The Regulation and Quality Improvement Authority

Provision of Advocacy Services in Mental Health and Learning Disability Inpatient Facilities in Northern Ireland

31 March 2012

informing and improving health and social care
www.rqia.org.uk

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1.0 Introduction

1.1 The Legislative Framework

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, created the enabling legal framework for raising the quality of health and social care services in Northern Ireland. This Order, extended regulation and quality improvement to a wider range of services and in April 2005, RQIA was established as a non-departmental public body of the DHSSPS.

The Mental Health (Northern Ireland) Order 1986 (the Order) provides the legislative framework for the care, treatment and safeguards for people who require mental health and learning disability services. Article 85 of the Order established the former Mental Health Commission (the MHC) which had the duty "to keep under review the care and treatment of patients, including the exercise of the powers and the discharge of the duties conferred or imposed by this Order."

1.2 Transfer of former Mental Health Commission (MHC) functions to RQIA

The Health and Social Care Reform (Northern Ireland) Act 2009 transferred the functions of the former MHC to RQIA on 1 April 2009. As a consequence, the Mental Health and Learning Disability Programme of Care was established within RQIA to manage the functions outlined within the Order. These include making an inquiry into a case where there may be ill-treatment, deficiency in care or treatment, or improper detention in hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage.

1.3 Application by RQIA of Human Rights Principles

The importance of applying a Human Rights Based approach and adhering to the principles set out in the Bamford Review, of justice, benefit, least harm and autonomy was stressed in the transfer of functions. This approach is integral to the process of engaging with service users and their representatives by the MHLD Directorate.

“Physical, cultural, social and attitudinal barriers exist which prevent people with disabilities from accessing the same rights as non-disabled people” (Disability Action) this applies particularly to mental health and learning disability service users.

Mental Health Officers in RQIA have used the Mental Health (Northern Ireland) Order 1986, the Human Rights Act 1998, the UN Convention on the Rights of Persons with a Disability (2008), and the DHSSPS Patient Experience Standards to create a range of expectation statements in the areas of:

- fairness
- respect
- autonomy
- dignity
- equality
- protection

With the help of advocates MHLD officers established a programme of patient experience reviews and a programme of thematic inspections.

By inspecting against these expectation statements RQIA ensures the fulfilment of the Bamford principles and the achievement of the RQIA core activities of:

- improving care
- informing the population
- safeguarding rights and
- influencing policy

1.4 The Role of Advocacy in Safeguarding Rights

There has been increased recognition from the government of the role of advocacy in safeguarding people's rights and in promoting increased choice and control over their own lives. The difficulties experienced by vulnerable people, particularly those with a mental disorder or learning disability in making their views known, have been well documented. Advocacy has been recognised internationally, as a key way of supporting people to access appropriate services and allow them to participate in decisions about their life.

2.0 What is Advocacy?

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice” (Action for Advocacy, 2010).

“Advocacy is the act of speaking up for people who are not being heard and supporting them to express their own views and ultimately, where possible, to make their own decisions and take control over their lives.” (Department of Health, Social Services and Public Safety, 2010)

The World Health Organisation in 2003 stated in its publication “Mental Health Policy and Service Guidance Package Advocacy in Mental Health” that,
“Advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is on the national agenda of governments. Advocacy can lead to improvements in policy, legislation and service development.”

The concept of advocacy has now been broadened to include the needs and rights of persons with mild mental disorders and the mental health needs and rights of the general population. Advocacy is considered to be one of the essential eleven areas for action in any mental health policy because of the benefits that it produces for people with mental disorders and their families. The advocacy movement has substantially influenced mental health policy and legislation in some countries and is believed to be a major force behind the improvement of services in others (World Health Organization, 2001a).

The concept of mental health advocacy has therefore been developed in RQIA to promote the human rights of persons with mental disorders and to help reduce stigma and discrimination. It consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes.

3.0 International Perspective on Advocacy

In Northern Ireland the Irish Advocacy Network (IAN) is the only cross border organisation involved in mental health advocacy. The mental health advocacy movement is growing in Australia, Canada, Europe New Zealand, the USA and elsewhere. It comprises a diverse collection of organizations and people, many of whom join together to work in coalitions to achieve common goals.

