range of information sources including demographic trends related to mortality and morbidity. The development of the Promoting Well Being Strategy will reflect the priorities of the Investing for Health Strategy, sub strategies and the annual Public Health and Social Care reports developed at both regional and area levels. On receipt of regional, Public Health and Social Care reports, a lead Directorate is identified to develop and implement action plans.

## 4.2.11 Use of Volunteers

This sub-section relates to criterion 7.3 (m)

### DHSSPS Quality Standard Criterion - Self assessed score

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



The Southern Trust are committed to the provision of opportunity for the use of volunteers and have expressed high value on the role of volunteers within the provision of health and social care. The Trust has established and agreed a Volunteer Policy which at the time of the review was awaiting ratification by the Policy Sub Committee and which when agreed will be implemented across all aspects of Trust business. Once agreed this policy will be translated into the 3 main ethnic minority languages in the Southern Trust Area.

The Southern Trust has inherited a strong volunteer base from the legacy organisations has maintained support for the development of volunteering within the new organisation. Currently there are 245 active volunteers offering 14,500 hours per annum offering a range of activities including befriending, one to one support, summer schemes, volunteer drivers, guided help and health programme specific services to meet the needs of service users.

## 5 EFFECTIVE COMMUNICATION AND INFORMATION

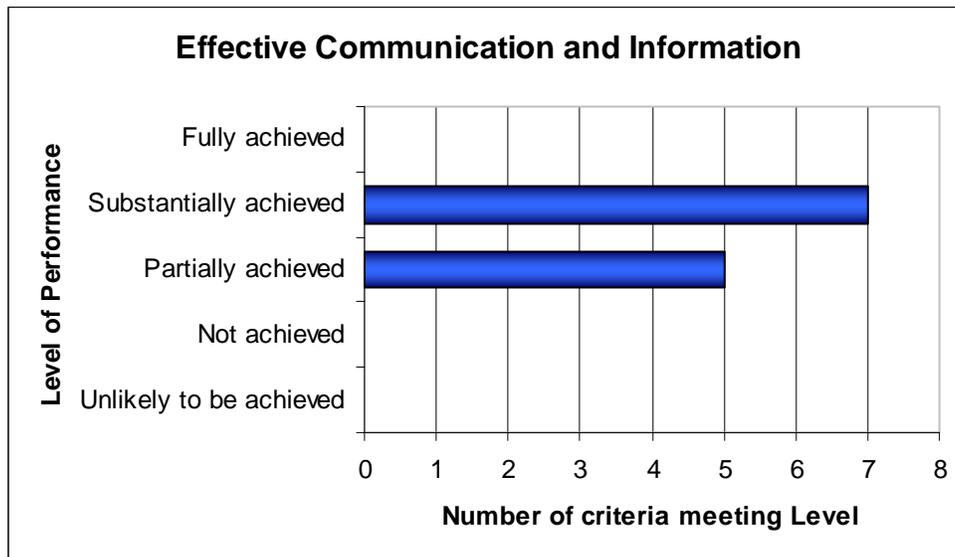
The DHSSPS Quality Standards cite Theme 5 as: "The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies."

There are a total of 12 criteria within this Theme and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 5.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. <i>(A reason must be stated clearly in the Trust response)</i>
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.

**TABLE 5**

Table 5 (a) illustrates how the Trust has assessed its own performance against the criteria under the standard of 'Effective Communication and Information'.



The Trust also provided narrative under the headings of:

- ❖ Corporate
- ❖ Operational
- ❖ Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated Level of Achievement.

## **5.1 CRITERIA EXAMINED BY REVIEW TEAM**

The RQIA selected two specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits. Areas visited are listed in Appendix (iii) of this report.

The criteria in this section includes:

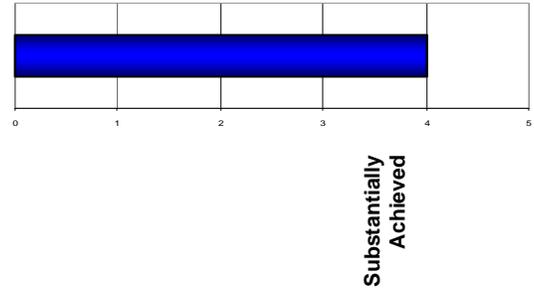
- ❖ 8.3 (a) - Participation of Service Users and Carers and the Public
- ❖ 8.3 (g) - Effective Training in Communication

## 5.1.1 PARTICIPATION OF SERVICE USERS AND CARERS AND THE PUBLIC

This sub-section relates to criterion 8.3 (a).

### DHSSPS Quality Standard Criterion - Self assessed score

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.



### Active Participation

In the proforma return the Southern Trust have indicated that the active and meaningful engagement of service users, carers and the public will be fundamental to the planning, delivery and evaluation of services. Main priorities are to develop a community development and user involvement strategy and policy for the new Trust, this will be developed in partnership with users and communities; to agree lead responsibility for user consultation/involvement and experience and to establish an infrastructure to co-ordinate and support effective engagement; to establish a baseline of user/public consultation initiatives across the new trust and to engage staff in developing initiatives; to establish a database of community and voluntary organisations across the Trust area and to agree user engagement objectives for the Trust.

