The **Regulation** and
Quality Improvement
Authority

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

Belfast Health and Social Care Trust

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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 Q*uality 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, with a focus on the following criteria:

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 **Belfast Health and Social Care Trust** was established on 1st April 2007 following the amalgamation of the following legacy trusts.
- Belfast City Hospital
- The Royal Hospitals
- The Mater Hospital
- Greenpark Healthcare Trust
- North and West Belfast HSS Community Trust including Muckamore Abbey Hospital
- South and East Belfast HSS Community Trust

In 2007/08 the Trust had a budget of £xxx m and employed approximately 22,000 staff to deliver services health and social care services for a population of 332,890 across the Belfast urban area. In addition a number of Belfast hospitals deliver specialist services on a regional basis.

HPSS New Trusts

Northern Trust (includes)
Causeway
United Hospitals Group
Homefirst

Causeway

Altnagelvin

Western Trust (includes)
Sperrin Lakeland
Altnagelvin Hospitals
Foyle

Belfast & CastlereaghTrust (includes)
Royal Group of Hospitals
Belfast City Hospitals
Mater Infirmorum
Greenpark
North & West Belfast
South & East Belfast

Mid Ulster   Antrim   Whiteabbey

Mater   Ulster

Royal
Belfast City

Tyrone County

Lagan Valley

South Eastern Trust (includes)
Ulster Community & Hospitals
Down Lisburn

Craigavon

Erne

Downe

Daisy Hill

Southern Trust (includes)
Craigavon Area Hospitals Group
Craigavon & Banbridge Community
Newry & Mourne
Armagh & Dungannon

Community care and social services include: Home care including services for highly dependent adults, day care, community nursing, health visiting, physiotherapy, occupational therapy podiatry, residential care for children and older people, family and child care, psychiatry, school health, dental health, speech and language therapy, ophthalmology and services for people with sensory impairment, learning and physical disabilities.

2.2   Places and People

The Review Team visited a variety of sites within the Trust and spoke with staff and patients / service users. The observations made were presented to staff at the end of the visit.

Reviewers found that although senior managers and frontline staff were all very busy, they presented a friendly, open, welcoming atmosphere and demonstrated enthusiasm and commitment to meeting the demands of the service. It was evident that, where possible, staff encourage and empower patients to be involved in assessing, planning, implementing and reviewing care provided.

The senior executive team showed enthusiasm, commitment and an openness to look at problems and displayed indications of good team work.

The review was very well facilitated by the affiliate staff in responding to requests for supporting documentation, setting up meetings with senior Trust staff and providing clarification of some issues where required.

Reviewers were impressed with the uptake of relevant staff training and development opportunities that are provided across the Trust. Each department that was visited produced the induction training programme for that area and a record of all training undertaken by staff.

It was noted that in many departments staff provide care and services on a regional basis and have developed practices to ensure standardisation of high quality patient-centred specialist care for people throughout the province. One such unit is the Brain Injury Unit at Musgrave Park Hospital which is a regional specialist unit taking referrals from across Northern Ireland. The unit provides medical and psychological treatments to allow patients to progress towards as much independence as possible to facilitate their discharge. There are 2 multidisciplinary teams - one team involved in critical care and the other rehabilitative care - it was this aspect of care that reviewers discussed with staff. There are strong networks with the voluntary sector and specialist support services, and good outreach programmes. Reviewers were impressed with the enthusiasm of the ward manager and the committed, supportive, flexible attitudes of staff towards the different therapies provided for patients.

Reviewers also found from staff across the Trust that there were good working relationships with primary care service providers and a number of facilities visited enabled direct patient referral.

Within areas relating to the promotion of good health there was evidence of staff engagement with a wide range of users, carers and the public through statutory, community and voluntary sector partnerships.

Reviewers visited the outpatients department in the Mater Hospital. It is assessed that due to the age of the building, is antiquated and a little dilapidated. It is not conducive to waiting and does not lend itself to any type of distraction for those waiting. Lack of side room space is apparent for those patients who may become distressed. The siting of the Reception Area is not clearly visible to the first-time visitor. However, a Trust Senior Executive described how the Hospital has a redevelopment plan for capital changes for the Outpatients Department in progress.

Staff in this department who met with reviewers were very friendly, open, welcoming and clearly committed to patient care. However, reviewers were made aware of the shortage of staff.

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

TABLE 3

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

Acessible, Flexible, 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.

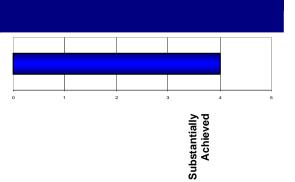The criteria in this section includes:
- ❖ 6.3.1 (a) - Service planning processes
- ❖ 6.3.2 (a) - Service user dignity, respect and privacy and the use of the advocates and facilitators
- ❖ 6.3.2 (b) - Service user information regarding treatment and care

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.	**Substantially Achieved**

As required by Circular HSS (PPM) 06/2006 the Belfast HSC Trust has outlined the service planning processes in the Trust Delivery Plan 2007/08. The Trust Delivery Plan responds to the principle standards and targets outlined in Priorities for Action 2006-08. It includes a capital investment plan that outlines the levels of capital expenditure anticipated for 2007/08 based on approved specific schemes and takes into account the general capital allocation made to the Trust. The funded capital programmes cover a wide range of service provision and are in line with agreed investment priorities. The Trust has indicated that an in year strategic service planning review with the remit of developing a comprehensive capital investment plan will be completed; this in turn will inform future capital redevelopment investment priorities for the Belfast Trust.

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

- Establishment of new Trust including
  - o Development of management structures and reporting relationships throughout the organisation
  - o Appointment of all management, leadership and senior posts
  - o Development of a long term vision for Health & Social care services for Belfast
  - o Harmonisation of Trust policies across Belfast
- Development of a Trust wide system of Governance and Performance management
- Meeting the financial challenge
- Capital investment.

The Trust Delivery Plan includes a high level summary of income and expenditure supported by detailed financial plans which detail the strategic context and the financial parameters within which the Trust is bound to operate in 2007/08. The financial plans set out the financial context, the Trust position, the Commissioners position and pay reform issues along side the identification of associated and additional risk areas.

It it's submission, the Trust reported that, through the commissioning process, it delivers services in an equitable manner and uses local knowledge, gained through partnership working, engagement with community voluntary groups other agencies and with service users and carers. Pockets of unmet need that are highlighted through this process are taken through the internal planning process to commissioners.

It was reported that service groups are currently reviewing internal planning processes to ensure the legacy arrangements for service user involvement can continue to assist in the determination of service priorities and influence both Trust and regional priorities.

The Trust has stated that its level of achievement against criterion 6.3.1 (a) is substantial, however, the supporting narrative would suggest that the Trust has only started to develop the new structures that are needed to ensure future delivery of services. The Trust Delivery Plan for 07/08 also reflects the significant amount of development work required to ensure adequate governance structures and availability of resources for the current year.

Within the Trust Delivery Plan there are a number of sections not fully completed (workforce strategy, measures to break down barriers and promote collaborative working). The Trust has indicated that these aspects of the Trust Delivery Plan were to be developed. Reviewers who spoke with senior executives were satisfied that progress in these areas were being made albeit at an early stage.

At the time of this review there was good evidence of patient empowerment and meaningful engagement with service users on service delivery within the Heart Failure Clinic in the Belfast City Hospital where staff very aware of the targets. There was also evidence of a good standard of primary and secondary care being provided on a regional basis. Reviewers assessed that the systems in place are 'tailor made' for users. A user representative participates in the monthly quality meetings. It was not evident from this review that this meaningful engagement extends to the planning of services for local areas or that service users are involved in the development of a comprehensive capital investment plan.

Reviewers who visited Ward 4 in the Belfast City Hospital were impressed with the involvement of staff in service planning and their awareness of targets in respect of services for both inpatient and out patients and the Trust delivery plan. However, staff in Cardiology Outpatients Department at the Royal Victoria Hospital appeared to be unaware of the Trust Delivery Plan.

It is assessed that the scoring of '3' (partial achievement) more accurately reflects the Belfast Trust achievement against this criterion.

RECOMMENDATIONS:
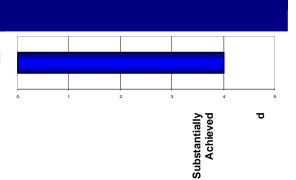**Ensure effective linkage with new local commissioning bodies in the planning, commissioning and delivery of services.**

Robust governance structures should be in place within the current financial year.

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.	

The Trust scores itself as substantially meeting this standard through adherence to all relevant legislation, standards and guidance issued by DHSSPS and discharging its statutory duty of quality in line with the requirements of RQIA and other relevant statutory bodies.

Reference is made to a range of policies across the legacy trusts that are in place to ensure that the standard is met, including, a Code of Conduct, Records Management, Confidentiality, and Equality. The Trust continues to review and disseminate these legal policies across the Trust.

At operational level the Trust states that dignity and respect are a core standard in professional codes of conduct and supplement professional training with courses supporting the values of dignity and respect for example, Cultural Awareness training, Disability Awareness and Complaints Handling.

Information provided by the Trust on user privacy, dignity and respect and the use of advocacy services appears to be largely focused on Mental Health and Learning Disability services where service users and their carers are encouraged to challenge and inform staff and management when they feel they have not been treated with respect and dignity.

It is also noted that there is provision of advocacy services in the acute environment and by Allied Heath Professionals (AHPs) working in the community.

Members of the executive team who spoke with reviewers explained how advocates and users are engaged in the provision of mental health and learning disability services. In order to replicate this model across all service areas throughout the Trust, it was reported that a database of current public representatives has been established.

Reviewers found little evidence that the Trust uses advocates or patient groups sufficiently in service planning or delivery. However, the use of support groups was particularly good in the dermatology department at the Belfast City hospital where there are accessible information technology links and internet access for patients / service users.

A service user who spoke with reviewers was satisfied with information that is provided regarding consent, dignity and respect and was very appreciative of the services provided by ward staff. Reviewers assessed that the Trust has substantially achieved this criterion, however there is still work to be done to ensure appropriate use of advocates.

> **RECOMMENDATION:**
> **Continue to seek ways to ensure appropriate use of advocates and facilitators across all services.**

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.

Partially Achieved

At a corporate level the Trust reported that there are a number of 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. An example that was given by the Trust is the management and development of the Regional Interpreting Service, to provide access to services for an increasing number of patients and clients from black and ethnic minority backgrounds and/or do not have English as their first language.

Clinical staff who spoke with reviewers were unaware of the appropriate use of interpreting services, and placed significant reliance on friends and family to translate to patients. Reviewers recommend that the Trust should ensure that there is Trust-wide dissemination and implementation of the policy for using an interpreter.