In several other countries, advocacy initiatives are supported and, in some cases, carried out by governments, ministries of health, states and provinces.

In many developing countries, mental health advocacy groups have not yet been formed or are in their infancy. There is potential for rapid development, particularly because costs are relatively low, and because social support and solidarity are often highly valued in these countries. Development depends, to some extent, on technical assistance and financial support from both public and private sources. The World Health Organisation (WHO), through its Regional Offices and the Department of Mental Health and Substance Dependence, has played a significant role in supporting Ministries of Health all over the world in promoting Mental Health Advocacy. (WHO 2003)

3.1 UK Perspective

In England, primary care trusts have a statutory duty to provide independent mental health act advocacy (IMHA) services, (since April 2009) which help and support patients understand and exercise their legal rights

The Care Quality Commission's second annual report on the use of the Mental Health Act (MHA), from April 2010 to March 2011 concluded that,
"Although we saw some good examples of patient involvement during our visits, some staff have been found lacking in their knowledge of independent mental health advocacy (IMHA) and have failed to explain to patients how to access these services." They reported that "patients had regular IMHA access on only 65 per cent of wards, though 85 per cent of wards could provide IMHA when requested."

The Mental Health (Care and Treatment) (Scotland) Act 2003 recognises the importance of independent advocacy in supporting people to *"have their own voice heard in decisions made about their health and wellbeing".* It enshrines the right of access to independent advocacy for people with a 'mental disorder' in law (section 259).

The Scottish Welfare Commission reported in its overview inspection report in 2010 that

- "there was very good evidence of advocacy provision although there was some evidence that access was more limited for people with dementia and acquired brain injury. "

The Scottish Welfare Commission has produced detailed guidance for commissioners and providers of advocacy services in respect of “Good practice Guidance for working with independent advocates” (February 2009).

Health Improvement Authority Wales (HIW) has not as yet reported on any findings relating to advocacy services in mental health or learning disability services.

3.2 Northern Ireland Perspective

Effective advocacy services have the potential to contribute to a number of strategic goals for health and social care that ultimately promote wider equality and human right objectives. These include:

- Social Inclusion and justice;
- Health improvement and well-being;
- Reducing inequalities in health and well-being;
- Personal and public involvement;
- Safeguarding adults; and
- Bamford Review/Modernising Mental Health and Learning Disability Services (including proposed Mental Capacity legislation).

Currently, there is an array of advocacy services being provided by a range of mainly community and voluntary organisations and groups across Northern Ireland, all of whom receive funding from a variety of sources, including the statutory sector. As a result, a wealth of experience and skills has already been built up in relation to advocacy services.

However, in terms of what is commissioned by the statutory sector, existing provision is patchy, with some HSC Trusts having more established arrangements in place than others e.g. Belfast and Northern HSC Trusts. There is also evidence of some regional commissioning of advocacy services by the DHSSPS and the HSC Board.

4.0 Types of Advocacy

Citizen Advocacy

Citizen advocacy happens when ordinary citizens are encouraged to become involved with a person who might need support in their Communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis. It is based on trust between the partner and the advocate and is supported but not influenced by the advocacy organisation. The advocate supports their partner using their natural skills and talents rather than being trained in the role.

Group or Collective Advocacy

Collective advocacy happens where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. Individual members of the group may also support each other over specific issues. The group as a whole may campaign on an issue that affects them all. A collective voice can be stronger than that of an individual, as groups are more difficult to ignore. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue.

Peer Advocacy

Peer advocacy happens when individuals share significant life experiences. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or issues. Peer advocates use their own experiences to understand and empathise with their advocacy partner. Peer advocacy works to increase self awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner.

Professional (Individual) Advocacy

Professional advocacy is also known as one-to-one, individual or issue based advocacy. It is provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term.

Ultimately, self advocacy is what all the models of advocacy aim to achieve i.e. a means of building a person's confidence and knowledge to enable him/her to speak up for him/herself and have their voice heard. However, this may not always be possible, for example when a person lacks capacity. In these circumstances, the role of advocacy is considered to be particularly important and is often referred to as non-instructed advocacy.