Currently, the Trust's Promoting Well Being Team facilitates the active involvement of users, carers and communities in service design, development and delivery. Where needs are identified or specific service related issues raised these are fed back to respective Directorates, Programmes and/or staff teams for consideration. The Trust state they have established a carer reference group to progress work with carers and involve them in service planning processes and to evidence user involvement the Trust have indicated that clients who reside in Trust managed/staffed facilities have active involvement in the ongoing operation of those facilities.

The Trust were specifically asked how they promote and support service user and carer involvement. In their proforma response they have indicated that an action plan has been agreed to establish mechanisms across the organisation at both Corporate and Operational levels to enhance the involvement of users and carers, a Director and Senior Managers have been given a lead role for overall co-ordination of this function and the Trust is currently establishing a Senior Officer post and two project staff to facilitate the involvement of users and carers at all levels of the organisation. The Trust provides direct financial support to a number of local groups and organisations who are engaged in supporting users and carers and where appropriate representing and lobbying for their views within the Trust. In addition to this carers and users are invited with advocates to participate in care planning processes.

As part of the review visit the review team who met with Senior Management were provided with good evidence of participation of service users with an aim to increase this via circulation of information on a database of user forums. This engagement is reinforced by practical activity regarding patient support systems and will be further complimented by patient liaison on wards. The review team recognised the challenge of sharing the Trust's defined value base, regarding how services are configured and provided, with such a broad range of stakeholders and were impressed by the progress made in this area.

The review team found good evidence of staff keeping abreast of local issues and dispelling myths regarding the provision of services and allocation of resources. 'Myths and Facts' (information to all staff regarding migrant groups and their use of resources) was regarded as a very good initiative with staff of the Trust able to dispel some of the negative publicity surrounding the use of services by a wide variety of minority groups. The review team established that resourcing the cultural shift regarding migrant populations was considered to be a major challenge for the Trust but one that was worthwhile.

The review team felt that whilst the integration of service users and carers has been managed successfully the more difficult phase will be the promotion of the Trust values and its rationale for decisions to the wider public and ensuring continued community representation at all levels.

**AREAS OF GOOD PRACTICE:** The review team visited the Stroke Rehabilitation Unit, Lurgan Hospital, whilst the unit did not have a carer or service user forum in operation the reviewers found evidence of close association with organisations such as Chest Heart and Stroke who fulfill a representative role for patients and their family. The review team were pleased to find strong evidence of one-to-one communication with patients/carers and person centred planning was evident based on documentation reviewed. Daily flow meetings, that are not only focused on discharge but do concentrate on planning for each patient's discharge, are seen as an integral part of the patient's journey ultimately leading to an appropriate and safe discharge. When speaking with service users the review team found evidence and awareness among service users of their active involvement in the development and review of their care plan, their comments were very positive and no concerns were expressed.

When the review team visited a Supported Living Scheme one staff member described work as being "a guest in someone's home" highlighting, to the review team, that the staff were there to support not direct service needs. There was an ethos of asking what people want rather than 'deciding' what is available and the review team were interested to hear that tenants have monthly meetings where they discuss issues of mutual concern and make choices in relation to the facilities provided for example colour schemes and menus. A comprehensive information booklet is available for tenants and staff were observed using a range of communication methods for example Makaton. Independent advocacy is available and tenant's relatives are welcome to visit at any time. Within the learning disability programme the Trust use feedback from users of such facilities to portray the positive images in relation to the resettlement process. This is used in order to bring families on board and to embrace the process.

The review team found evidence of good relations with the local community, tenants have regular discrete community involvement, links to local further education colleges, hairdressers and other community services and are encouraged to maintain friendships with users in other services. The review team praised this approach and were pleased to hear how this had encouraged strong relations with the local community. The supported housing scheme visited was described as a 'flagship'. To assess the service provided, the scheme is undertaking a benchmarking of its service against other similar services. To improve the service further there had been a proposal to develop and produce a Newsletter, this was encouraged by the review team members.

At the Surestart Scheme, the review team found good use of clear information from Health Visitors to potential users of the service. An array of communication methods were evident including photographs, leaflets, one-to-one discussion, newsletter and notices, it was noted that some of this information was provided in Portuguese. In order to identify service provision needs the Trust held a 'Fun and Facts Day', this was positively received by parents. Satisfaction surveys have been used extensively to reflect the views of service users and to modify programmes accordingly and there was evidence of good communication and liaison with the Southern Trust in relation to childcare issues. The review team felt the programme provided an excellent example of multi-agency working, however, challenges were identified in relation to ensuring effective communication in an areas where there is multi agency funding and therefore differing line management responsibility.

**RECOMMENDATION 10:**

**Multi-agency initiatives provide a model for future delivery of services in light of efficiency savings, it is therefore essential that the Trust develop a communication strategy that ensures effective communication, support and engagement across all services.**

Sharing the Trust's defined value base, regarding how services are configured and provided, with such a broad range of stakeholders was seen as a challenge for the Trust. It was however recognised that the integration of communication with GP forums and with colleagues in other Trusts into the mainstream Trust communications network was a good development.