It was reported that an Informed Consent Working Group has been established, with the remit to review and monitor compliance with regional guidance and best practice on information provision and consent. Further plans for this group includes the harmonisation of Trust policies on the informed consent process, patient involvement and the provision of patient information, particularly in the community setting.

Operationally, at the time of completion of the self assessment, the Trust did not have a harmonised consent policy and staff were working to existing legacy Trust consent and patient information policy and procedures.

It was reported that a review of all legacy Trust audits on consent had been carried out in 2006/07 and the findings reviewed by the Trust Consent Working Group. Results of these audits indicate substantial compliance in acute areas. It was reported that the areas of non-compliance identified in all acute sites were similar and steps were being taken to address these issues prior to the first Belfast Trust wide audit which is scheduled for September 2008. Steps taken to date include presentation of findings at audit meetings and highlighting the key issues to service Managers. In the community setting, there are wider issues relating to the application of the written consent form and its use in the community setting. The use of the regional consent form and the availability of training for community staff should be audited so that relevant issues can be identified.

Audit findings on information policy and procedures have been fed back to all staff through multi-professional audit meetings where actions to address patient information issues are instigated. It has been recognised that there is work to be done in relation to the quality, standard and cataloguing of information leaflets provided and to ensure that the appropriate information is available throughout the Trust. This is being addressed through review and policy development in that area.

Reference was made to the booklet developed by the Learning Disability Services 'Mental Health Order - Patients Statement of Rights' which is set out in symbol format.

The Trust, in it's submission states that service users, carers and representatives have been and will continue to be involved in the developing and designing of leaflets and are represented at various meetings and on working groups which ensures involvement in decision making.

AREA OF GOOD PRACTICE: Reviewers who visited the Cardiology Outpatients Department were impressed with the information available for services users and patients. Staff were knowledgeable and informed on consent issues - evidence was also provided that consent is an area that is included in staff induction programmes.

During the visit to the dermatology department in the Belfast City Hospital reviewers found no information readily available for users who do not have English as a first language, however, staff have access to the 'language line' which has proved to be a lengthy process. This department provides care and services for adolescents however the environment and provision of information does not meet needs for that patient group. There is no supportive development link with children's services.

Training on Consent
The Trust reported that training on consent is 'under review' as part of a Trust wide induction policy and that a formal system for the delivery of accessible training has still to be developed. There is no central system in place to record the number of staff who have undertaken training on consent.

Reviewers were shown a database that contains an up to date record of training undertaken by staff in one department. It was reported that specific training in obtaining consent for a post mortem is provided for regional bereavement co-coordinators.

Information Leaflets on Diabetes

The Trust was asked to submit examples of leaflets that are given to patients who had recently been diagnosed with Type II Diabetes. These leaflets were audited against criteria covering details about their origin, evidence of being up to date and provision of contact details, as well as basic information provided on the condition and management of the disease and the availability of support and further information for the patient. In total the Trust submitted 3 sets of leaflets, one set used in Belfast City Hospital, a second set used in the Mater Hospital and a third set used in the Royal Victoria Hospital.

Belfast City Hospital

A extensive range of leaflets were submitted, some of these were produced by Trust staff and others by commercial companies and charities. All these leaflets were well written, some with colourful graphics and additional interesting information such as healthy living, travel and recipe suggestions in addition to general information relating to Type II diabetes. All clearly identified the origin of the leaflets, were dated and provided contact details which in some instances referred to the Diabetes Education Unit in the Belfast City. A number of leaflets had been translated into various languages.

Contact details that were provided on most of information leaflets submitted. Information leaflets that did not have contact details included a small slip with the contact details of the Diabetes Education Unit in Belfast City Hospital.

Mater Hospital

A small selection of leaflets were submitted, including leaflets produced by commercial companies, and Diabetes UK. All clearly identified origin of the leaflets, were dated and provided contact details for further information.

Royal – Jubilee Maternity Hospital

Four leaflets were submitted, all had been produced by the Royal Jubilee Maternity Hospital. Two of these leaflets were not dated. Two leaflets provided specific advice on pregnancy and diabetes, the third leaflet provided general information on 'Good health and diabetes'. The fourth leaflet provided information on the Endocrinology and Diabetes Education Centre. All provided contact details for further information.

Reviewers would agree with the Trust's self assessment score of '3' accurately reflects that there is partial achievement of this standard criterion.

RECOMMENDATIONS:
Undertake the proposed audit of the use of the regional consent form and the availability of associated staff training in community settings.

Ensure that information on service provision is available and accessible to all service users across the Trust.

3.2   Criteria Examined through Trust Self-Assessment

This section reports on the information provided by Trusts in their self-assessment submission.
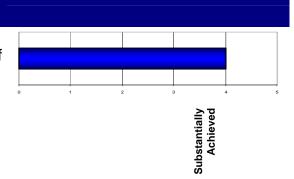
The criteria in this section includes:

- ❖ 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 Users 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.	

The Trust has stated in its Corporate Objectives that it's purpose is to "Improve Health & Well-being and reduce inequalities" and in order to meet the objectives that have been specified in line with this purpose the Trust has commenced a number of initiatives such as:

- ▪ a Community Development Team is working on a Corporate Community Development, Health improvement and User Involvement Strategy that involves integrating the views of users, carers and local communities in how they can participate in service planning, development, evaluation and review of Health and Social Care Services.

- ▪ the formalisation of an Equality Scheme and an Equality Action Plan that includes a commitment to consult with the Section 75 groupings.

- ▪ the administration of a full census staff survey of all staff.

The Trust reported that, through its service planning process, the views of service users, carers and local communities are collated in the following ways:

➢ partnership working with existing patient and user forums, community and voluntary groups or ongoing work with other agencies/organisations.

➢ involving frontline staff in the development of service proposals and in the development of a Statement of Need, a description of expected outcome and an Equality Human Rights consideration.

In it's submission the Trust reported that it has in place, arrangements for mainstreaming the screening and Equality Impact Assessment of its policies, and that a Policy Committee has been established to oversee the harmonisation and approval of new policies.

In regard to the evaluation and review of services, feedback is gathered from a variety of sources and directed to the decision making teams and individuals at local and corporate level, for example:
➢ the complaints process
➢ the ongoing monitoring of independent sector and statutory residential, nursing and domiciliary providers.
➢ the key quality indicators undertaken for commissioners
➢ the ongoing series of audits are all managed through the relevant service groups to ensure impact on future plans and to redress existing arrangements.

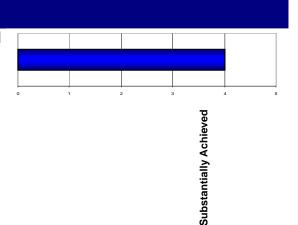It was reported that the service groups are currently reviewing their internal planning processes to ensure the legacy arrangements for service user involvement can continue to assist in the determination of service priorities and influence both Trust and regional priorities.
A wide-ranging consultation exercise has been carried out on the Community Development, Health improvement and User Involvement Strategy.

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.

Substantially Achieved

In the submission the Trust, referred to the development of a Health and Inequalities Team to address Health & Social Well-being. The remit of this team is to work co-operatively with the Community Development and Health Improvement teams and to ensure partnership working across the community, voluntary and statutory sectors. The team is responsible for the management of the region-wide Interpreting Service that provides greater access to services for the diverse population of Northern Ireland.

At an operational level the Trust is developing a range of service proposals that is informed by health demographic reports, both internationally and locally, and literature reviews of best practice and care. Proposals and recommendations are tested against evidence of best practice, service standards, current research, legislative requirements and patient/client preferences.

The Trust has in place an Equality Scheme, an Equality Action Plan and a Disability Action Plan. The former includes working with Belfast City Council and other public agencies on the development of a Conflict Transformation Plan. Preliminary work has commenced in the development of a Good Relations Strategy. An Employment Equality Plan pro-actively promoting Equality of Opportunity and Social Inclusion within the workforce has been developed.
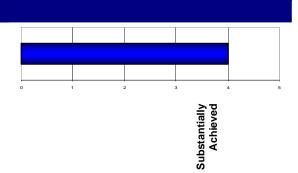
It was reported in the submission that risk assessment mechanisms are embedded across service directorates and equality and human rights requirements are mainstreamed in strategic and operational activities.

With regard to user involvement, the Trust have reported extensive partnership working with voluntary, private and statutory sector organisations.

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.	Substantially Achieved — score 4 (scale 0–5)

The Trust reported that the Corporate Service Planning Group meets on a monthly basis with commissioners(all HSS Boards where applicable) to ensure that a transparent, comprehensive planning process is in place across all service areas both locally and regionally. Priority decisions on Trust funding proposals/ service specific bids are made during these meetings.

It was reported that service groups are required to work together to assess, inform and identify best ways of meeting need. Personal and public involvement is at differing stages of implementation across these service groups.

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.	Partially Achieved — score 3 (scale 0–5)

The Trust stated in its submission that there is a Service and Budget Agreement that incorporates various standards, which the Trust requires provider organisations to sign up to and comply with. These are all publicly available documents.

Operationally, the Trust undertakes detailed monitoring of regulated facilities and providers who are sub-contracted to the Trust. It was reported that the Trust is in the process of reviewing and streamlining the principles and process for commissioning services, therefore they assessed themselves as partially achieving this standard.

There is significant user involvement within the Trust quality monitoring process. Direct access to the legacy Trust's Quality Monitoring Officers as well as access to Service Managers has resulted

in significant use of this service to address queries, complaints and concerns. A formal link back through the legacy Trust governance arrangement ensures organisational learning. The Trust plans to take the key elements of this service into its new management arrangements.

3.2.3   Access to Services

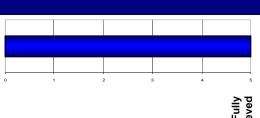This sub-section relates to criterion 6.3.1 (f)

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.

Fully Achieved

The Trust responded that they have fully achieved in this standard - the access targets for a range of services which are in line with regional targets are clearly set out. These include targets associated with elective care (e.g. Outpatients, Inpatients Day Care, waiting times) and emergency care, (A & E waiting times, fracture and cancer treatment waiting times and discharge targets). Progress in relation to access targets is monitored on a weekly basis through the provision of information reports. The Trust's performance against access targets is reported on regularly through the Trust Board. It was reported that on occasions when the Trust may be underperforming against relevant targets, escalation arrangements are in place when underperformance is noted.

Operationally, the Trust has established internal performance management and monitoring arrangements to ensure individual service groups are delivering services in line with regional access targets. Any risks within specialties are highlighted at senior manager level through the provision of patient level information reports and at fortnightly internal performance meetings.

The Trust has monitoring arrangements in place at patient and client level in relation to ensuring access targets are met. These arrangements include contacting individuals by phone or by letter in line with regionally agreed guidance.

