The Regulation and Quality Improvement Authority

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

South Eastern Health and Social Care Trust

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

CONTENTS

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 focusing on the following seven criteria, as it was deemed that these were a representative sample of service user/patient engagement.

Under theme 3 "Accessible, Flexible and Responsive Services" criteria:

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

Under theme 4 " Promoting, Protecting and Improving Health and Social Well-being" criteria:

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

Under theme 5 "Effective Communication and Information" criteria:

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

Organisations were asked to provide information regarding all thirty–eight criteria under the three Themes, and this formed part of the overall report by RQIA. However, unless through the analysis, or as part of the review process, there was an issue that needed to be addressed, these other criteria were not subject to the same level of scrutiny as the seven noted above.

1.3 The Review Methodology

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

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

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

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

1.3.1 The Review Team

Review teams are multidisciplinary, and include both health and social care professionals (peer reviewers) and members of the public (lay reviewers) who have undertaken training provided by the RQIA. Review teams are managed and supported by RQIA Project Managers and Project Administrators.

Lay Reviewers
Lay reviewers come from a range of backgrounds and from all over Northern Ireland. They play a vital role in review teams, bringing with them new insights and helping the team look at how things are done from a lay person's point of view.

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

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

1.3.2 The Review Process

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

1.3.3 Self-Assessment

Self-assessment is based on the Statutory Duty of Quality as enshrined in the legislation and the underpinning requirement for HSC organisations to self assess their progress against the quality standards for health and social care. Self-assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally. The completed self-assessment proforma and evidence documents were submitted to the RQIA for analysis.

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

1.3.4 Pre-visit Analysis of Self-Assessment

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

1.3.5 The Review Visit

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

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

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

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

1.3.6 The Report

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

Following the review visit, the RQIA Project Manager, 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 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 South Eastern Trust was established on 1st April 2007 following the amalgamation of the following legacy trusts:

- Down and Lisburn Health and Social Services Trust
- Ulster Community and Hospitals Health and Social Services Trust

The Trust provides services for a population of around 336,103 and covers the geographical area depicted below.

In 2007/08 the Trust had a budget of £417 million and employed approximately 10,000 staff.

The Trust provides an integrated and comprehensive range of health and social care, incorporating over 250 individual types of services, at community facilities throughout the Trust area and hospital services at:

- Ards & Bangor Community Hospitals
- Downe Hospital
- Downshire Hospital
- Lagan Valley Hospital
- Ulster Hospital

In addition to its geographical spread, there is also a noticeable diversity in its population characteristics, embracing areas of relative wealth and prosperity as well as pockets of considerable deprivation and need.

2.2 PLACES AND PEOPLE

The South Eastern Trust has inherited a wide range of good practice and experienced, skilled, enthusiastic staff. Reviewers were of the opinion that this legacy should be celebrated and should provide the Trust with a firm foundation to build on. Reviewers felt that senior management showed responsiveness to local need and had a good awareness of the diversity of their population. Reviewers recognised the challenge that faced the Trust in providing equity across the Trust, resourcing all Directorates and prioritising spending.

Many examples of good practice and initiatives that had been implemented or developed in the legacy Trusts were observed by reviewers. However, reviewers felt there was the potential for good practices and initiatives to be lost or disregarded by managers as new structures are implemented. Care should be taken to ensure good practice and developments are incorporated and embedded into Trust wide procedures. There has been a history of sharing good practice and learning from specialised care teams across the legacy Trusts and the new Trust should ensure this continues.

Throughout the areas visited, the review team found members of staff to be committed, open and honest. Individuals were enthusiastic, welcoming and demonstrated a real pride in delivering good care. Staff were well regarded by patients and the review team saw many examples of good team working and professionalism. Operational managers described a proactive response to the delivery of patient focused care and the review team felt that front line staff were making a positive contribution to the provision of services.

Reviewers welcomed the plans outlined for further redevelopments on the Ulster Hospital site and felt this redevelopment should consider the accessibility of the entrances to the hospital, as reviewers found accessibility to the main hospital entrance difficult as the new car park was a considerable, uncovered walk from the hospital entrance. The review team found the meet and greet service available at reception of the Ulster Hospital useful and noted it was staffed by volunteers.