Non-instructed Advocacy

Non-instructed advocacy could take the form of any of the models described above, and focuses on those who lack capacity to instruct an advocate. This type of advocacy will be central to the outworking of the new proposed statutory right to an independent advocate in the Mental Capacity (Health, Welfare and Finance) Bill, due in 2015/2016.

("Developing Advocacy Services. A policy guide for commissioners" DHPSSNI May 2012)

5.0 Advocacy Forum - RQIA

RQIA in recognising the importance of this work in relation to mental health and learning disability in particular, set up an Advocacy Forum in 2009. A scoping exercise was conducted and all organisations providing advocacy services were visited by their designated Mental Health Officer (RQIA). Details of the provider organisations, its staff, and the volume and type of activity involved were established and recorded.

The establishment of a relationship with advocates has assisted officers in theming their inspection activity and embedded user involvement in the activity of the MHLD Programme of Care. The majority of people currently working as advocates have personal experience of mental health services either as a user or carer. The RQIA Advocacy Forum quality assured the inspection methods used by the MHLD team and provided comments on questionnaires used by the inspectors to determine the quality of care provided.

RQIA aims to establish a positive, reciprocal and enduring relationship with service users. The existence of the forum further evidences RQIA personal and public involvement activities. Meetings with advocates were held in February and July 2009 specifically to gauge their views on a proposed 'Open Surgery 'Review.

This resulted in advocates being invited to discuss how they could work with RQIA to maximise the uptake of interviews and agree the aims and objectives of the forum. Their participation in facilitating practical arrangements was discussed and their help was invaluable in targeting some of the wards visited by inspectors.

5.1 Facilitation of Advocacy Forum

The Advocacy Forum is comprised of a number of voluntary organisations including Praxis, Northern Ireland Association for Mental Health (NIAMH), MindWise, Irish Advocacy Network (IAN), Life After Mental Health Problems (LAMP), Foyle Advocates, CAUSE, Bryson House, MENCAP, Alzheimer's Society and Disability Action. This forum is facilitated by a nominated RQIA responsible mental health officer. The RQIA officer has a remit to develop Public and Personal Involvement within the Programme of Care and was involved in initial meetings and in the annual review of the effectiveness of the Forum. At the last review, advocates spoke of the noted improvement in their ability to gain information and acceptance from ward staff as a direct result of the positive working relationship with RQIA, and the recommendations made by Mental Health Officers following inspections of wards. RQIA is able to call on advocates directly in relation to specific patient issues. This provides an extra assurance that issues will be dealt with appropriately once RQIA leaves the site of inspection.

5.2 Outcomes to date

Outcomes to date have included sharing of best practice, sharing of RQIA's planned inspection activity, getting input to RQIA processes, discussion of individual concerns, and involvement in DHSSPS activities in relation to advocacy.

Given the importance of advocacy in advancing the human rights of service users, RQIA entered into dialogue with NITA, the National Institute for Trial Advocacy who provided Advanced Advocacy training through the Law Society and Institute of Professional legal Studies.

NITA agreed to philanthropically engage in the training course, given its importance in Northern Ireland, and with RQIA developed a training programme for 24 lay advocates in Belfast in May 2010.

From 1 October 2010 to 31 December 2011 RQIA completed 54 inspections of Mental Health wards and 23 inspections of Learning Disability wards focusing on the human rights theme of fairness. One of the expectation statements under this theme is that Advocacy Services are available to all patients. Findings from the inspections of Mental Health wards indicate that 87% of these facilities required recommendations made in respect of the need to consider the provision of advocacy services for patients. Of the Learning Disability wards inspected 87% had recommendations made in relation to the need for development of Advocacy Services. In cases where users were not fully capable of representing themselves effectively, inspectors recommended that an advocacy service is provided.