When the review team met with staff from the Podiatry Clinic, Armagh Community Clinic, they seen an obvious desire to engage in Public Education programmes. However, the review team found evidence of dissonance between management and operational staff and they felt that this could be addressed by increased support, involvement and engagement within the Directorate responsible for Podiatry Services. On a general note the review team commented that the signage to locate the clinic needs to be improved

**RECOMMENDATION 11:**

**The Trust should immediately look at ways to increase support, involvement and engagement of staff across all programmes of care.**

## Feedback Mechanisms

To support user involvement the Trust have a number of feedback mechanisms in place including the use of residents groups, care review processes, empowerment groups, complaints/feedback procedures, questionnaires and the publication of annual reports. Patient/Client Liaison Managers are responsible for capturing the views of service users within each service Directorate and feedback is received from service users and their families/carers through face to face meetings, phone calls, letters, satisfaction surveys, review of complaints including independent review and ombudsman referrals, observations of care, evaluation of service user stories and experiences.

The review team were advised that a proposed model for obtaining feedback is being developed to include proactive complaints management underpinned by an ethos of openness and saying sorry. This was seen as a positive development but is also regarded as a challenge, by the review team, because of the need to change the culture of the both services provided and the staff who provide them.

Reviewers who visited the Surestart Scheme found that both compliments and complaints were handled through a monthly Parents Forum and that changes were evident in a responsive way. The service provided maintained flexibility within an allocated budget and could therefore respond to changing requirements. Efforts have been made to engage feedback from migrant communities including the interpretive service and the provision of specific link workers. The views of service users were very positive regarding the service and they reinforced the information provided, to the review team, by the manager of the scheme.

Within outpatient Podiatry services the review team found that complaints generally focused on availability and accessibility of services rather than on quality issues, this was reinforced by positive comments from service users regarding the quality of services and the caring service apparent in the attitude of staff. Staff reported good relationship with General Practitioners with a localised referral system in place. Reviewers noted the value of the Podiatry service among both service users and General Practitioners and felt this underpinned the requirement for the Trust to capture and consult on issues regarding potential changes in the configuration of future Trust services.

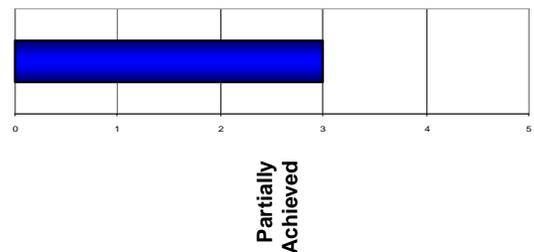
**Despite finding evidence of dissonance between management and operational staff in one of the areas visited, overall the review team agreed that the Trust's self assessment score of 'substantially achieved' accurately reflects their achievement in this criterion.**

## 5.1.2 Effective Training in Communication

This sub-section relates to criterion 8.3 (g).

### DHSSPS Quality Standard Criterion - Self assessed score

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.



One of the core values noted in the Southern Trust Corporate Plan is **valuing staff**, appreciating and respecting staff, recognising their individual needs and circumstances, offering opportunities for development, and supporting them to achieve their full potential and to support this, the Trust have established an Education, Learning and Development Department. In support of their submission the Trust submitted a copy of their Training Events Directory for December 2007 - March 2008, this states the Trust commitment to ensure that staff have equal access to the learning and development needed in order to allow them to carry out their job to the best of their ability. Communication training is included in induction training for all staff, frontline administrative staff receive customer care training and additional training is offered specific to the needs of staff. The Trust indicated that evaluation of staff communication skills training is mainly by direct observation, supervision and appraisal. Courses for sign language and lip speaking include examinations and all feedback from service users and families is regarded as evaluation of the skills of individual staff.

During the review visit, Senior Management with responsibility for this area informed the review team that the Trust is planning to introduce a trust wide supervision programme; currently this is somewhat ad hoc and not systematic. Across services visited the review team were provided with examples of training such as 'Better Health through Communication' being initiated and used effectively. Training was offered both routinely and in response to issues such as increased complaints, the team found that where such training is provided there is a direct reduction in the number of complaints received. Staff within the Stroke Rehabilitation Unit use the expertise of other teams, for example Learning Disability, to assist with methods and systems of better communicating with specific client groups and there is routine liaison with the Stroke Specialist to update their knowledge on issues regarding strokes and care treatments for those suffering a stroke. Reviewers found that staff working in the Supported Living Scheme had their training needs identified through supervision or by

other professional staff, for example the Speech and Language Therapist, and that training has been provided in Makaton (a method of communication using signs and symbols often used as a communication process for those with learning difficulties), sign language and objects of reference, the positive impact of this was evident from the quality of life enjoyed by the tenants.

Within the Surestart scheme, communication training was provided to staff in a generic way at staff meetings, whilst others received training specific to their expertise, however the team found that training needs analysis could be problematic because of different professional boundaries. Staff did report having good information flow in place to and from their line manager and that supplementary advice and information was available as needed.