Reviewers commented on the obvious civic pride in Bangor Community Hospital, and reviewers noted the meet and greet service was appreciated by people entering the building,

3 ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES

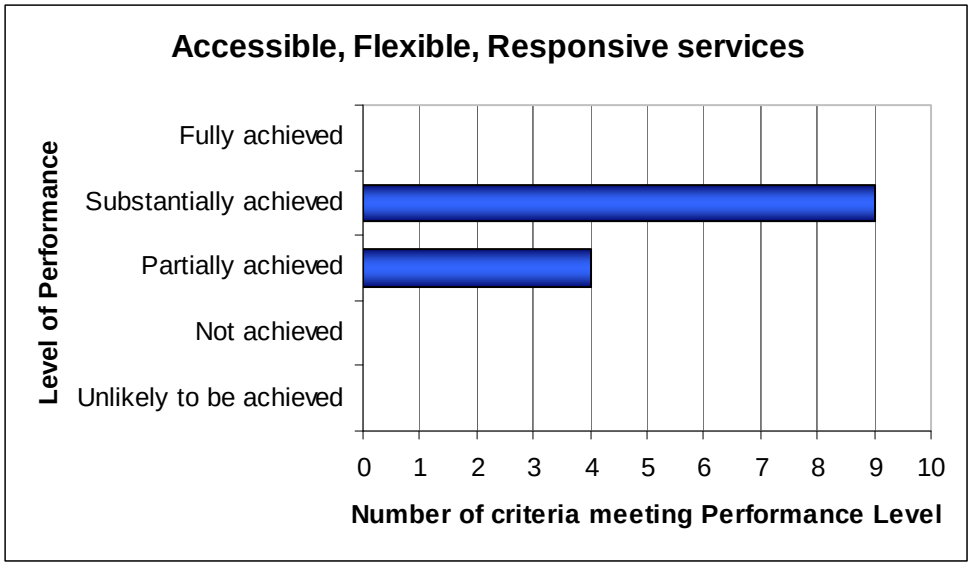
The DHSSPS Quality Standards cite theme 3 as: "Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability 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'.



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:

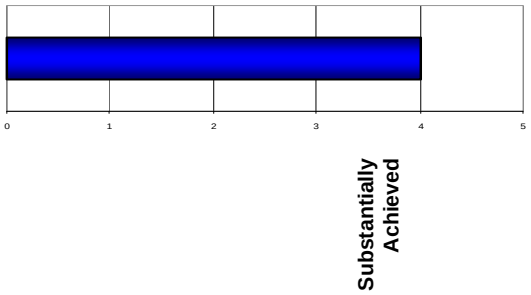
- 6.3.1 (a) - Service planning processes
- 6.3.2 (a) - Service user dignity, respect and privacy and the use of the advocates and facilitators
- 6.3.2 (b) - Service user information regarding treatment and care

3.1.1 Service Planning Processes

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

DHSSPS Quality Standard Criteria - Self assessed score

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



As required by Circular HSS (PPM) 06/2006 the Trust outlined their service planning processes in their Trust Delivery Plan 2007/08 and a copy of this document was provided as part of its self assessment submission. The Trust Delivery Plan responds to the principle standards and targets outlined in Priorities for Action 2007/08 and also to supplementary obligations and targets. These are dealt with in the context of the Trust's overall service delivery programme which reflects the complex and comprehensive Health and Social Care agenda of the Trust. The Trust Delivery Plan included capital investment plans and management objectives which are in line with ministerial expectations.

The Trust Delivery Plan detailed the key challenges and major issues the Trust faces over the 2007/08 planning period. These are:

- creating a new organisation
- meeting the financial challenge
- maintaining strategic direction
- performance Improvement
- governance

The Trust Delivery Plan stated that safe and effective services will be paramount within the South Eastern Trust and the Trust had an integrated governance model in place. The Trust Delivery Plan also stated the Trusts intention to ensure that its staff are equipped to meet future challenges, and outlined its focus on meaningful and productive working arrangements with statutory, voluntary, independent sector organisations and communities, to engage the public in the planning and assessment of Trust services.

The Trust Delivery Plan included a high level narrative outlining the main cost pressures faced by the Trust, which included pay costs, acute pressures, utilities and community care packages. Detailed information on income and expenditure was provided within supplementary detailed financial returns.

The Trust Delivery Plan stated that the Trust was fully committed to the implementation of the Investing for Health Strategy. The document also stated the Trust will ensure there is a systems wide approach to the delivery of reform, modernisation and efficiency thereby delivering improvements across the health and care system. Progressing strategies to modernise services for older people and those with chronic health conditions will continue to be a priority in 2007/08 and the Trust has outlined its intention to involve service users and their families in this.

The Trust recognises that active and meaningful engagement of service users, carers and the public will be fundamental to the planning, delivery and evaluation of services. The Trust has indicated an existing strong ethos of user consultation and involvement inherited from legacy Trusts and it feels this will provide an excellent basis from which to further embed partnership working. The Trust intends to fully integrate assessment of user experience into its overall clinical and social care governance arrangements thus ensuring this is not carried out in isolation, but rather as part of the overall approach to the delivery and evaluation of care/services. The Trust has recognised that this approach will require further development in collaboration with key partners in order to ensure effective linkage between the planning and commissioning of services and the way they are delivered by the Trust.