6.0 Provision of Advocacy Services by Trusts in Northern Ireland

6.1 Belfast Health and Social Care Trust

Mental Health Services

The Belfast trust is the only trust to have established a paid position for a service user advocacy consultant. The organisations commissioned by the BHSCT to provide advocacy services for those with mental health problems are as follows

- Praxis
- NIAMH
- MindWise
- IAN
- LAMP
- CAUSE
- Disability Action
- MENCAP
- Bryson House
- Alzheimer's Society

Praxis, the IAN, LAMP and CAUSE provide advocacy services in the community and in a hospital setting and NIAMH and MindWise provide services in a hospital setting only, both in Knockbracken and Shannon Unit. CAUSE is a registered charity which provides peer-led practical and emotional support to the carers and families of people with severe and enduring mental illness. It works with carers and family members over 18 years. NIAMH is a voluntary organisation which is normally not available to 16-17 year olds, unless they are in an acute ward and request to see an advocate. LAMP are a peer advocacy group working in the Mater Hospital and from a drop in centre in Rosemary Street, Belfast. An advocate from IAN works with the resettlement team.
Generally speaking only one provider organisation will work in any particular ward, i.e. patients cannot choose which organisation they use.

Learning Disability Services

The organisations commissioned by the BHSCT to provide advocacy services for those with a learning disability are:

- Bryson House – voluntary sector service for 18 years +Telling it like it is (TILII) supported by Association for Real Change (ARC) –voluntary service

Older People's Services

Advocacy services are provided for older people in the Trust area by the Alzheimer's Society.

Young People's Services

VOYPIC (Voice of young people in care) provide advocacy services to children and adolescents in Beechcroft Unit.

Representatives from all of the above organisations attend the RQIA Advocates Forum, which meets quarterly. One of the advocates from IAN, has assisted RQIA staff with Patient Experience Reviews in Knockbracken and participated in the RQIA MH&LD Expert Advisory Panel.

6.2 Southern Health and Social Care Trust

Mental Health Services

The SHSCT commissions CAUSE and NIAMH to provide advocacy services to people with mental health needs. Both organisations work in the community and hospital settings.

SHSCT also provides peer advocacy services through a Mental Health forum in the Newry and Mourne area. A network of Peer Advocates has been developed and a training programme devised to increase capacity. The trust supports a User and Carer Service Improvement Group, comprised of Advocates and service user and carer representatives. This group is consulted on changes to services.

Learning Disability Services

The SHSCT commissions Disability Action to provide independent advocacy services to adults with a learning disability. Longstone hospital residents have access to a full time advocate.

Older People Services

Advocacy services are provided for older people in the Trust area by the Alzheimer's Society

Representatives from all of the Southern Trust commissioned organisations attend the RQIA Advocates Forum and have assisted officers in meeting patients during inspections.

6.3 South Eastern Health and Social Care Trust

Mental Health Services

The organisations commissioned by the SEHSCT to provide advocacy services for those with mental health problems are:

- CAUSE
- MindWise

A Peer Advocate Co-ordinator is also commissioned by the Trust.

Learning Disability Services

The organisations commissioned by the SEHSCT to provide advocacy services for those with a learning disability are:

- Bryson House - voluntary sector service for adults
- Carer's forum – voluntary sector service for 16 years +
- 2 TILLI groups supported by ARC – voluntary sector service for adults

Older People Services

Alzheimer's Society Support group – voluntary sector service.

The CAUSE representatives attend the RQIA forum, as does one of the advocates from MindWise.

6.4 Western Health and Social Care Trust

Mental Health Services

The WHSCT commissions one organisation to provide advocacy services for those with mental health problems, namely Mind Yourself/Foyle Advocates, which is a voluntary service for adults and children admitted to adult psychiatric wards. The types of advocacy provided by Mind Yourself include group/self and peer advocacy.

Learning Disability Services

The organisations commissioned by the WHSCT to provide advocacy services for those with learning disability are:

- MENCAP - voluntary service for adults
- Independent Advocacy Service

Older People's Services

The WHSCT commissions the Alzheimer's Society to provide advocacy services for old people.