#### **RECOMMENDATION 12:**

**The Trust should establish communication processes and principles within an integrated supervision system. This, supported by a standardised systematic approach to training in communication skills, would enhance service provision across the Trust and thus lead to a reduction in complaints around communication.**

The review team found significant evidence of excellent initiatives to improve communication with all service users, specifically the work undertaken in relation to Black, Ethnic, Minority and Migrant populations could prove to be a model for others to follow. Generally evidence provided and observations by the review team would indicate that within the Southern Trust communication is as valued as any other aspect of the service. The review team considered that the Trust's experience and practice in managing information and communication to such a broad range of user groups was an example for others to learn from

With specific regard to media training for staff, in their self assessment submission, the Trust advised that the Trust Communication Team co-ordinates all communication with the media and Media Handling Protocols are utilised. Anyone who is required to provide media interviews on behalf of the Trust is trained in effective interview skills in advance; the training is provided either by a member of the communications team or commissioned from an external suppliers. This approach was confirmed, by the review team, in discussion with the Senior Management Team with responsibility for this area.

**The review team agreed that the Trust's self assessment score of 'partially achieved' accurately reflects their achievement in this criterion.**

## **5.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT**

This section reports on the information provided by Trusts in their self-assessment submission.

The criteria in this section includes:

- ❖ 8.3 (b) - Information and Communication Strategy
- ❖ 8.3 (c) - IT and Information Systems

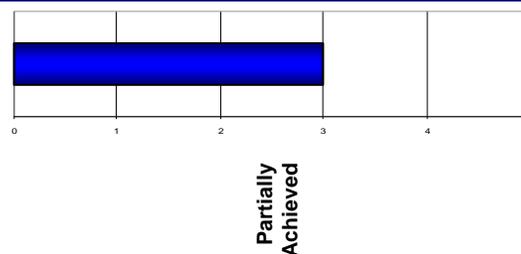
- ❖ 8.3 (d) - Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance
- ❖ 8.3 (e) - Communication Principles
- ❖ 8.3 (f) - Information Principles
- ❖ 8.3 (h) - Records Management
- ❖ 8.3 (i) - Protecting Information
- ❖ 8.3 (j) - Consent Procedures
- ❖ 8.3 (k) - Complaints and Representation Procedures
- ❖ 8.3 (l) - Published Information

## 5.2.1 Information and Communication Strategy

This sub-section relates to criterion 8.3 (b).

### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (b) 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.



### Information Strategy

In the proforma return the Southern Trust defined 'Information' as statistics, research and records (both electronic and paper). At the time of review the Southern Trust did not have an information strategy however there was a commitment to developing a strategy for completion in 2008.

Operationally, Trust structures provide expertise in areas relating to information technology, information systems, information management and records management including data protection arrangements, freedom of information and copyright. Staff are aware of this structure and can access advice and guidance as required. The public can make a freedom of information request via the Trust website and a unified Trust publication scheme is currently being harmonised.

### Communication Strategy

In the self assessment return the Southern Trust stated effective communication as critical to the achievement of its mission, values and corporate objectives. The Trust has given a commitment to the development of a communication strategy to establish and maintain relationships, both internal and external, and to ensure effective two way communications systems between the organisation and its stakeholders. Each Directorate will develop an

individual Communications Strategy, key elements of which will be integrated into a Corporate Communications Strategy. This strategy will:-

- identify communications aims and objectives for the Trust;
- develop corporate messages;
- involve full stakeholder analysis (internal and external);
- set out the strategy and tactics for communicating with stakeholders;
- Detail methods of evaluation.

An action plan, dated January 2008, detailing how this will be achieved was included with the Trust submission, this documented a proposed action plan with a timetable for implementation.

During the establishment of the new organisation and throughout the transition phase, the Trust placed significant emphasis on internal communications and an interim internal communications strategy was implemented. The interim strategy introduced a series of methods to effectively communicate with staff and also detailed key messages to be communicated during the transition period; these were Putting Patients First, the Benefits of Change and the importance of Moving Forward Together. Externally, senior Trust staff have embarked on an external engagement process with a number of key stakeholders.

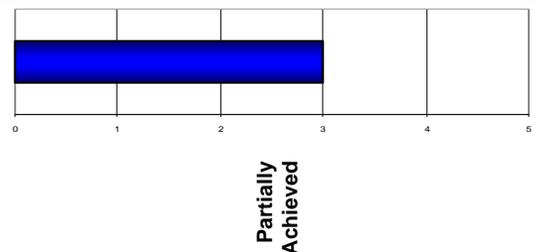
The Trust recognise the development of the corporate communications strategy will give further structure to this process and Communications Managers, providing a full range of communications functions, have been appointed and aligned to Directorates.

## 5.2.2 IT and Information Systems

This sub-section relates to criterion 8.3 (c).

### DHSSPS Quality Standard Criterion - Self assessed score

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



The Trust submission indicated their support of the vision of effective and integrated information technology and information systems which would support and enhance the quality and safety of care and provision of services. In terms of acute information, the Patient Administration System is on a single server across the Southern Trust, therefore all acute information is integrated and accessible. The Trust is working on an ICT infrastructure harmonisation strategy to assist with further implementation of this.