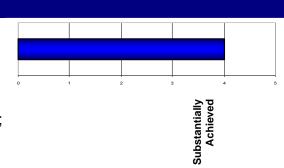### 3.2.4   Availability of Information in Alternative Formats

❖ 6.3.2 (c) - 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.	*[Bar chart showing score of 4 on a scale of 0–5, labelled "Substantially Achieved"]*

The Trust provided a comprehensive list of available services for staff, patients and service users which includes information regarding the regional interpreting service, information on working with diversity and staff training on equality, diversity and human rights. Materials are in a range of accessible formats

It was reported that the Trust has formally adopted an Equality Scheme and an Equality action Plan.

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.	*[Bar chart showing score of 4 on a scale of 0–5, labelled "Substantially Achieved"]*

The Trust in its submission reported that it continues to support patients and clients in making individual decisions and choices in their care planning and to embed the involvement of patients and the public in the development of services. This is done through listening to the issues raised by stories of individual patients, from user surveys, complaints and complements particularly in respect of older people, people with learning disabilities and those with mental health problems. This a recurring theme for staff induction and ongoing in-service training programmes. The Trust also identified clinical supervision as a channel to allow members of staff to reflect on patient care and to respect the rights, views and choice of patients and their families.

It was reported that Patient, Service User and Public Involvement Activity surveys continue to be conducted within the Trust to ensure innovative solutions are being identified and implemented.

Within Children's Social Care Services, it was reported that staff attempt to integrate empowerment, choice and independence that is proportionate to interventions and this is informed by comprehensive risk assessments.

It was reported that within all service groups, particularly mental health & learning disability services, there is recognition that service users should be involved in all aspects assessment, care planning, treatment and care.

In the submission the Trust referred to *help lines* that are available for patients who use rheumatology and coronary care.

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.	Substantially Achieved

The Trust rated themselves as having substantially achieved in relation to this criterion, however they have identified that revised information governance arrangements are currently being developed that will have to take account of a changing legislative and guidance framework. An urgent review of data protection capability is being undertaken.

Operationally, a group led by the Co-Director of Information Management has responsibility for the quality of data being recorded on the Trust's electronic patient record databases, the quality of analysis and reporting of that data and for ensuring that the data transfer arrangements are compliant with the guidance on protecting patient and client confidentiality.
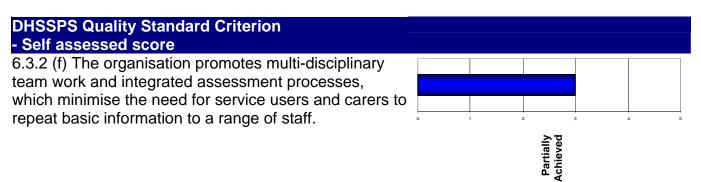
It was reported that mechanisms are being developed in relation to advocates access to patients' case notes.

Reviewers were shown up to date records of staff training in confidentiality and privacy that had undertaken. It was also noted this is an area that is covered in staff induction programmes.

Reviewers were satisfied that case records are stored securely and are accessible to clinical staff in the areas that were visited.

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.	Partially Achieved

The Trust has recognised the need to minimise the number of times users and carers have to repeat basic information and rated partial achievement in this criterion. The development of multi-disciplinary documents such as A & E flimsies, unified patient/client records and care pathways should assist in achieving this standard.

The Trust was requested to submit an example of multi-disciplinary team work which takes place within the Diabetic Services. In response, the Trust reported that diabetic teams continue to work in the legacy organisations that are, in most cases, well established. A collaborative approach has been adopted for a considerable time, sharing good practice and leading on developments in diabetes.

The Trust provided an example whereby women who use the maternity services have the opportunity to carry their own notes ensuring free communication between the community team and hospital team which goes some way in minimising the need for repetition.

The Trust reported in it's submission that social services, family and childcare services have participated and contributed to innovative service developments with the voluntary sector to meet the needs of children and adolescents.

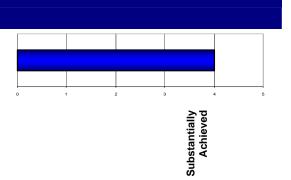It was reported that any discussions and workshops about multidisciplinary team working have involved representatives from all service user groups in order to influence the best way multidisciplinary teams can work together to meet the client's needs. The diabetic forum was given as an example where Allied Health Professionals, clinicians and service users, actively promote diabetes health issues.

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.	**Substantially Achieved** (score 4 on scale 0–5)

The Trust rated a substantial achievement in this criterion. The Picker Institute patient satisfaction survey that has been completed on two of the legacy Trusts i.e. the Royal Victoria Hospital (RVH) and Belfast City Hospital (BCH) was provided as evidence of this achievement. It was reported that it is now planned to extend this across the organisation. Service users and carers are encouraged to use complaints management systems when they are not totally satisfied with the service they have received.

Operationally, it was reported that service groups particularly the mental health & learning disabilities, social services, family & childcare services continually encourage service users and their carers to comment and share their views on the service they have received. This is done through various methods. for example, Comment cards/sheets, satisfaction questionnaires, complaints procedure, one to one interviews, telephone interviews, focus groups, advocacy, patient forums, house meetings, parents and friends groups, user groups and consultation groups. Within the learning disability service, service users are involved in 'evaluating quality care' (EQC).

The Trust reported that it recognises the importance of user involvement in assessing the quality and efficacy of its services. A number of opportunities are used to gain service user and carer feedback for example through regional networks and groups such as the Renal regional review implementation group, Arthritis Research Campaign Northern Ireland Kidney Patient Association (NIKPA).

It was reported that user/carer representation at management and facility meetings such as the Environmental Cleanliness Group is encouraged.

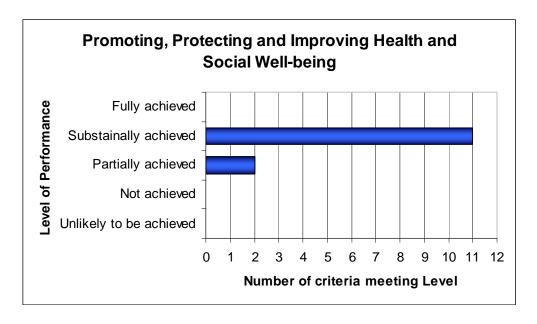## 4 PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

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

TABLE 4

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

Promoting, Protecting and Improving Health and Social Well-being

Level of Performance (y-axis): Fully achieved, Substainally achieved, Partially achieved, Not achieved, Unlikely to be achieved

Number of criteria meeting Level (x-axis): 0 to 12

- Substainally achieved: 11
- Partially achieved: 2

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.
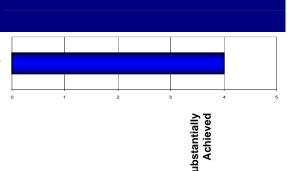
The criteria in this section includes:

- ❖ (7.3 a) Trust Partnership Arrangements in Place

- ❖ (7.3 b) Personal and Public Involvement

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.	**Substantially Achieved** (score: 4 out of 5)

The review team were impressed with the commitment by the chief executive to ensuring that the Trust is working to its purpose in improving health and well being and tackling inequalities. The organisational structure shows that the Associate Medical Director and a co-director are responsible for the Community Development and Health Improvement teams that contribute to improvements in Health and Social wellbeing.

In addition three key directors lead on Promoting, Protecting and Improving Health and Social Well Being:

- Equality unit
- Human Resources
- Nursing - User Involvement

All service areas are required to feed into this area through working to 5 key Trust corporate objectives, this is an opportunity for real commitment in ensuring staff are engaged through various groups. Examples of these groups include a number of focus groups and the Trust Joint Consultative Forum. It was evident that there has been a real attempt by the Trust to ensure that Promoting, Protecting and Improving Health and Social Well Being is very high on the Trust wide agenda for actions. There is a clear structured strategy for the Trust to 'feed' out to service groups through the identified co-directors.

This approach needs to be further developed with new local commissioning bodies to ensure effective linkage with the planning, commissioning and delivery of services.

Framework for community development, health improvement and user engagement
A community development, health improvement and user engagement strategy is being developed and the associated draft framework document has been forwarded to Trust Board at the time of the review. This document has been developed through consultative meetings – workshops and a multi agency roundtable conference.

The arrangements for partnership working are outlined in the draft framework document which includes the legacy Trusts' partnership arrangements. It was reported that the Trust is at an early stage of developing this work and therefore has not measured the benefits and outcomes of partnership working.

It was reported that staff are engaged in corporate planning and reshaping and that a process is in place for regular consultation with heads of service and the chief executive briefings. In addition, a recent Trust-wide staff survey relating to work environment has been administered.

This was evidenced when reviewers spoke with the respiratory nurse specialist who spoke of her involvement in a workshop to input into the development of the Trust framework document. A number of specific actions were identified that would have an affect on her team and these were shared with staff.

This engagement was not evidenced during the visit to the Brain Injury Unit at Musgrave Park Hospital. There was no evidence of staff involvement or awareness of the draft framework document. This unit is an exemplar of a positive approach to promoting and improving health and well being. However, staff were unaware of their contribution to the Trust-wide purpose, in improving health and well being and tackling inequalities. It was reported to reviewers that the key focus for staff was excellence in the delivery of health and social care and recognition of the good practice in interdisciplinary working within this specialist field. All staff evidenced that they had been involved in or had completed the staff survey.

Reviewers suggest that the Brain Injury Unit, at Musgrave Park should be recognised by the Trust as an area of good practice and as such included within the framework document.

The Community Development Manager commented on the inclusion of social care links in the draft framework document and reported that the Chief Executive/Senior Management Team are committed to ensuring that there is a continued focus on disadvantaged areas within service provision for example within mental health, disability and community nursing services.

The Health Action Zone
The Health Action Zone (HAZ) has been running for approximately 8 years, it is a strategic multi-agency partnership which has up until now, focused on tackling inequalities in North and West Belfast, specifically those issues which require multi agency action.

A wide range of Trust staff has been involved in Health Action Zone programmes and initiatives, including senior managers for health improvement and their staff. There are close working relationships between the Trust health improvement and community development teams and the staff team of Health Action Zone. Some of the work initiated by the Health Action Zone has been mainstreamed by the Trust and where appropriate, the lead for this has been taken on by health improvement staff. For example, the leadership for the Health Action Zone programme in sexual health is currently being passed to the Trust and will most likely be led by the senior manager for Health Improvement.

The review team did not evidence this integrated working during the Trust site visits. It would be advantageous for the Trust to have contribution from social care staff within the structures that have been set up.

The review team met with the Chair of the following groups: Heart Health, Healthy Living Centre, Regional Alliance for healthy living centres, North/West Partnership Board and Surestart. The historical good working relationships within the previous North and West Belfast Trust were identified and that power struggles had been overcome.