Representatives from the Western Trust advocacy groups rarely attend the Forum. This is primarily because of the distance and expense of travel. One of the advocates from Mind Yourself participated in the RQIA sponsored training course. Advocates have met with inspectors during visits to acute wards in Gransha hospital. This organisation is run predominantly by volunteers. There have also been changes of personnel since the RQIA forum was established. The organisation is sent minutes from the meetings and representatives have met with inspectors during inspections in Gransha and in the Tyrone and Fermanagh hospital.

6.5 Northern Health and Social Care Trust

Mental Health Services

The organisations commissioned by the NHSCT to provide advocacy services for those with mental health problems are:

- NIAMH - voluntary service for adults
- MindWise – voluntary service

The Northern Trust are the only Trust who do not contract services from CAUSE.

Learning Disability Services

The NHSCT commissions MENCAP to provide advocacy services for people with learning disabilities. This is a voluntary sector service for adults and children. The advocate is based in Muckamore Abbey Hospital and works part time. Compass Advocacy Network also provides services to this group.

Older People's Services

Two organisations provide advocacy services for older people.

- Age NI First Connect
- Alzheimer's Society – voluntary service

The NIAMH advocates regularly attend the RQIA Forum and have assisted MHOs during inspection activity. Alzheimer's Society advocates have liaised with officers during inspections and assisted patients to complete questionnaires. The senior manager attends the Forum.

7.0 RQIA Inspection Findings and Recommendations in relation to Advocacy in hospital wards.

These are outlined in the attached appendices.

Recommendations in relation to advocacy were made following inspections by MHLD officers of all wards in MHLD hospitals on the theme of fairness. Almost all of the facilities visited required a recommendation regarding advocacy. The majority of these related to requiring that advocates attend the ward meetings on a regular basis and that wards proactively encourage visits from advocates.

Belfast HSC Trust

There were variations in the availability of advocacy across the Belfast Trust. The Shannon Regional Secure unit has an excellent service with a patient's advocate and a carer's advocate available.

In Muckamore Abbey Hospital (MAH) some patients attended the TILLI group and advocates were available in most of the admission wards. Advocates were involved in the resettlement plans for some patients. Long stay wards had limited access to advocacy services and patients from the Southern Trust in MAH had no advocacy provision.

Preliminary findings during Patient Experience Reviews indicate that the availability of advocacy is improving in many wards.

Southern HSC Trust

Recommendations were made in 1 of 7 wards inspected, this was the most notable exception to the Regional inspection findings. The four wards in the Bluestone Unit, Southern Trust, offered an exceptional service. The assessment and treatment unit in Longstone hospital also provided an excellent service.

South Eastern HSC Trust

Recommendations were made with respect to advocacy in all of the South Eastern Trust facilities inspected. Advocacy was available in the acute wards; however this was extremely limited in terms of allocated time available for each ward.

Northern HSC Trust

Recommendations were made in 9 out of the 10 inspections. Many of the recommendations have since been partially actioned. The Ross Thompson Unit in Causeway hospital now has an advocacy service.

Western HSC Trust

Recommendations were made in relation to the availability of Advocacy Services in all of the inspected wards. Advocacy services are available within the acute wards in Gransha Hospital and the dementia wards within Waterside. However the availability of advocacy services is limited within Tyrone and Fermanagh Hospital.

Progression towards achievement of Quality Improvement Plans will be examined during current inspections by MHLD Officers in 2012.

8.0 DHSSPS Advocacy Working Group Guidance

In 2010 in line with other UK health departments, the Department of health established a working group to help develop a policy on advocacy services in a health and social care setting. The RQIA mental health officer with responsibility for advocacy was invited to join this group. A draft document was agreed in June 2011 and went out for consultation. (DHSSPSNI draft advocacy policy document 2011). This document precedes the new proposed incapacity legislation, but will be used to support the role of the independent advocate. Information gleaned during the course of the work has informed this paper.