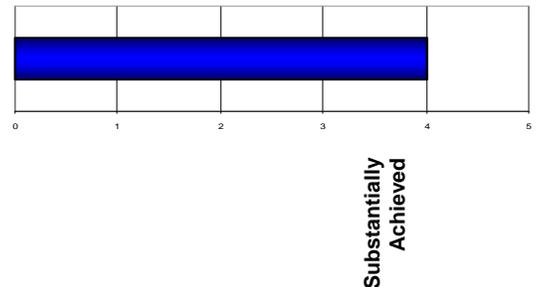
At operational level the Trust report having a mature and robust wide area network extending to approximately to 100 sites, including both acute and non acute hospitals, social service centres, health centres and community clinics. There are over 5000 network users accessing over 150 applications, which support health and social care provision of services. All new information systems are being developed with harmonisation and integration with other systems at the forefront of design and throughout development service users are consulted and fully engaged.

**5.2.3 Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance**

This sub-section relates to criterion 8.3 (d).

**DHSSPS Quality Standard Criterion - Self assessed score**

8.3 (d) 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.

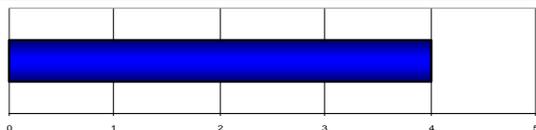


The Southern Trust have indicated that legacy Trust arrangements for the dissemination and management of safety alerts/bulletins, via designated Liaison Officers, were maintained during 2007/08. The Trust is developing new arrangements, utilising the Safety Alert Broadcast system (SABS) to disseminate alerts in line with the new organisational structures of the Trust. Generally, in relation to the dissemination of information, the Trust have adopted a procedural model whereby a single point of contact, supported by a series of 'gatekeepers', manages this ensuring action plans are established as required. This model is being monitoring to ensure effectiveness before being further developed in 2008/09.

**5.2.4 Communication Principles**

This sub-section relates to criterion 8.3 (e).

**DHSSPS Quality Standard Criterion - Self assessed score**



Within the Corporate Plan the Trust have a set of eight core values which reflect the culture of the Trust and influence everything the organisation and its staff do to achieve the Trust's vision. The first is **integrity**, underpinning the requirement to be open, honest and fair with all stakeholders including users, the public, their representatives, government and staff, in order to build trust and mutual respect. The second is **inclusivity**, thus promoting a culture that values and respects diversity, promotes equality, fair and equal access to care and treatment, and engages fully with users, carers and local communities. Operationally all Trust staff work within the parameters of the Trust's Corporate Vision Statement, relevant policies and procedures and Codes of Conduct and a strong emphasis is placed on effective communication with service users within both corporate induction and Directorate programmes.

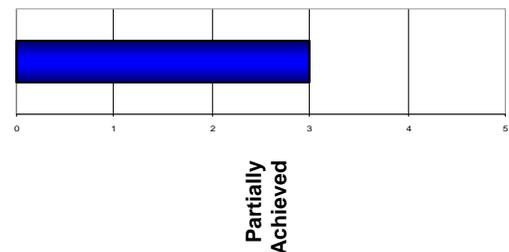
### 5.2.5 Information Principles

This sub-section relates to criterion 8.3 (f).

#### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (f) 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



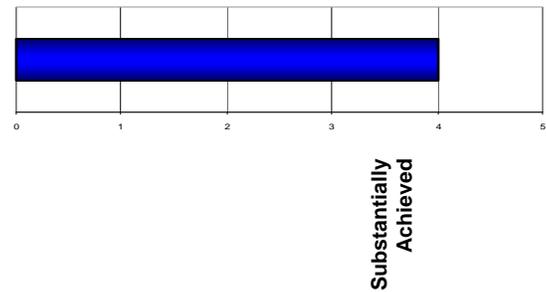
In the proforma the Trust stated their support of the vision of effective and integrated information systems and they were a strong advocate of one Person Centred Information System (PICS). Whilst the PICS project was concluded without award of a contract, the Trust continues to promote integration of information and has agreed principles to maximise the use of existing systems to provide patient centred data linked to the health and care number. These principles will be documented in the ICT business plan for 2008-09. Where the Trust are integrating data, leaflets are forwarded to patients to make them aware and seek their consent to use information in this way.

### 5.2.6 Records Management

This sub-section relates to criterion 8.3 (h)

#### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (h) 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.



In the proforma the Southern Trust reported the implementation of a Records Management Strategy, an operational policy and a records retention and disposal schedule. The Trust have established a Records Management and Policy Committee to monitor compliance with these and a Data Protection sub-group has been established to deal with data access elements. In support of this the Trust has an number of operational procedures in place in relation to Freedom of Information requests, subject access requests and the procedure for transporting of client/patient records.

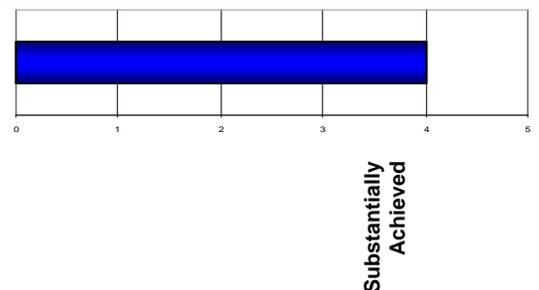
The Records Management and Policy Committee monitors compliance and assists with implementation of operational elements. The Head of Corporate Records is responsible for the handling Data Access and Freedom of Information requests and ensuring all requests are dealt with within legislative timeframes and guidelines. In order to facilitate Freedom of information requests these can be made via the Trust website.