When asked about how the work of the Health Action Zone (HAZ) fitted within existing structures, it was reported that there is positive support of the HAZ coordinator in engaging key stakeholders to develop a coordinated approach across the Belfast Trust.

> **RECOMMENDATION:**
> **Ensure effective support is provided for the maintenance of partnership arrangements with stakeholders, including primary care, community and voluntary organisations across all programmes of care.**

Visit to the Brain Injury Unit at Musgrave Park Hospital

The review team visited the Brain Injury Unit at Musgrave Park Hospital and met with staff who described how they were integrated into the senior management team at Trust level. The ward manager referred to the good networks with other hospitals within the Trust, in particular the Royal Victoria Hospital and meetings with voluntary organisations.

The Brain Injury Unit is a regional specialist unit taking referrals from across Northern Ireland. The unit provides medical and psychological treatments to allow patients to progress towards as much independence as possible to facilitate their discharge.

> **AREA OF GOOD PRACTICE:** There are 2 multidisciplinary teams, one team involved in critical care and the other rehabilitative care, it was this aspect of care that reviewers discussed with staff. There are strong networks with the voluntary sector and specialist support services, and good outreach programmes.
>
> Reviewers were impressed with the flexible attitudes of staff towards different therapies.

Reviewers felt that there was a need to a more integrated approach to working with the community staff. The potential for building capacity within the community to support patients with their rehabilitation was apparent. Reviewers felt that this is an area which could be further developed. Staff recognised that discharge to the community was one of their key challenges.

Staff indicated that in terms of their service there was insufficient planning on a regional basis to meet the medium to long term needs of the client group - examples given were sensory impairment, physical disability and older adults. Other issues that were identified included the need to recognise the limitations of inpatient services as part of the patient journey, to improve the approach or transition towards a more holistic approach to planning.

Discharge planning was a dominant feature of discussions with staff and the lack of planning investment in this critical stage. Staff recognised the lack of appropriate support/care services available on discharge. This is a continual source of anxiety for staff, families and carers in finding age appropriate care services. Staff evidenced the huge demand and responsibility on them in terms of supporting family needs throughout the process.

Reviewers are of the opinion that the Trust would need to review the adequacy of the support given to staff. Staff indicated that the line management support within the unit was good but that dealing daily with 'tragic cases' and the ongoing 'domino effect' had potential to impact on their personal health and well being.

Meeting with Palliative Care nurse specialist in North Belfast and staff from the cancer Lifeline Group
This team was very clear about their strategic and operational role within the Trust.
It was reported that they provide a cancer care service in north and west Belfast where the incidence of cancer is 31% above the Northern Ireland average. Staff shared with reviewers their aspiration to develop a 'skills lab' for carers and families to promote skills development in basic care. This included the Ulster Cancer Foundation 'Yellow Bus'. They also spoke of their participation in the Northern Ireland Cancer Network workshop as part of service development.

The reviewers also met with representatives from Cancer Lifeline, a community, voluntary, user-led organisation that has been has been involved in the process of designing services for palliative care in conjunction operational directors and cancer patients.
This organisation has influenced the Trust in the provision of complementary therapies for cancer patients. The model of working has been evaluated and supported through a number of funding streams. Sustainability of funding continues to be a key challenge. The community representatives articulated their concerns regarding the changing management structures and maintaining and developing links with key Trust contacts.

Respiratory nurse consultant responsible for leading a Trust-wide team

AREA OF GOOD PRACTICE: The respiratory nurse consultant displayed a level of commitment and enthusiasm that impressed the review team. It was felt that this should have a positive impact on how services will be designed in the future. It was evident that there is a clear line of communication and support through co-director to the director of nursing. It was reported that the changes in service delivery have brought about closer working relationships within respiratory services and additional benefits in standardisation and streamlining of services. Potential service developments were discussed that include closer working relationships with general practice and clinicians within the acute setting.

There was evidence of very strong links with service users and the centre had introduced feedback systems. The majority of the links however were through specialist voluntary organisations e.g. Chest Heart and Stroke. The relationship with the wider community was not yet developed to its potential - for example Surestart. Examples of service user engagement included patient satisfaction questionnaires and focus group discussions during which people are encouraged to be frank and honest in their feedback. Frustrations identified by services users included a concern over waiting times and access arrangements.

Family and childcare team
Staff in this team showed limited knowledge or experience in the concept of the promotion of health and well being and felt that it was of questionable relevance to their 'core business'.

It was reported that the integration within the Carlisle centre was less 'stigmatizing' in delivery of childcare services and was a good statement to the public. The concept of the promotion of health and social wellbeing was not evidenced in this area of work. Reviewers noted a limitation in the cohesion across programmes for example early years/Surestart and lack of awareness of the need for collaboration across services. Strategic links were reported as not being as strong as in the legacy Trusts.

When asked about the resistance within Family & Child Care/Child Protection teams the community development manager recognised this still is a particular challenge at an operational level. It was recognised that the delivering of the action plans in all areas of Trust business is a key challenge.

Community Nursing Service
The Community Nursing Manager clearly identified the role of community nursing was the provision of 'one to one' care delivery services to GP attached patients within local areas. Specialist nurse services, including diabetes and heart failure are available throughout the Belfast area.

The Nurse Manager identified frustration around the continuous changes in priorities for action targets (PfA) which take forward service improvements. These changes have resulted in limited opportunity to bid for resources. An ongoing challenge is the inability to bid for care services.
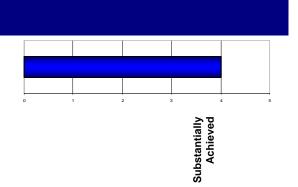

RECOMMENDATION:
Maintain sustainable funding arrangements to meet the needs of all patients across all programmes of care.

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.

Substantially Achieved

An area of work that Trust staff discussed with reviewers was the development of a new service user forum. While this is recognised as good practice, it has yet to be implemented.

Staff in the Brain Injury Unit at Musgrave Park Hospital referred to a walkabout undertaken by the Chief Executive and members of the senior management team during which members of staff were encouraged to raise issues. Lack of community rehabilitation support for patients under 65 years with a brain injury, that would facilitate earlier discharge from the unit, was given as an example of an issue that was raised during the walkabout.

There was no evidence of barriers to communication with senior staff; this has been enhanced by the merging of Trusts. The ward manager in the Brain Injury Unit identified her involvement with senior managers at business and operational meetings. This is not connected to the development of corporate objectives and the high level strategies such as the framework document.

Staff in the Brain Injury Unit at Musgrave Park Hospital spend a significant amount of daily time working with families on a one to one basis. Families are involved in the planning of the patient journey which ultimately will have an effect on the health and well being of the whole family. This is a service which should be recognised by the Trust as an area of good practice and as such included within the framework document.

Reviewers were concerned that documents such as the framework document for community development and corporate business plan had not been disseminated to frontline staff who had taken part in this review.

There was an apparent lack of awareness of the role of the Health Promoting Hospitals Co-ordinator and it's potential benefit to supporting the service.

RECOMMENDATION:
Ensure that strategy documents such as the corporate business plan and the framework for community development is disseminated and shared with frontline staff throughout the Trust.

The Trust were asked to identify who is responsible for implementing the 'Guidance on Strengthening Personal and Public Involvement in Health and Social Care' DHSSPS Circular HSC (SQSD) 29/07. The response was that no single specific named person has been identified to take the lead as was requested by DHSSPS.

The Trust has submitted a progress report of action to implement Personal and Public Involvement (PPI) , and within this refers to the framework document for Community Development, Health Improvement and User Involvement which they intend to use.
This has taken the form of a consultation exercise with a range of service users, carers, patients, voluntary and community organisations, staff, other agencies and political parties. To date, the Trust has run 20 consultation sessions involving over 300 people; a further 20 consultations are planned.

The process is being overseen by a project board chaired by the Medical Director, and is being taken forward by a steering group, chaired by the co-director for service planning, with support from a project manager. An advisory panel, with a membership drawn from patients, carers, users, community and voluntary organisation and other agencies, provides guidance and advice on the development of the framework document.

Teams and sites visited evidenced excellent working practices. The 'Framework' is definitely a good practice model but has yet to be mainstreamed across Belfast Health and Social Care Trust.

A considerable number of achievements in terms of this section were based on framework development and implementation. It would therefore be uncertain that the Trust has 'substantially achieved' in almost all areas of promoting, protecting and improving health and social wellbeing. Based on the small number of services reviewed a partially achieved focus may be a more realistic overall assessment.

RECOMMENDATION:
A named individual should be identified to take the lead in implementing the DHSSPS Guidance on Strengthening Personal and Public Involvement in Health and Social Care.

4.2 Criteria Examined through Trust Self-Assessment

This section reports on the information provided by Trusts in their self-assessment submission.
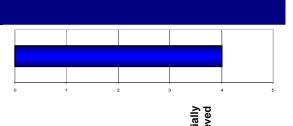
The criteria in this section includes:
- ❖ (7.3 c) Human Rights
- ❖ (7.3 d) Equality Screening with Section 75
- ❖ (7.3 e) and (7.3 i) Responsibility and Ownership with regard to Health
- ❖ (7.3 f)Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information
- ❖ (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 submission the Trust reported that they are committed to Human Rights and to contributing to the targets for reducing health inequalities outlined in the Investing for Health document and rated substantial achievement in this criterion.

The Director of Human resources has appointed a co-director with responsibility for Equality & Human Rights and a Health and Social Inequalities Team is being established with responsibility for Human Rights regarding the Trust functions and responsibilities.

Reference was made to a number of employment initiatives that have been developed to target social need and to tackle long-term unemployment through the provision and offering of training opportunities to assist the long-term unemployed in accessing the workplace. Education and learning development opportunities are also available to assist entry level staff to progress through the organisation.

Initiatives that have been implemented to address access to services and to help increase social inclusion, include the 'Travelers' project and the 'Black & Ethnic Minority' projects.

An Employment Equality Plan to provide Equality of Opportunity and Social inclusion is being developed and consulted on.

The Health Improvement Team contributes to achieving the objectives for health improvement outlined in Investing for Health, working on issues such as obesity, smoking and diet, as well as focusing on settings such as local communities, schools, health and social service facilities and the workplace.

AREA OF GOOD PRACTICE: Social Services, Family & Childcare has evidenced the integral significance of Human Rights principles in its interventions and service delivery processes. Its commissioning of services from local community groups, support for social entrepreneurship, discrete provision to the Traveling Community and discharge of its Statutory Functions across the' in need' continuum are examples that have been provided to substantiate the Trust's commitment to inclusion and the promotion of equality.

In terms of personal and public involvement the Trust participates in the West Belfast and Greater Shankill Employment Project and has an Employability Access Project in operation in North Belfast.
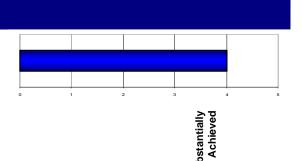
The Trust is also represented at Co-Director level on the North, West, South & East and Shankill Partnership Boards adding poverty, social need and social inclusion in these areas. These include Health & Well-being projects within the areas.