To inform this work, the Department also carried out a scoping study of advocacy services commissioned or provided by the five HSC Trusts, as well as research into advocacy provision in the rest of the UK, the Republic of Ireland and internationally (New Zealand and South Australia mainly). This, along with the outcomes of three workshops held in September and October 2010, has helped to inform the drafting of the policy. The purpose of the workshops was to engage, at an early stage, with interested groups (including statutory and voluntary sector organisations and service users and carers) to inform policy development. A key driver for this work is the proposed introduction of a new statutory right to an independent advocate in the Mental Capacity (Health, Welfare and Finance) Bill which the Department is currently preparing. This proposed new statutory right reflects the growing recognition of the value of advocacy services in protecting the human rights of the most vulnerable in our society as acknowledged in the Bamford Review report on Human Rights and Equality of Opportunity.

The DHSSPS “Developing Advocacy Services". A policy guide for commissioners” May 2012 also aims to pave the way for the proposed new statutory right by seeking to improve understanding of what advocacy is and how advocacy services in a health and social care setting are commissioned. It sets out key principles and standards for the future commissioning and delivery of advocacy services and addresses the issue of independence. Further guidance will be prepared on the proposed new statutory right, once the detail has been developed.

9.0 Future Monitoring Requirements by RQIA

The DHSSPS envisage that RQIA will have a significant role in monitoring, quality, availability and access to independent advocacy under the new legislation as a safeguard for patients who are deemed to lack capacity to consent to tier 3 interventions e.g. ECT or forced feeding. It is proposed that this may involve a similar process to that currently in place for appointment, registration and referral to Part 2 and Part 4 doctors under the existing Mental Health Order. (1986)

There is much current debate around the concept of "independence". Most of the current advocacy providers are employed by organisations which also provide accommodation and care services to Trusts. The level of training varies greatly amongst advocates and it is vital to ensure that commissioners do not spend all of the available resources on the statutory advocates at the expense of peer led services.

The provision of advocacy services to those under the age of 16 is outwith the proposed new legislation.

10.0 Summary

There is a clear recognition of the importance of the continued provision of Advocacy Services in Northern Ireland. The anticipated new capacity legislation has reinforced the growth of the advocacy movement and government interest in this area. The Patient Client Council and the HSCB, as the commissioner, are both interested in setting standards for advocacy services and exploring the options available for delivery of services.

RQIA has been at the forefront of establishing mutually beneficial relationships with advocates and carers representatives. It is envisaged that we will continue to engage with advocates in designing and implementing our inspection programme and in ensuring that service user's benefit from the added protections that access to advocacy affords them.

The RQIA Advocacy Forum will continue to meet quarterly.

There is a significant amount of work to be done in the coming year in conjunction with DHSSPS, both with regard to on-going policy development relating to advocacy in implementing the processes involved in the administrative procedures required to support the independent advocate role and in signposting patients to the most appropriate Advocacy Service to best meet their needs. It is envisaged that the new legislation will be in place by 2016.

By continuing to develop relationships with advocates, RQIA can begin to explore options to involve service users and carers in our mainstream inspection programme. This helps to reinforce RQIAs commitment to PPI and raise the calibre of our inspection activity, putting the public and the service user at the heart of everything we do.

RQIA Mental Health Officers will continue to support patients and relatives access to Advocacy Services and will continue to see Advocates prior to, and during inspections of Mental Health and Learning Disability wards.

APPENDIX1	
BELFAST HEALTH AND SOCIAL CARE TRUST	
BEECHCROFT ADOLESCENT UNIT	It is recommended that an advocacy service is provided. It is recommended that information is made available to the young people and families about advocacy services such as CAUSE and VOYPIC.
KNOCKBRACKEN - RATHLIN	It is recommended that a formalised in reach system for patients is considered, as there may be inequity of accessibility to the service for patients on this ward, as other acute in-patient units in the Trust have established advocacy clinics. It is recommended that the advocate attends patients' meetings on a consistent basis.
KNOCKBRACKEN - MAINE	In view of the vulnerability of patients on the ward it is recommended that contracted advocacy input is resolved as a matter of urgency. It is recommended that “Have your say” meetings occur at least monthly and that the outcomes from these meetings are clearly documented and that advocacy input is facilitated.
MATER - WARD K	It is recommended that the patients' advocate attends the patients meeting.
MATER - WARD L	It is recommended that all patients are made aware of the advocacy service. It is recommended that the advocate attends patients’ meetings to assist patients to discuss any issues of concern at this forum.