### 5.2.7 Protecting Information

This sub-section relates to criterion 8.3 (i).

#### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (i) 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.



The Trust have indicated that in addition to the Records Management Strategy and policy they also have a Data protection flowchart and an ICT Security Policy. The Trust also have a draft policy in relation to the Transportation of Records and a good practice manual on data protection and confidentiality these are available on the intranet and these will be approved through the Records Management and Policy Committee.

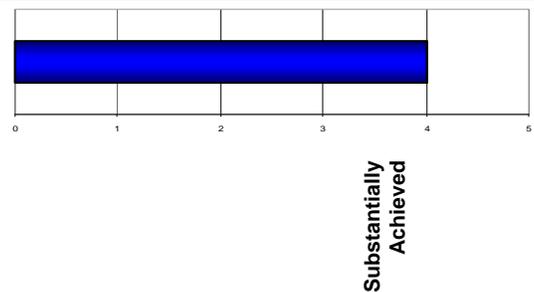
Operationally the Trust have stated they have in place, secure systems and processes to provide information, to other parties, in ways which ensure patient confidentiality is maintained and Data Protection guidance is complied with.

## 5.2.8 Consent Procedures

This sub-section relates to criterion 8.3 (j).

### DHSSPS Quality Standard Criterion - Self assessed score

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



In relation to obtaining valid consent the Trust reported that consent was included as appropriate in the induction of staff and the procedure for obtaining valid consent for examination, treatment/care is embedded within all programmes of care. Consent to personal care is agreed following an assessment and is implicit within the associated risk assessment and care plan signed by individual service users. Where there are concerns about consent, this is discussed with other relevant professionals as required and if there are communication difficulties, carers and relatives are consulted as appropriate.

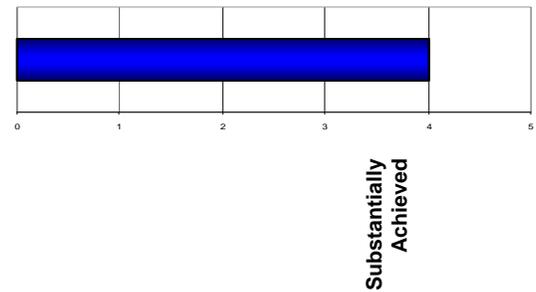
The Trust have stated that recommendations from the regional consent audit will inform training provision, the Trust audit programme and production of information leaflets. At the time of the review visit validation, the Trust advised they did not have a single harmonised consent policy and were working under legacy Trust policies based upon the regional guidance for consent.

## 5.2.9 Complaints and Representation Procedures

This sub-section relates to criterion 8.3 (k).

### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (k) 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.



The Trust has advised that their Complaints Management policy was approved by Trust Board in October 2007. However operationally during 2007/08 the Trust maintained legacy Trust structures and processes for the management of complaints and representation. In December 2007 new patient/client liaison, safety and risk managers were appointed, these individuals have responsibility for the management of complaints across Directorates. Single Trust procedures with regard to the management of complaints within the new structures are being developed and likely to become operational in April 2008. Currently details of how to make a complaint and/or give feedback to the Trust are clearly set out within information leaflets; users are advised of the formal complaints process and provided with a leaflet. Within Directorates there are arrangements to ensure there is appropriate representation/ feedback to inform care planning and service delivery. The Trust see all service user reviews as an opportunity to learn from service users and improve wider service delivery.

The Trust has a Patient Support Service in Craigavon Hospital available to provide support and help to patients, their families and carers. The Patient Support Manager provides a conduit for feedback, comments, suggestions and views, identifying areas for consideration and improvement. Service User participation and feedback is facilitated on an ongoing basis through the Trust complaints and representation procedures. Where necessary, a service user may appoint an advocate (or use their key worker) to provide feedback on services provided.

When asked how the learning from complaints is used to improve practice, the Trust have indicated that complaints received are initially investigated to aid the formulation of a formal written response to the complainant. Complaints are reviewed to identify trends and ensure corrective action is taken; this includes the development of action plans. The review team confirmed that the Trust do not yet have a formal process for the sharing of learning from complaints however during 2008 the Southern Trust are planning to develop a Lessons Learned Model which will ensure that learning from complaints, incidents and service reviews are integrated into the service improvement cycle of the Trust and/or cascaded trust wide. Whilst visiting the Stroke Rehabilitation Unit the review team were impressed when provided with an example where action taken in response to complaint regarding communication in turn led to a reduction in complaints in this area. The team did however note that staff were still using the term 'Complaints Manager' and did not seem to be fully aware of the new complaints/feedback system initiatives and were not using the term 'Patient Liaison'.