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.	Substantially Achieved

In its self assessment the Trust scores substantial achievement in this criteria. It is reported that there has been formal adoption of an Equality Scheme and an Equality Action Plan for 2007-08, to specifically ensure compliance with the section 75 duties. It was reported that the Trust also actively pursues Equality Screening and associated necessary Equality impact Assessments for all its policies.

The Trust referred to the establishment of a Policy Committee comprising Trust staff, users and carers that have been harmonising legacy Trust policies. This committee is required to include Equality Screening of all policies and where necessary undertake an Equality Impact Assessment process on all new policies prior to their formal adoption.

The Trust was represented on the Regional Equality and Good Relations Group and participated in the Review of the Equality Screening process that concluded in November 2007.

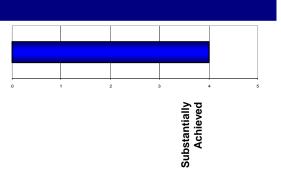Operational staff have been made aware that all policies are equality screened prior to ratification. Staff training has been provided on equality and human rights. It was reported that within the Mental Health, Learning & Disability services all relevant staff have attended this training.
The Trust policy committee into Belfast H&SC Trust policies have been required to undertake an Equality Screening Process.

This sub-section relates to criteria 7.3 (e)

4.2.3 Responsibility and Ownership with regard to Health

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.
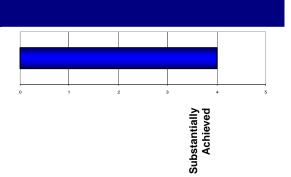
Substantially Achieved

The Trust responded to this criterion by detailing the work of the steering group in producing and implementing the draft framework document on Community Development, Health Improvement and User Involvement based on the draft guidelines in Personal and Public Involvement issued by the DHSSPS.

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.

Substantially Achieved

The Trust reported that there is access to a wide range of data on heath status and health inequalities available from organisations such as Northern Ireland Neighbourhood Information Service (NINIS) and the Registrar General's Office, as well as reports produced by organisations such as Belfast Healthy Cities, for example in relation to older people. Early in 2007, the Health Action Zone produced an important analysis of socioeconomic inequalities in the North and West of the city.

Operationally, the Trust has developed a profile of health and social status by electoral wards across South and East Belfast and Castlereagh, which has been made available on the Trust's

intranet. This will be expanded to cover the whole of the city. The Trust is also participating in a group with Belfast Healthy Cities to develop a health profile for Belfast.
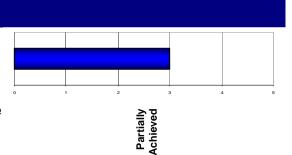

RECOMMENDATION:
Continue to expand the profile of health and social status to cover the complete Belfast Trust area.

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.

Partially Achieved

The Trust submitted details of the 2005 Civil Contingencies Framework that outlines its responsibilities, including assessment of the risk of emergencies occurring; contingency emergency planning; business continuity arrangements; warning, informing and advising the public in the event of an emergency.

It was reported that a lead officer has been appointed to develop and co-ordinate a Trust emergency plan and to ensure that efficient and effective emergency planning processes are in place in line with national and regional guidance. Other responsibilities include the completion of self assessment against the emergency planning controls assurance standards. This process addresses the Civil Contingencies Framework and the Emergency Planning Functions and Directions for Northern Ireland.

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.

Partially Achieved

In it's submissions the Trust provided details of engagement with the Environmental Health Department of Belfast City Council to undertake joint inspections of food production areas to ensure compliance with statutory and industrial best practice. The Trust also engages with the local Fire and Rescue Service to review application of Fire safety procedures and make recommendations on fire strategy.

Details were provided on the establishment of an accredited Environmental Management System (EMS) which is a process for the identification, prioritisation and action on environmental hazards. This system was created in partnership with Belfast City Council, Arena Networks, Business in the Community and Queens University of Belfast.

It was reported that Trust leads on the Health Action Zone, is represented on the Board of Directors of Belfast Healthy Cities and also engages with a range of organisations to reduce local environmental health hazards.

Operationally, the Trust monitors the quality of water and air in clinical environments and inspects and monitors electrical safety to ensure safety and wellbeing of patients, clients, staff and visitors. The Trust also provided information on an Arts and the Environment project in which staff and patients look creatively at waste and environmental issues and make art installations with obsolete waste items.

It was reported that the Trust, through the Health Improvement and Community Development departments, has established good working relations with partner organisations on a range of issues for example Tobacco, Home Accident Prevention and Community Safety.
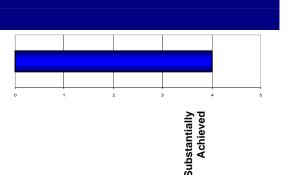
The Trust has acknowledged that they could do better to engage with users, patients, staff and other organisations on environmental issues.

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.	Substantially Achieved

The Trust responded to this criterion by describing evidence based programmes that are being developed by the Health Improvement department in association with a range of partners. The role of the department is to translate national and regional priorities into local action. This occurs through local Community of Interest structures, for example Mental Health and Suicide and Healthier Choices.

It was reported that the Health Improvement department has well developed processes to plan and support innovative practice within localities such as: -

• Allied Health Professional staff working across the organisation in various programmes, which include acute and community-based staff e.g. Respiratory Teams, Stroke Teams, Cardiac Rehabilitation, Mental Health and Learning Disability programmes.

• Plans are in place to modernise services with effective management of demand and capacity over 7 days per week, efficient scheduling systems, on-call systems and turnaround times in the service to meet the requirements of patients and carers.

• There are plans to improve psychology service by ensuring better access and reduce waiting times.

• Plans are well developed in the utilisation of the pharmacy service and to review and modernise laboratory services.
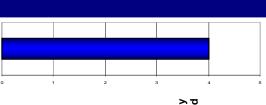
It was reported that service users and local community groups will be involved in delivering some aspects of the programmes particularly in relation to metal health and learning disability services.

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.

Substantially Achieved

In it's submission the Trust declared that it is committed to improving the Health and Well Being of staff. Information was provided on the organisation's structure and the work of the Human Resources team that includes the establishment of a dedicated team to take forward 'Improving Working Lives' initiatives and programmes. This team works collaboratively with Health Promotion to enhance the working lives of staff.

It was also reported that the Medical Director has established a structure and systems for providing occupational health and support services. It is noted that a Trust-wide National NHS Staff Survey has been commissioned to gather the views of staff and to inform and help the organisation improve the working lives of staff.

Details were provided in relation to the services provided by the Occupational Health Department to promote health and well being. These services include pre-placement assessments, management referrals, self referrals, health surveillance, immunisation programmes and workplace assessments. In addition to these services all staff have access to a confidential counselling service.

The Trust did not provide an example of a family friendly policy, as requested, instead reference was made to the review of all family friendly policies that is being carried out by the Improving Working Lives Team.

It was reported that the Trust continues to work in partnership with all stakeholders to ensure that measures are in place to support staff and help bring about an end to attacks to healthcare and emergency workers. The Zero Tolerance Policy was given as an example of this commitment.
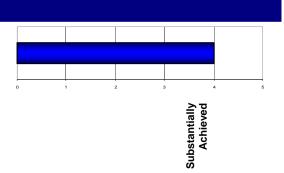
4.2.9 Screening and Immunisation Programmes

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.

Substantially Achieved

The Trust has reported that it makes available to service users a range of quality assured screening and immunisation programmes for example, childhood immunisation programmes, sexual health screening and breast screening.

The Trust also reported that it maintains an immunisation programme including BCG rubella for all relevant staff. In addition an annual flu immunisation programme is widely publicised and offered to all Trust staff.

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 (l)

DHSSPS Quality Standard Criterion
- Self assessed score

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

Substantially Achieved

In the submission the Trust stated that all planning priorities will be set in the context of national, regional and local priorities as outlined in all relevant documents . These include annual public health and social care reports, for example, National Service Frameworks, the DHSSPS Twenty Year Vision, the Bamford Review of Mental Health and Learning Disability, CREST Guidelines, NICE Guidelines. Corporate plans and proposals are cascaded through the Service Groups.

It was reported that the Trust is currently reviewing how its extensive legacy Trust user involvement arrangements can best promote the development of priorities. In the development of the Belfast Trust Strategic Objectives, a series of consultative forums with service users across the care spectrum were held to develop the Trust's key principles.

4.2.11 Use of Volunteers

This sub-section relates to criterion 7.3 (m)

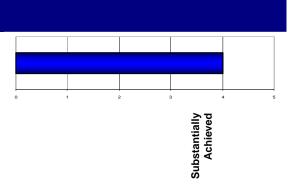| DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (m) The organisation provides opportunities for the use of volunteers, as appropriate.	Substantially Achieved

The Trust's self assessment score was substantial achievement in this criteria. It was stated that that volunteers make an important contribution to supporting delivery of patient care and help to improve the patients experience in both the acute and community settings.

It was reported that the Trust currently employs five volunteer managers who have a remit for recruiting, placing, training and supporting volunteers within the organisation. It was also reported that there is a Service Level Agreement with the Voluntary Services Bureau in Belfast for the delivery of volunteering services in the South and East and North and West Belfast localities.

Volunteer recruitment was discussed with the respiratory nurse specialist who spoke positively about the links within health improvement/community development services within the Trust and links with Voluntary Services Belfast. It was also acknowledged that there the practical difficulties in recruiting volunteers in the current climate.

> **RECOMMENDATION:**
> **Continue to expand the profile of health and social status to cover the complete Belfast Trust area.**

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

TABLE 5

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

TABLE 5 (a)

Effective Communication and Information

A horizontal bar chart titled "Effective Communication and Information". The vertical axis is labelled "Level of Performance" with categories: Fully achieved, Substainally achieved, Partially achieved, Not achieved, Unlikely to be achieved. The horizontal axis is labelled "Number of criteria meeting Level" ranging from 0 to 7. Bars extend to 6 for "Substainally achieved" and 6 for "Partially achieved".

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.
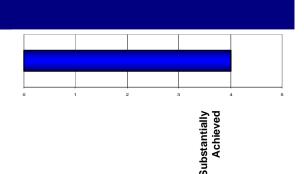
The criteria in this section includes:

- ❖ (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

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.	(bar chart showing score of 4, labelled "Substantially Achieved", scale 0 to 5)

The Trust reported that a Patient and Public Involvement Co-ordination group has been established. This group has representation from corporate nursing, medical director's office, community development, health improvement, social inequalities and communications teams.

The Trust also reported that it continues to carry out Patient Satisfaction surveys across a range of sites, and the Picker Institute are about to commence the first Patient Satisfaction survey for the Belfast Trust.