MUCKAMORE ABBEY - CRANFIELD FEMALE	It is recommended that all patients have equal access to patient advocacy and that advocates proactively seek the views of patients on admission and on an ongoing basis.
MUCKAMORE ABBEY - CRANFIELD ICU	It is recommended that the unit oversees the adequate provision of independent advocacy services for all patients.
MUCKAMORE ABBEY - DONEGORE	It is recommended that advocates are invited and facilitated to take an active part in patient forum meetings. It is recommended that staff discuss the role of the advocate on the ward and adopt a more flexible approach to collaborative working.
MUCKAMORE ABBEY - ENNIS	It is recommended that the Trust is proactive in the delivery of an independent advocacy service to the ward.
MUCKAMORE ABBEY - ERNE	It is recommended that the patient advocate attends the ward on a regular basis to improve access to this service for patients and relatives.
MUCKAMORE ABBEY - FINGLASS	It is recommended that the advocacy service is more accessible and that independent advocacy is available to all patients on a proactive basis. It is also recommended that the patients' advocate become involved in patients' forum meetings on the ward.
MUCKAMORE ABBEY - GREENAN	It is recommended that the hospital's advocacy service is developed to include an in-reaching service to patients in Greenan Ward.

MUCKAMORE ABBEY - KILLEAD	It is recommended that the independent advocacy service attend patients meetings on the ward.
M' ABBEY - SIX MILE ASSESSMENT CENTRE	It is recommended that advocates are invited to attend ward meetings.
MUCKAMORE ABBEY - RAHTMULLAN	It is recommended that advocates adopt a proactive approach and visit the ward on a regular basis, irrespective of actual requests and limitations in engagement.
M' ABBEY - SIX MILE TREATMENT CENTRE	It is recommended that an advocate attends all patient forum meetings.
WINDSOR HOUSE	It is recommended that the ward advocate attends the ward on a more regular basis to improve patients' awareness of the service.

APPENDIX 2	
SOUTHERN HEALTH AND SOCIAL CARE TRUST	
LONGSTONE - MOURNE HOUSE	It is recommended that the ward advocate is facilitated to meet with individual and small groups of patients to proactively identify any issues that require the advocacy service.
LONGSTONE - SPERRIN	It is recommended that the patients' advocate provides a proactive in-reaching service to patients in Sperrin. The establishment of a patient's forum with attendance from the advocate would also enhance patients' access to independent advocacy.
ST LUKE'S - GILLIS MEMORY CENTRE	It is recommended that there is a proactive, formalised, planned approach to the expansion of the advocacy service and engagement with these patients who have very specific requirements. It is recommended that this protocol is inclusive of the needs of those patients whose communication skills are severely impaired and that a forum for eliciting patient and carers views is considered.
LONGSTONE - CHERRY VILLA	It is recommended that advocacy services proactively engage with patients on the ward and that this is monitored in view of the heavy work load of the advocate. It is also recommended that efforts are made to enhance the information available to patients and carers about this service.

APPENDIX 3	
SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST	
DOWNE - ACUTE UNIT	It is recommended that the advocate attends the patients' meetings.
DOWNE - DEMENTIA UNIT	It is recommended that staff and patients have an awareness of the role of the advocate and the availability of advocacy services at the point of admission and that this is documented in the patients' notes.
DOWNSHIRE- WARD 27	It was recommended that the advocate should attend the patients' meetings to promote patient knowledge and understanding of the service and proactively engage with the patients.
DOWNSHIRE- WARD 28	It is recommended that the Patient Advocate continues to attend the patients meeting on a regular basis. It is recommended that the Patient Advocate is part of a communication strategy to inform relatives and patients of any developments regarding a reassignment or closure of Ward 28 in respect of various resettlement options available to the patient.
DOWNSHIRE- WARD 29	It is recommended that the Patient Advocate will attend the ward by request and on a regular basis. It is recommended that the Patient Advocate is part of a communication strategy to inform relatives and patients of any developments regarding Ward 29, and in respect of the various re-settlement options available to the patient.