**RECOMMENDATION 13:**

**The Trust need to reinforce the new complaints and feedback systems to both service users and to staff, ensuring that learning from complaints is effectively shared across**

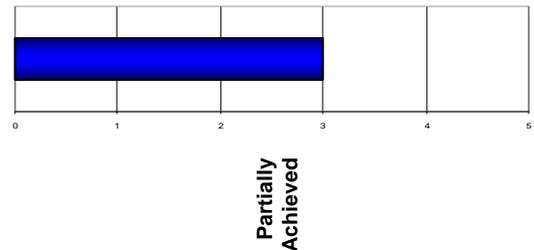
the service. To this end the Trust should continue to change the culture of complaints handling to ensure that the views of both users and frontline staff are taken into account to improve services, implementing and evaluating the effectiveness of the Lessons Learned model as a priority.

### 5.2.10 Published Information

This sub-section relates to criterion 8.3 (I).

#### DHSSPS Quality Standard Criterion - Self assessed score

8.3 (I) 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.



In the self assessment submission the Southern Trust have indicated the availability of a range of published information about services, this information is also available on the Trust website. Operationally the Trust reported the establishment of information processes regarding its services both in and out of hours; these services are subject to review. The Trust have indicated consultation with service users when reviewing information about services and that feedback is continuously welcomed from service users on the best ways and most desired formats for providing accessible information.

## 6. SUMMARY OF KEY RECOMMENDATIONS

### Summary of Key Recommendations within the Theme of Accessible, Flexible and Responsive Services

**Recommendation 1:** The Trust should raise the profile of the Corporate Plan and ensure that staff, at all levels within the organisation, understand how their work contributes to the delivery of the Corporate Plan. This will ensure knowledge of the Corporate Goals, the common objectives therein and will reinforce the corporate identity of the newly formed Trust.

**Recommendation 2:** The Trust should continue to ensure that dignity of service users is maintained across all programmes of care.

**Recommendation 3:** The Trust should continue to develop proposals to explore, develop and extend the Patient Support service to cover both acute sites.

**Recommendation 4:** The Trust, in association with primary care providers, should increase awareness of their services among 'hard to reach' groups ensuring that information on service provision is accessible to all.

**Recommendation 5:** The Trust should develop and implement a unified policy on consent within this current financial year and ensure that mandatory consent training is provided to all staff as appropriate. This should be of satisfactory depth to ensure that informed consent is being both obtained and recorded.

### Summary of Key Recommendations within the Theme of Promoting, Protecting and Improving Health and Social Well-Being.

**Recommendation 6:** The Trust should ensure that they continue to embed the Promoting Well Being vision across the emerging structures and actualise the delivery of Promoting Well Being objectives across the organisation. Senior staff should acknowledge the need and benefit of measuring the impact of all Promoting Wellbeing initiatives both in terms of qualitative and quantitative outcomes.

**Recommendation 7:** Further work is needed to ensure that community/voluntary groups and service users are engaged and involved across all trust planning fora and beyond their core association with the Trust.

**Recommendation 8:** The Trust should acknowledge and harness the value and contributions of schemes, commissioned from and provided by the community and voluntary sector.

**Recommendation 9:** The Trust should identify areas where there are problems with signage and address this forthwith.

### **Summary of Key Recommendations within the Theme of Effective Communication and Information.**

**Recommendation 10:** Multi-agency initiatives provide a model for future delivery of services in light of efficiency savings, it is therefore essential that the Trust develop a communication strategy that ensures effective communication, support and engagement across all services.

**Recommendation 11:** The Trust should immediately look at ways to increase support, involvement and engagement of staff across all programmes of care.

**Recommendation 12:** The Trust should establish communication processes and principles within an integrated supervision system. This, supported by a standardised systematic approach to training in communication skills, would enhance service provision across the Trust and thus lead to a reduction in complaints around communication.

**Recommendation 13:** The Trust need to reinforce the new complaints and feedback systems to both service users and to staff, ensuring that learning from complaints is effectively shared across the service. To this end the Trust should continue to change the culture of complaints handling to ensure that the views of both users and frontline staff are taken into account to improve services, implementing and evaluating the effectiveness of the Lessons Learned model as a priority.

## **APPENDICES**

**(i)**  
**Self Assessment Declaration by Trust Chair & Chief Executive**

**(iii)**  
**Membership of the Review Team**

**(iv)**  
**Areas Visited by the Review Team**

**(iv)**  
**Glossary of Terms and Abbreviations**

Appendix (i) Self Assessment Declaration by Trust Chief Executive

HSC Trust

Version 9.0

**Section 5 - Declaration of Self Assessment**

*Regulation and Quality Improvement Authority  
Clinical and Social Care Governance Review of Health and Social Care Trusts (2007/2008)*

Name of Trust Southern Health and Social Care Trust

Address Trust Headquarters, Craigavon Hospital, 68 Lurgan Road,  
Portladow, BT83 5QQ

Chief Executive's Name Mr Colm Donaghy

Chief Executive's Contact Details  
(Telephone and Email) Tel 028 3861 3960  
Colm.donaghy@southerntrust.hscni.net

Chairperson's Name Mrs Anne Balmer

Chairperson's Contact Details  
(Telephone and Email) Tel 028 3861 3953  
Anne.balmer@southerntrust.hscni.net

Date Self Assessment Form was Completed 25<sup>th</sup> January 2008

In accordance with Article 34 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, I confirm that the information provided in this pro-forma and the accompanying evidence is a true reflection of the Clinical and Social Care Governance arrangements in this Trust.