It was stated by the Trust that having partnerships with their service users and carers and the community meant that feedback information includes instant feedback for example attendance at meetings, workshops and seminars, reports and letters and one to one meeting with staff and managers, e-mails and telephone conversations.

In a meeting with Senior Executives, it was reported that several methods were used to gain feedback, including: -

- ❖ The Serious Adverse Incidents (SAI) Reporting Process
- ❖ Committees within the governance structure which identify themes arising from complaints, incidents, etc.
- ❖ The Risk Department takes the lead in disseminating any learning.

In terms of complaints handling, the Trust identifies learning at two levels; general trend analysis which may identify themes where training or policy/service improvement is required and detailed analysis of individual complaints through internal or external investigation and subsequent action planning. The Trust recognises the importance of learning lessons and a number of initiatives will help to re-enforce this that included a risk management strategy, being open policy and the use of complaints to inform induction and training.

The system for collating summaries of complaints and to profile the learning to inform practice and service initiatives were described, an example was given where a complaint has lead to the development of a care pathway for spinal cord injury. Complaints are also discussed at regular Governance/Assurance meetings.

Patients who spoke with reviewers were all aware of how to make a written complaint. Staff also described the complaints process whereby complaints are escalated following the Trust's procedure and how outcome from complains are disseminated through the operational manager to relevant staff so that learning is shared with the team.

A carer raised an issue with reviewers this was not a complaint but his experience of being unable to obtain further information about the condition/treatment and decision-making process for the patient he was responsible for. He explained that whilst he did not want to make a formal written complaint, he was unable to find a way to resolve this at a local level.

Cardiology Out-patients Department
There was no evidence of a feedback system for compliments or even for general comments in place within the Cardiology Outpatients Department in the Mater hospital. Reviewers noted that feedback regarding the provision of information was good and very positive. There was evidence of good cross professional communication through to the patients in this unit.

There is a system whereby, at the appointment booking stage, staff determine whether the patient's first language is English or not, and, if not, a leaflet translated into the appropriate language is sent out. Patients are also made aware that interpretation services are available.

There is a lot of information available in the form of leaflets for patients – however, reviewers did question how much this is utilised. Considerable information is provided through the appointment with the medical consultant – the quality of this information is dependent on the individual consultant. Staff reported that the consultant within the clinic was always available for queries or matters of clarification.

AREA OF GOOD PRACTICE: Reviewers noted that an area of good practice was the use of the "CHITTY" System whereby the nursing staff would ensure one-to-one communication would take place with the patient following an appointment with medical staff using a proforma check-list to ensure all aspects of the visit were discussed and any clarification provided or questions answered, if necessary.

Reviewers were unable to find any evidence of patient surveys within this Department.

In the Ward A Cardiology in the Mater Hospital a good example of feedback processes was evidenced among the staff, in that three times per day (am/lunch-time/pm) meetings which involve the Ward Sister, her Deputy and the Band 6's take place to update and share information. This was seen as an effective feedback mechanism to help ensure communication in the team.

Compliments were given by word of mouth and even though one patient suggested that the Ward should provide a Suggestion Box, this was, in fact already in existence, although not made clearly visible for patients.

Reviewers are in agreement that the Trust has achieved a substantial level of achievement in meeting this criteria although there could be better use of patient surveys in the Cardiology Out-patients department.

In it's Service Delivery Plan, the Trust has given a commitment that it will continue to focus on the principle that users and the public are involved in the planning and delivery of services. The Trust is committed to the development of a Community Development, Health Improvement and User Engagement Strategy. This strategy will provide a coherent, co-ordinated and innovative framework setting out the Trust approach to health improvement, community and user engagement, tackling health inequalities and the development of a modern flexible and responsive service provision. This approach needs to be further developed with new local commissioning bodies to ensure effective linkage between the planning, commissioning and delivery of services.

In addition to ensuring focus on the principle that users and the public are involved in the planning and delivery of services, the Trust states that it l continue to promote active service user and public engagement in the evaluation of services and will seek feedback on how best to achieve this during consultation on the community development and user involvement strategy.

In relation to the development of measures to assess user experience, the Trust has given a commitment to continue to promote this.

Measures to engage users, carers and communities in the planning, delivery and evaluation of health and personal social services.
As previously stated the main priorities for the new Trust 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. The Trust plans to establish a database of community and voluntary organisations across the Trust area and to agree user engagement objectives for the Trust.

Measures to assess user experience in terms of the level, quality and method of delivery of services.
In addition to ensuring active user/public engagement in evaluation services the Trust will continue to focus on the principle that users and the public are involved in the planning and delivery of services. The Trust will seek feedback on how best to achieve this during consultation on the community development and user involvement strategy. This approach needs to be further developed with new local commissioning bodies to ensure effective linkage between the planning, commissioning and delivery of services.

RECOMMENDATION:
Given the regional aspect of the Trust's service provision, measures should be taken to ensure consistent engagement with users, carers and communities not only across and within the greater Belfast area but the region as a whole.

In the public liaison services section of the Trust's Communications Action Plan – 2007/08 the following key actions are noted as completed, with completion dates stated: -

- ❖ Development of Trust User Engagement Strategy – this was completed in September 2007
- ❖ Establishment of Public Liaison Services as the first port of call for the Trust's political engagement – March 2008
- ❖ Establishment of public liaison protocols – October 2007
- ❖ Establishment of monitoring processes, recording systems (databases and media monitoring) and issue management procedures – April 2007
- ❖ Establishment of open and trustworthy relationships with staff and stakeholders – April 2007

The following actions are noted as ongoing, with completion dates:
- ❖ Establish an engagement strategy divided into short-, medium-, and long-term objectives with clear evaluation processes – March 2008
- ❖ Establish formal mechanisms for issues management and feedback to the service – March 2008
- ❖ Decide objectives and priorities for political engagement in terms of influence at local, national, and Ireland-wide level – March 2008
- ❖ Map political stakeholders and prioritise them using power/interest model – March 2008
- ❖ Focus groups to build on ideas in the findings, for example, establishing effective communication techniques, and partnership working with politicians – September 2008
- ❖ Plan and co-ordinate user engagement processes for the Trust's service areas – March 2008
- ❖ Improve accessibility for political stakeholders, for example, hotline for MLAs, information sheets for constituency offices, set up briefings – March 2008

In it's response the Trust referred to the establishment of a Community Development, Health Improvement and User Engagement Framework, which will detail how the Trust will work with Service Users, Carers and the wider public to ensure their active participation leads to improvements in health, a reduction in health inequalities and that it also informs service delivery and development. At an individual service user level, it was reported by the Trust that there are robust mechanisms to secure user involvement. As noted earlier, it is seeking to develop systems to engage users at service development and review levels.

Reviewers who visited the Mater hospital were unable to find evidence of focus groups, user involvement or user input and, when questioned, staff were also unaware of ongoing initiatives in this area.

Senior Executives confirmed that the User Engagement Framework document "Involving You" is an all-encompassing document which is presently being consulted upon with input from all stakeholders. They also described a robust process of user engagement which is being currently rolled out throughout the Trust. An audit of patient involvement across all directorates is being undertaken by the Director of Nursing which it is hoped will provide a baseline of the current state of play Trust-wide and initial findings are to be presented to the Trust Board during the week of the Review.

Senior Executives explained that other initiatives are ongoing in terms of working with different communities, for example a series of workshops have been organised for staff to increase

understanding of working with people from different cultures. Also, in terms of service users whose first language is not English, it was reported that information disseminated at ward level has been translated into various languages.

> **AREA OF GOOD PRACTICE:** An area of good practice was cited in the Life After Mental Health (LAMP) Group, whereby mental health service users work as advocates for other service users. This scheme has worked well and the Trust is considering expanding this involvement with regard to input on interview panels and on management committees.

Reviewers were pleased to learn that development of the Trust-wide Communications Strategy is underway and robust processes are in place to ensure the Strategy is inclusive in terms of stakeholders and that ownership is encouraged. It is hoped that this Strategy can be rolled out across the Trust.

Reviewers who visited the Mater Hospital Cardiology Outpatients Department were unable to find evidence of focus groups, user involvement or user input and, when questioned, staff were also unaware of ongoing initiatives in this area. In the Cardiology Ward (Ward A) limited user involvement was evidenced, although the Ward had recently carried out a patient survey which is due to be repeated. This survey is linked to the Picker Institute Survey and, with approx 88% return, will provide baseline feedback with regard to many areas from the physical environment to patient care.

During a visit to Holywood Arches Health Centre, various initiatives in relation to active user participation were described to the review team, such as: -

- ❖ User Panel for the Sight and Hearing Team which has been involved in the design of patient information leaflets, calling cards and registration cards. The Panel has also assisted in running a number of awareness sessions for staff in order to raise awareness of particular client groups visiting the facility and/or in the community.
- ❖ Patient User Group where each department is represented to facilitate inclusive communication flow.
- ❖ Well-established links with community development and other existing groups in the area.
- ❖ Patient information leaflets have been translated into various languages to include Chinese which is the largest non-English speaking group within this community. Patient information is also recorded onto audio cassettes.
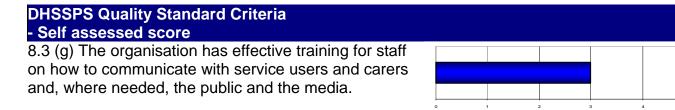
In Musgrave Park Hospital, reviewers met with representatives from the Prosthetics User Forum which is an independent user group within the Department. The group is self-managed and facilitated by the Trust, has its own notice board and provides strong links into the Department of Health and Social Services and Public Safety. It meets quarterly and a representative from the Belfast Trust attends all meetings. Various issues, including the quality of care provided and environmental factors (e.g.: waiting areas within the Department), are examined and the group has previously undertaken surveys and is currently reviewing all patient information leaflets to ensure these are user-friendly and relevant. The Chair and Secretary of the Group are members of the Regional Disability Group and this is seen to be a good two-way conduit whereby information can be disseminated to the local level and influence can be borne at the regional level.

Reviewers would agree with the Trust's self assessment score of '4' reflects that there is substantial achievement of this standard criterion. However, given the regional nature of the provision of services engagement with users, carers and communities should be assured across not only the greater Belfast area but the region as a whole.

Reviewers are uncertain that the Trust has 'substantially achieved' in the standard criterion for service user participation in effective communication and information. Based on the small numbers of services reviewed a 'partially achieved' score may be a more realistic overall assessment.

5.1.2 Effective Training in Communication

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

DHSSPS Quality Standard Criteria - 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.

Partially Achieved

The Trust reported that the communications department has provided the opportunity for all senior managers whose role brings them into contact with journalists to undertake media training.