At the outset of the review, the review team met with senior managers responsible for service planning and strategic development and felt that the Trust had planning processes which they considered to be robust. Reviewers felt that the Trust placed a good emphasis on partnership working with local councils and their associated committees to analyse local needs and inform the service planning processes.

The Trust reported plans to review and address issues arising from the merger of the former Trusts. Reviewers acknowledged the challenge of amalgamating the two legacy Trusts and recognised this was a significant piece of work which would take time. The Trust reported that the Corporate Plan was still in draft but it was planned that the document should go to Trust Board for approval in April 2008.

Reviewers noted the wide scope of responsibility and geographical spread of senior managers across the Trust. The Trust was working through the set up of management and professional structures before working toward harmonisation of policies and procedures. Generally, in many areas legacy Trust policies are still in operation and the Trust recognised that a major programme of work needs to be undertaken to ensure harmonised policies and procedures are developed and implemented. A Trust Policy Group had been set up and its first action had been to prioritise existing policies and procedures for harmonisation.

RECOMMENDATION 1:

The Trust needs to outline a clear timetable for the harmonisation of Trust strategies, policies and procedures.

During visits to operational areas, reviewers had the impression that operational staff felt that they were part of the planning processes. In most areas, operational staff recognised there were issues that they could not directly influence but felt their voice was heard in the planning process.

Some operational staff interviewed had been involved in the planning process for their areas and stated that there were good flows of communication between operational and senior management staff. For example, staff in the Outpatients Department had sight of their monthly budget sheets and although they did not have control of their budget, they still felt they could influence it if necessary.

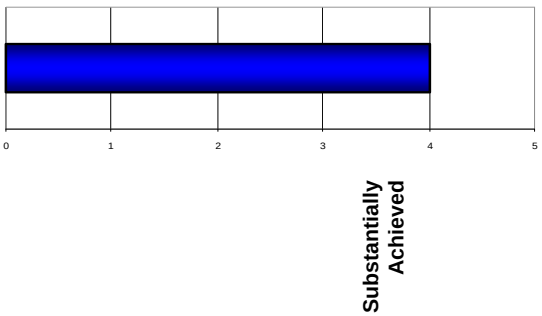
Reviewers were concerned that operational staff had not yet seen the the draft Trust Delivery Plan for 2008/2009 given that the review was taking place only weeks from the start of the 2008/2009 year.

The Trust rated itself as having substantially achieved this criteria which suggests that the Trust has developed and implemented processes to achieve this level. Reviewers felt that this self assessment was high as although a draft corporate plan had been produced, it had yet to be shared with staff at all levels. The Trust had made good progress but substantial development work was still required to ensure the complete merger of the legacy Trusts and to roll out the implementation of harmonised policies and procedures to all areas.

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 Criteria - Self assessed score
6.3.2 (a) The organisation ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.



Service User Dignity, Respect and Privacy

The Trust self assessment reported that its 'Customer Care Training' is used to ensure that all staff know the importance of treating service users, carers and relatives with dignity and respect. All new staff are required to attend 'Customer Care Training' as part of their induction to the Trust and all staff are expected to attend a three yearly update. At operational level, there was a mixed response when staff were asked about their attendance

at 'Customer Care Training'. Some staff did not know about the programme, while others thought they were required to attend a yearly update.

Service user dignity, respect and privacy is supported by a number of Trust policies and procedures, some examples include:

- Policy on Single Sex Accommodation
- Policy on Confidentiality and Data Protection
- Customer Care Policy
- Policy on Racial Equality
- Charter of Service Standards (Down and Lisburn legacy)
- Charter for Patients (Ulster legacy)
- Policy on Access to Trust Services by Disabled People
- Care Pathway for the Dying

The Trust reported the use of satisfaction surveys to monitor the extent to which patients feel they have been treated with dignity and respect, an example being the rolling programme of patient satisfaction surveys at the Ulster Hospital. While there was also evidence of the use of patient satisfaction surveys across some community based services, is was not entirely clear if the systematic approach has been rolled out across all areas and services in the Trust.

The Trust self assessment reported the use of focus and user group meetings to discuss topics including dignity, respect and privacy. Comments, suggestions and compliment cards are also available to allow service users to indicate satisfaction with their experience while dissatisfaction is monitored via the complaints process. Staff in clinical areas visited were able to provide the review team with examples of changes that had been made following analysis of both patient satisfaction surveys and complaints.

The review team noted that in all areas visited staff were sensitive to the need to ensure that service users were treated with dignity and respect and that their privacy was protected and promoted. Service users, who spoke with reviewers, expressed the view that they had been treated with dignity and respect and were complimentary about the care they had received.

Senior managers were aware of the need to maintain and protect the dignity, respect and privacy of service users and stated that the Trust regarded these issues as being of greater importance than meeting targets. In some areas, staff expressed the feeling of being under pressure to meet targets for service delivery and believed this was having an effect on their ability to maintain dignity and respect for service users at all times. Some members of staff felt they no longer had the same time to spend with patient and believed this was having a negative effect on the overall package of care.