LAGAN VALLEY - WARD 11	It is recommended that access to independent advocacy services is reviewed to ensure that this is not wholly dependant on referral from staff. It is recommended that the independent advocacy service should be available and proactive on the ward on a more regular basis. It is recommended that MindWise Advocacy Service is actively promoted on the ward with patients who have a functional mental illness.
LAGAN VALLEY - WARD 12	It is recommended that staff inform patients of the availability of advocacy services at the point of admission and that this is documented in the patients' notes.
ULSTER ACUTE UNIT	It is recommended that staff inform patients of the availability of advocacy services at the point of admission and that this is documented in the patients' notes.

APPENDIX 4	
WESTERN HEALTH AND SOCIAL CARE TRUST	
LAKEVIEW - CRANNOG (CHILDREN'S)	It is recommended that the arrangements for the provision of independent advocacy services are clearly published within the ward and that these are accessible to all patients. It is recommended that the 'looked after' children on the ward are advised of the services available from VOYPIC.
LAKEVIEW - STRULE LODGE	It is recommended that the Trust review the arrangements to enable all patients to access independent advocacy services.
GRANSHA- CLINIC A	It is recommended that advocates are involved in the facilitation of patients meetings.
GRANSHA- CLINIC B	Good practice recognised, it is recommended that the initiatives underway to complete leaflets and notices for advocacy services are finalised in a timely manner.
GRANSHA- CEDAR	It is recommended that advocates are encouraged to attend the monthly patient meetings and are proactive in engaging with patients.
TYRONE AND FERMANAGH - ASH WARD	It is recommended that independent advocacy services are available to all client groups and that advocates proactively engage with the staff and patients.
TYRONE AND FERMANAGH - BEECH VILLA	It is recommended that the Trust reviews that advocacy service provision to the ward to

	ensure it complies with the expectation statement.
TYRONE AND FERMANAGH - ELM WARD	It is recommended that all patients are made aware of the role and function of an Independent Advocate.
TYRONE AND FERMANAGH - LIME	Inspectors confirmed that there is a need to more robustly inform patients of the role and availability of advocacy services. It is recommended that this could be promoted through regular patient meetings. It is recommended that the gap of an independent service needs to be resolved.
TYRONE AND FERMANAGH - OAK	It is recommended that advocates attend the ward regularly and adopt a proactive approach to establish contact with patients.
TYRONE AND FERMANAGH - SPRUCE	Review provision of carer's advocacy and possible carers support group.
WATERSIDE WARDS 1 AND 3	It is recommended that the Trust make arrangements for independent advocacy services to engage proactively with patients. It is recommended that regular patient meetings should be facilitated with an advocate in attendance.

APPENDIX 5	
NORTHERN HEALTH AND SOCIAL CARE TRUST	
HOLYWELL - CARRICK 3	It is recommended that the input of the Advocate is reviewed and service provision is formally agreed.
HOLYWELL - CARRICK 4	It is recommended that the advocate is more proactively involved in Carrick 4 and attends patients' meetings and the ward regularly so that patients are familiarised with the service.
HOLYWELL - INVER 1 (PREV LISSAN 2)	It is recommended that the advocate attends the ward on a regular basis and attends patients' meetings.
HOLYWELL - INVER 4	It is recommended that negotiations to clarify the role of advocacy services on the ward are prioritised and that RQIA is advised of the outcome.
HOLYWELL - LISSAN 1	It is recommended that patients should have regular access to the Patient Advocate.
HOLYWELL - TARDREE	It is recommended that access to Advocacy is extended to include attendance on the ward on a more regular basis to identify issues which may require advocacy and be accessible to patients, independent of staff referral.
HOLYWELL - TOBERNAVEEN CENTRE	It is recommended that advocates should attend patient meetings.

HOLYWELL - TOBERNAVEEN LOWER	It is recommended that the Patient Advocate attends the patients meetings. It is recommended that the Advocate is informed of any patient who lacks capacity.
ROSS THOMPSON UNIT	It is recommended that advocacy services are available and accessible to patients in RTU.