The Trust is establishing a Learning & Development Team within Human Resources and has established a Personal and Public Involvement Service Users Group. Work has commenced on the identification of Training and Development needs with a Learning and Development Strategy. Communication skills for staff will be one of the elements of the Learning & Development Strategy.

The Personal and Public Involvement Service Users Group are currently considering the training requirement for staff regarding communication with Service Users and Carers and the General Public.

The Trust was requested to provide a copy of the Trust-wide Training & Development Strategy and, where a final document was not available, to submit the current draft document or action plan. The Trust indicated that the strategy was not available as it was currently being drafted following a number of workshops.

The Trust stated in it's self-assessment that a Learning and Development Strategy that is currently being developed by the Learning and Development Team will help to identify training needs in communication skills for staff for example in customer care, media and communication with people who have disabilities. This was verified by Trust Senior Executives during

discussions with the review team who advised that assessment of training needs is undertaken through various channels that include staff appraisal, complaints, personal development plans and evaluation of the effectiveness of training provided. It was also reported that the Trust's Personal and Public Involvement Service Users Group will also identify staff training needs with regard to communicating with service user and carers and the general public.

In Ward A Cardiology in the Mater Hospital, reviewers noted that communications skills training for staff is undertaken as part of professional development for nurses. The Ward Sister is very aware of the need for ongoing communications skills training and monitors student nurses with regard to this on a regular basis. Training needs in this ward are generally assessed during staff appraisals.

In Holywood Arches Health Centre, reviewers were advised that the induction programme for front line reception staff is being revised to include Knowledge Skills Framework (KSF) values, which include communications skills.

Reviewers met with a range of staff from various community teams including - Community Nursing; Children's Nursing; Health Visiting; Integrated Team for Elderly; Podiatry; Physiotherapy; Sight and Hearing Services. The review team were unable to evidence any training strategy for communications skills or customer care training. However, it is an expectation that communication skills modules are included in the course of study for professional training and then expanded on through the KSF.

In both the Wheelchair and the Prosthetics Departments in Musgrave Park Hospital, the review team evidenced good robust induction processes in place which addressed communications skills.

Types of Training
Senior Executives reported that training in communication skills is administered across professional lines, with the provision of additional courses for front line staff such as "Breaking Bad News". However, Customer Care Training is not mandatory.

Newly appointed overseas staff who come to work in Ward A Cardiology in the Mater Hospital have access to an induction training programme that can be undertaken on a day release basis. This training has a communications skills component. It was reported that staff who undertook this training had found it to be very beneficial.

Reviewers were unable to evidence a current communications skills training programme for the Integrated Care Team in Holywood Arches Health Centre.

The manager and staff who work in the Prosthetics Department In Musgrave Park Hospital, reported that they had undertaken of customer care and communication skills training.

Communication with Service Users and Carers
Patients In Ward A, Mater Hospital who spoke with reviewers described satisfaction with all aspects of communicating with staff. They were very satisfied with the Named Nurse system that requires nurses to take time to provide detailed explanations and give reassurance about treatment, condition and hospital stay. This was evident to reviewers on the journey through the Accident & Emergency Department to the Ward. It was reported that regular communication and

information giving was good, even during waiting times. The Ward has access to interpreters for patients whose first language is not English.

During the visit to the Cardiology Outpatients Department in the Mater Hospital, reviewers found that the wearing of name badges by staff to be good practice and helpful when communicating with service users and their carers.

In the Speech and Language Department in Holywood Arches Health Centre reviewers found evidence of good communication and information for patients. A service user reported that letters sent to patients were clear and written in plain English and clearly highlighted any necessary actions to be taken.

Service users at the Podiatry Clinic in Holywood Arches described staff communication as comprehensive and that explanations are given in respect of the appointment. There was no evidence of patient information leaflets, however, the one-to-one interaction with staff as observed on this occasion appeared to be effective and is commended.

There are no patient information leaflets available in the Prosthetics Department in Musgrave Park Hospital, however, a specially designed room is used to display the full range of services to users. It was reported to reviewers that this is a more effective method of communicating as individual patient's experience and expectations are measured and considered. Full and detailed one-to-one and/or group discussion takes place and reviewers noted this as an effective form of communication to help meet the needs of these service users.

Effective Training in how to Communicate with the Media
In it's self-assessment submission, the Trust stated that media skills training is provided for all senior managers whose role brings them into contact with journalists and each senior manager's role is assessed in terms of whether media training is required or not. It was confirmed by senior Executives who met with reviewers reported that media training has been offered to approximately 160 Managers across the Trust and, to date, forty have availed of this. This training is not mandatory.

A range of key actions have been completed to ensure that there are comprehensive Trust-wide guidelines, protocols and information. These documents are being disseminated across the Trust. It is the intention of the Trust to have established a publication scheme and to provide staff awareness training and monitor adherence to the system.

In those areas visited by the review team (Ward A Cardiology Outpatients Department, Mater Hospital; Holywood Arches Health Centre; Regional Disability Services in Musgrave Park Hospital) there was robust evidence that staff have a good knowledge are aware of and adhere to relevant protocols for handling the media. In general, staff were aware of what to do when a media situation arises and this included being approached informally by the media. Staff in Holywood Arches Health Centre explained that a protocol on how to deal with the media had been issued by the Communications Department and they displayed a good awareness of this. However, when questioned, clerical and administrative staff in the Integrated Care Team in Holywood Arches Health Centre were not all clear about the process for dealing with media queries.

Reviewers were satisfied with the Trust self assessment score of partial achievement of this criterion. It was noted that staff in areas that were visited by the review team were knowledgeable and aware of protocols for dealing with media enquiries, however, there is some way to go in disseminating Trust-wide guidelines, protocols and information.

RECOMMENDATION:

Take steps to ensure that the procedures for dealing with media queries are disseminated to all staff throughout the Trust.

5.2 Criteria Examined through Trust Self-Assessment

This section reports on the information provided by Trusts in their self-assessment submission.
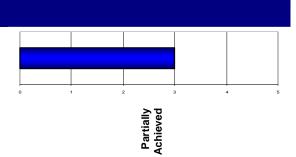
- ❖ (8.3 b)Information and Communication Strategy
- ❖ (8.3 c)IT and Information Systems
- ❖ (8.3 d)Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance
- ❖ (8.3 e)Communication Principles
- ❖ (8.3 f)Information Principles
- ❖ (8.3 h)Records Management
- ❖ (8.3 i)Protecting 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 Criteria
- 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.

Partially Achieved

Information and Communications Strategies

The Trust was requested to provide a copy of the Trust-wide Information and Communication Technology (ICT) Strategy and where a final document was not available, to submit the current draft document or action plan. The Trust reported that the document was not available as the process to develop a Belfast wide ICT strategy for 2008/09 had just commenced.

The Trust was also requested to provide a copy of the Trust-wide Communications Strategy and where a final document was not available, to submit the current draft document or action plan. In response to this request the Trust submitted a Communications Action Plan for the development of a strategy which should be completed by March 2008 which is organised in five units: -
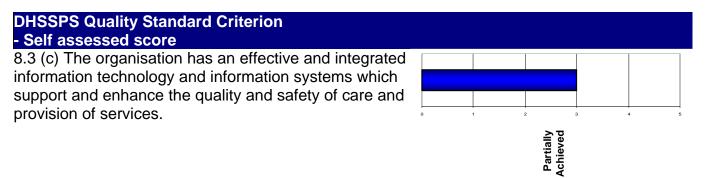1) Head of Communications
2) Public Liaison Services
3) Media Services
4) Internal Communications
5) Design Services

RECOMMENDATION:
Roll out Trust-wide Information and Communications Strategies within the current financial year.

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.	**Partially Achieved**

The Trust reported that it recognises that each legacy site has been effectively managing the information systems that met the needs of that site, however, there must now be movement towards an environment that supports the consolidation of harmonised information systems. An ICT steering group is being formed that will create a strategy and prioritise the projects undertaken by the IT and Telecommunications service.

Whilst ensuring each legacy site still provides operational support and protection of patient information, the process of migrating system users to a central Trust environment that will provide greater security and access to information has commenced.

This is a complicated project that requires major capital and revenue investment to maintain two parallel environments (legacy site and the new Belfast domain). It was reported that some applications will require a regional approach to ensure consistency and may take longer to implement.

Operationally, the Trust Information Technology and Telecommunications service has already created an environment that uses the best practices available within the IT industry. This should ensure that Belfast Trust staff have secure access to data that underpins an increasing number of clinical systems. The size and complexity of the Belfast Trust has highlighted the need for increased access to patient information to meet the reform agenda and improve patient care. The dependence on single instance of paper records is proving to be a barrier to a multi professional approach to patient care.

The migration from the current legacy IT infrastructures is both complex and time consuming, however, it was reported that it is on this foundation that single policies and workflow applications can be delivered.

The Trust IT Department is also working on plans to harmonise and standardise existing applications in the different sites that will allow the Trust to access a single application to produce Trust wide information. This requires a great deal of resources from both financial and technical expertise. Although started, it is envisaged that it likely that this will take a few years to complete.

From a user perspective it was reported that staff members are actively involved in the individual projects. It is planned that an ICT Steering group will be set up to ensure that proper priority is assigned to projects and also represent an opportunity for service user and clinical input.
The IT department is sharing it's information with other Trusts so that regional information sharing can be developed.
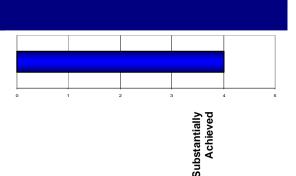

RECOMMENDATION:
Continue the process of migrating Information Technology to a central Trust environment that will provide greater security and access to information.

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 Trust has developed an Assurance Framework and supporting structures to provide the Board with confidence that the systems, policies and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

It was reported that standards and good practice guidelines are forwarded to the appropriate Director for dissemination through Service Group Programmes. Notices to Third Party organisations are handled either by the Department or via the Risk Manager.

A daily intranet bulletin is available for use for urgent corporate communications.

The Trust has appointed a Senior Manager for Corporate Governance whose responsibilities include developing systems, in collaboration with the Northern Ireland Adverse Incident Centre (NIAIC), for the dissemination of Medical Device and Equipment Alerts. The post holder is currently working with NIAIC to facilitate the introduction of SABS (Safety Alert Broadcast System). The Service Groups have appointed Governance and Quality Managers whose responsibilities include ensuring the dissemination of information from the corporate centre in relation to safety alerts and notices. Staff are provided with information relating to safety alerts through staff meetings and the intranet.
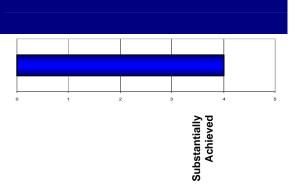
5.2.4 Communication Principles

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

DHSSPS Quality Standard Criteria - Self assessed score

8.3 (e) The organisation has clear communication principles for staff and service users, which include:
- ❖ openness and honesty
- ❖ use of appropriate language and diversity in methods of communication
- ❖ sensitivity and understanding
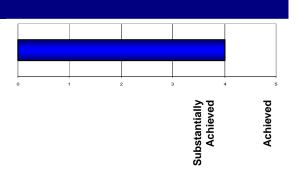- ❖ effective listening; and
- ❖ provision of feedback

5.2.5 Information Principles

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

DHSSPS Quality Standard Criteria - 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 response to both Criteria 8.3(e) and 8.3(f) the Trust reported that the values and behaviours of the organisation have been developed in consultation with staff and service users and are being communicated across the Trust as part of the development of a Corporate vision document.