Signature of Chief Executive:	Date:	Signature of Chairperson	Date:
<i>Colm Donaghy</i>	<u>25/1/08</u>	<i>AE Balmer</i>	<u>25/1/08</u>

## Appendix (ii) Membership of the Review Team

<b>Date of Review:</b>	1-3 April 2008
<b>Project Managers:</b>	Helen Hamilton & John Black
<b>Administrative Support:</b>	Janine Campbell

### TEAM 1 – ACCESSIBLE, FLEXIBLE RESPONSIVE SERVICES

Peer Reviewer	Ruth McDonald Governance Manager	Northern HSC Trust
Peer Reviewer	Eileen Harvey Lead Social Worker	South Eastern HSC Trust
Lay Reviewer	Patricia Stewart	Lay

### TEAM 2 – PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

Peer Reviewer	Natasha Sheppey Performance Development Manager	Eastern Health & Social Services Board
Peer Reviewer	Anne Marie Doherty Senior Manager Health Improvement	Northern HSC Trust
Lay Reviewer	Robert Porter	Lay

### TEAM 3 – EFFECTIVE COMMUNICATION AND INFORMATION

Peer Reviewer	Barbara Dunn Quality Manager	South Eastern HSC Trust
Peer Reviewer	Rosalind Kyle Speech & Language Therapy Services Manager	Belfast HSC Trust
Lay Reviewer	Pat Patten	Lay

## Appendix (iii) Areas Visited by the Review Team

### TEAM 1 – ACCESSIBLE, FLEXIBLE RESPONSIVE SERVICES

#### TRUST HEADQUARTERS

- ❖ Senior Executives responsible for Service Planning and Patient Experience

#### LISNALLY HOUSE, ARMAGH

- ❖ Children's Advocacy Services

#### CRAIGAVON AREA HOSPITAL

- ❖ Ward 1 South (Acute Medical)
- ❖ Mandeville Unit

#### DAISY HILL HOSPITAL

- ❖ Diabetic Outpatient Clinic

### TEAM 2 – PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

#### ST LUKES HOSPITAL, ARMAGH

- ❖ Senior Executives responsible for Effective Partnerships and Personal and Public Involvement
- ❖ Promoting Well Being Department

#### BANBRIDGE HEALTH & SOCIAL SERVICES CENTRE

- ❖ Protect Life Implementation Group and User Forum

#### CRAIGAVON AREA HOSPITAL

- ❖ Integrated Medicines Management Programme

#### WILLOWBANK RESOURCE CENTRE, DUNGANNON

- ❖ FIT4 U Project

### TEAM 3 – EFFECTIVE COMMUNICATION AND INFORMATION

#### TRUST HEADQUARTERS

- ❖ Senior Executives responsible for Communication and Information

#### LURGAN HOSPITAL

- ❖ Stroke Rehabilitation Unit

#### ORCHARD HOUSE, LOUGHGALL

- ❖ Supported Housing Facility

#### COMMUNITY SERVICES

- ❖ Blossom Sure Start Project, Portadown

#### ARMAGH COMMUNITY CLINIC, TOWER HILL HOSPITAL

- ❖ Podiatry Clinic

## Appendix (iv) Glossary of Terms and Abbreviations

<b>Term</b>	<b>Definition</b>
<b>Accountability</b>	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
<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>Care Plan</b>	A document, which details the care and treatment that a patient receives and identifies who delivers the care and treatment.
<b>Clinical and Social Care Governance (CSCG)</b>	A framework within which HPSS 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>	Acronym for 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>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.
<b>MDEA</b>	Acronym for Medical Device/Equipment Alert. These are distributed to HSS Boards, Trusts, and Agencies for direct action and for onward transmission where appropriate in accordance with local procedures.
<b>Organisational structure</b>	A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.
<b>Patient records</b>	The record of all aspects of the patient's treatment, otherwise known as the patients notes.

<b>Peer Review</b>	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review.
<b>POCVA</b>	Acronym for the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA). POCVA aims to improve existing safeguards for children and vulnerable adults by preventing unsuitable people working with them in paid or voluntary positions.
<b>Policy</b>	An operational statement of intent in a given situation.
<b>Procedure</b>	The steps taken to fulfil a policy.
<b>Professional staff</b>	Includes all medical, nursing and allied health professional staff.
<b>Records</b>	Information held in all media e.g. paper, video, photographic or electronic.
<b>Review of Public Administration</b>	Review of the existing arrangements for the accountability, development, administration and delivery of public services in Northern Ireland, bringing forward options for reform which are consistent with the arrangements and principles of the Belfast Agreement, within an appropriate framework of political and financial accountability.
<b>Risk Assessment</b>	The identification and analysis of risks relevant to the achievement of objectives.
<b>SAB's</b>	Acronym for the Safety Alert Broadcast System, a system to disseminate safety alerts issued by the Medicines and Healthcare products Regulatory Agency (Medical Device Alerts only), DH Estates & Facilities, the National Patient Safety Agency and patient safety specific guidance from the Department of Health.
<b>Service Level Agreement</b>	The part of a service contract where the level of service is formally defined.
<b>Stakeholder</b>	A person, group or organisation who affects or can be affected by an organisation's actions.



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