These values are: -
- • Treating all with respect and dignity
- • Personal and professional accountability
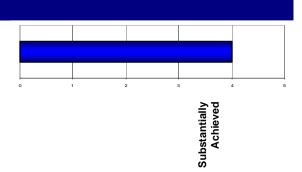- • Openness and trust
- • Learning and developing.

5.2.6 Records Management

This sub-section relates to criterion 8.3 (h)

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.

Substantially Achieved

In it's submission the Trust described the establishment of an Information Governance Group to review existing' legacy' policies and procedures for the Belfast Trust. It is envisaged that this group will develop new policies and procedures for the Belfast Trust and ensure the organisation has effective records, management policies and procedures covering areas such as Information Quality/Confidentiality, technical security, training and communication, medical, social care and Corporate Records, data protection, Freedom of Information (FOI) and environmental information regulation (EIR) requests.

It was reported that specific sub groups covering each of these areas are being established with terms of reference and membership agreed.

Operationally, the existing 'legacy' policies and procedures will remain in place until reviewed and new policies developed and implemented. These policies and procedures affect all service users both employees and patients/clients.
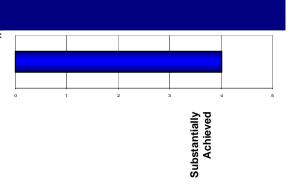
5.2.7 Protecting Information

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.

Substantially Achieved

The Trust has identified Safe Recruitment and Employment Practices as a key result area within its Human Resources Services position and self assessed substantial achievement in this criterion. A procedure for Recruitment, Employment and Placement of Staff under the requirements of the Protection of Children and Vulnerable Adults (NI) Order 2003 has been

developed and an implementation plan put in place to ensure a Trust-wide approach to Protection of Children and Vulnerable Adults. The Trust is currently reviewing all of its Safe Recruitment and Employment Practices.

On an operational level it was reported that Social Services, Family & Childcare practice in this area is informed by professional and organisational values, relevant policies and procedures, legislation and guidance - for example Regional Child Protection Procedures and schemes for the Delegation of Statutory Functions.
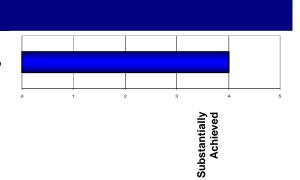
Awareness training for Managers on Protection of Children & Vulnerable Adults has taken place.

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.	**Substantially Achieved**

In relation to obtaining valid consent the Trust reported that it has in place the range of regional consent forms and advice on consent for patients and carers for examination, treatment and care as well as for consent for post mortem examination. Policies on consent are in place across the legacy Trusts and are in the process of amalgamation. Legacy Trusts have been involved in the regional audit on consent and senior staff in the Trust have been working closely with the DHSSPS on the revision of standards and documentation.

The Trust has a Clinical Ethics Committee which reviews issues of consent and advises on policy development and training. 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.

Consent training is provided in induction programmes for all clinical staff with a more detailed training in place at local levels.

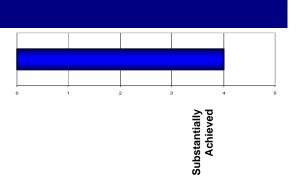## 5.2.9 Complaints and Representation Procedures

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.

Substantially Achieved

The Trust has a centralised patient/client liaison and complaints department that is currently working to harmonise legacy policy and procedure in line with extant guidance. The Trust has, as part of the 2007/08 Audit Programme, arranged to carry out an Internal Audit to review the management of complaints in December 2007, to inform action planning for the service in 2008/09.

Interim arrangements for Trust- wide management of complaints on 1 April 2007. These have subsequently been reviewed and amended in October and December to take account of the changing position within the Trust. It was reported that staff have been made aware of the changes via the Trust intranet and internet and information leaflets.

In it's submission the Trust stated that it recognises the importance of service user involvement in the management of complaints. The procedure for the investigation of adverse incidents and complaints stipulates that patients/clients and carers should be fully involved in the process, where they are happy to do so. The Trust has a Complaints Review Group, chaired by a Non-Executive Director, with representation from service users.
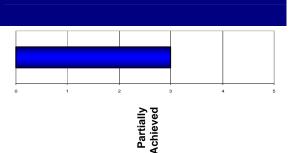
RECOMMENDATION:
The harmonisation of Trust-wide complaints policy and procedures should be completed within the current financial year.

5.2.10 Published Information

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

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (l) 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.	Partially Achieved

The Trust reported that it utilises a variety of mediums to publish up-to-date information on services for example, the Trust intranet and internet sites, information leaflets, telephone directory and posters in GP surgeries and Well Being centres etc.

Information is also available through support groups, rehabilitation teams and information days. It was reported that user and carer representatives will be part of the working group to produce a range of the services, conditions, treatment, care and options available to those people who will require to access services.

6   SUMMARY OF KEY RECOMMENDATIONS

3   ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES

Ensure effective linkage with new local commissioning bodies in the planning, commissioning and delivery of services.

Robust governance structures should be in place within the current financial year.
Continue to seek ways to ensure appropriate use of advocates and facilitators across all services.

Undertake the proposed audit of the use of the regional consent form and the availability of associated staff training in community settings.

Information on service provision should be available and accessible to all service users across the Trust.

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

Maintain sustainable funding arrangements to meet the needs of all patients across all programmes of care.

Ensure that strategy documents such as the corporate business plan and the framework for community development is disseminated and shared with frontline staff throughout the Trust.

A named individual should be identified to take the lead in implementing the DHSSPS Guidance on Strengthening Personal and Public Involvement in Health and Social Care.

Ensure effective support is provided for the maintenance of partnership arrangements with stakeholders, including primary care, community and voluntary organisations across all programmes of care.

Continue to expand the profile of health and social status to cover the complete Belfast Trust area.

5   EFFECTIVE COMMUNICATION AND INFORMATION

Roll out Trust-wide Information and Communications Strategies within the current financial year.

Take steps to ensure that the procedures for dealing with media queries are disseminated to all staff throughout the Trust.

Continue the process of migrating Information Technology to a central Trust environment that will provide greater security and access to information.

Given the regional aspect of the Trust's service provision, measures should be taken to ensure consistent engagement with users, carers and communities across not only within the greater Belfast area but the region as a whole.

Amalgamation of a Trust-wide consent policy must be implemented within the current financial year.

The harmonisation of Trust-wide complaints policy and procedures should be completed within the current financial year.

Appendix (i) Self Assessment Declaration by Trust Chief Executive

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	Belfast Health and Social Care Trust
Address	Knockbracken Healthcare Park, Saintfield Road, Belfast
Chief Executive's Name	Mr William McKee
Chief Executive's Contact Details (Telephone and Email)	028 960003 william.mckee@belfasttrust.hscni.net
Chairperson's Name	Mr Pat McCartan
Chairperson's Contact Details (Telephone and Email)	028 90 960013 pat.mccartan@belfasttrust.hscni.net
Date Self Assessment Form was Completed	4 February 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: 4/2/08	Signature of Chairperson	Date: 4/2/8
William McKee			

Appendix (ii) Membership of the Review Team

Date of review: 18-20 March 2008
Project Manager: Hilary Brownlee
Project Support: Jacqui Murphy
Administrative support: Laura Sharples, Janine Campbell

Name	Title	Organisation
Paul Leyden	Consultant Anaesthetist	Northern HSC Trust
Trevor Fleming	Nursing	Northern HSC Trust
Mary O'Neill	Health Promotion	Northern HSC Trust
David Vance	Planner – Social Services	Eastern HSS Board
Margaret Mulholland	Information	Northern HSC Trust
Arlene Garland	Governance	South Eastern HSC Trust
Josephine Burch		Lay Reviewer
Robert Porter		Lay Reviewer
Eileen Wright		Lay Reviewer

Appendix (iii) Areas Visited by the Review Team

Royal Group of Hospitals

Musgrave Park Hospital

Mater Hospital

Belfast City Hospital

Carlisle Health & Wellbeing Centre, North Belfast

Holywood Arches, East Belfast

Ward 4 (in patient and day care services for dermatology), Belfast City Hospital

Heart failure Clinic, Belfast City Hospital

Healthy Living Centre, West Belfast

Prosthetic users forum, Musgrave Park Hospital

Appendix (iv) Glossary of Terms and Abbreviations

Term	Definition
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
AHP	Allied Health Professional.
Appraisal	Examination of people or the services they provide in order to judge their professional qualities, successes or needs.
Audit	The process of measuring the quality of services against explicit standards.
BCH	Belfast City Hospital.
BHSCT	Belfast Health and Social Care Trust.
Care Plan	A document, which details the care and treatment that a patient receives and identifies who delivers the care and treatment.
Clinical and Social Care Governance (CSCG)	A framework within which HPSS is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Consultant	Medical or dental practitioner who works independently without supervision.
DHSSPS	Acronym for Department of Health Social Services and Public Safety.
EQC	Evaluating Quality Care.
Essence of Care	Patient-focused benchmarking for health care practitioners designed to support the measures to improve quality.
HAZ	Health Action Zone.
Informed consent	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.
LAMP	Life After Mental Health.
MDEA	Acronym for Medical Device/Equipment Alert. These are distributed

to HSS Boards, Trusts, and Agencies for direct action and for onward transmission were appropriate in accordance with local procedures.

NIAIC   Northern Ireland Adverse Incident Centre.

NIKPA   Northern Ireland Kidney Patients' Association.

NINIS   Northern Ireland Neighbourhood Information Service.

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

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

Peer Review   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.

POCVA   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.

Policy   An operational statement of intent in a given situation.

Procedure   The steps taken to fulfill a policy.

Professional staff   Includes all medical, nursing and allied health professional staff.

Records   Information held in all media e.g. paper, video, photographic or electronic.

Review of Public Administration   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.

Risk Assessment   The identification and analysis of risks relevant to the achievement of objectives.

RVH   Royal Victoria Hospital.

SAB's   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.

Service Level Agreement   The part of a service contract where the level of service is formally defined.

Stakeholder   A person, group or organisation who affects or can be affected by an organisation's actions.

Belfast HSC Trust Final Report