Some staff in acute settings were concerned that pressure to meet discharge targets occasionally prevented timely communication to colleagues providing follow on care in community settings. A service user stated that community services were not readily available on his discharge from hospital. This problem had been recognised by Trust staff and reviewers recognised that in meeting access targets there has been significant discussion between hospital and community staff as to how they can help expedite movement from hospital to home care. The Trust will need to maintain the active involvement of

hospital staff, community staff, private sector providers, service users and carers to ensure safe and effective admission and discharge for service users.

The review team felt the Trust needed to address the use of information systems and information technology to support the flow of patient information between community (including nursing and care homes) and hospital staff at admission and discharge. Tailored information systems could greatly improve the quality of care provided to patients and their carers on discharge from hospital and aid effective care and treatment on admission to hospital. Internally, the use of shared folders, email etc may add value and improve working practices. It was reported to reviewers that work was ongoing to integrate the legacy Trust IT systems but as yet email and other systems had not been integrated.

RECOMMENDATION 2:

The Trust should ensure timely, effective communication between community and hospital services at discharge and admission and develop integrated information systems which can support timely sharing of patient information.

The Trust recognised that some of its older buildings posed challenges to staff in their efforts to promote and protect service users dignity and privacy. However, space for private conversations did not appear to present any problems in the areas visited by the review team. The Chief Executive reported on extensive plans to replace and refurbish existing estate, including the opening of a new hospital at the Downe Hospital site and substantial redevelopment at the Ulster Hospital site.

The review team thought that the Outpatients Department of the Ulster Hospital had made best use of older facilities in which it was located. In particular, a 'Parlour' room was used to provide a space for service users to receive results, both good and bad. On receipt of bad news the 'Parlour' room enabled service users to leave the department without re-entering the waiting area and the review team felt this was an area of good practice.

Mixed sex accommodation was observed in a number of areas visited by the review team. Service users interviewed had been consulted and had agreed to be located in a mixed sex environment. Staff were sensitive to the additional pressure this placed on maintaining dignity and advised the review team that mixed sex accommodation was only used if absolutely necessary. A Trust policy was in place and appeared to be adhered to by staff in the areas visited.

Nevertheless, reviewers observed an instance where private space was not adequately provided, as they noted a patient was being weighed in a corridor.

RECOMMENDATION 3:

The Trust should endeavour to ensure that dignity and privacy of service users is maintained across all programmes of care, particularly taking into consideration the provision of single sex accommodation and private space.

AREA OF GOOD PRACTICE: A 'Breaking Bad News' committee had been set up in the Ulster Hospital to review procedures for breaking bad news. This group had developed a 'green sheet' which was used to record the information a service user had received and noted who had given the information. This document then informed other health professionals and enabled staff to easily review and provide consistent, appropriate information to the service user.

Use of Advocates and Facilitators

The Trust had a wide range of advocacy and facilitation services in place. The Trust self assessment reported on various examples which included:

- Children's services
  - Voices of Young People in Care (VOYPIC) - a regional service providing advocacy and mentoring to children in care
- Mental Health
  - RETHINK - a charity with a service level agreement to provide advocacy services
  - Carer and User Provider Network (CUP Network) - platform for service user involvement in service planning, care delivery and advocating for service user needs
  - Training, Education, Learning and Listening (TELL)- a user led initiative
- Learning Disability
  - Advocacy groups at Ards, Bangor and Ravara
- Older People Programme
  - Age Concern, a charity who facilitated work among older people

Members of staff interviewed were aware of relevant advocacy services and knew how to access the language translation services. Reviewers felt that staff were aware of the needs of service users with learning disability or mental health needs and staff reported that they could seek advice or assistance from specialists within the Trust when required.

In the Trust's opening presentation, the Chief Executive stated the importance placed on staff acting as advocates and patient facilitators and the use of the Complaints/Patient Liaison Services. Reviewers found that staff at operational level were willing and competent to act as the patient advocate when required.

The Chief Executive stated that the Trust made a genuine effort to engage with users and supported several User Forums that facilitated service users advocating on their own behalf.

The review team met with several representatives from advocacy and facilitation services in the Trust including:

- Tell It Like It Is (TILII)Group
- Voices of Young People In Care (VOYPIC)
- Complaints/Patient Liaison Service
- Diabetic User Forum

Reviewers were impressed with the level of involvement of service users with a learning disability in the TILII group, both in running the group and their ability to present. Given the communication barriers experienced by this group of service users, reviewers thought this

group was a model other services could learn from as the group had overcome significant communication barriers.

The VOYPIC representative talked about the challenge of engaging with children under 12 years old who were in care as this population would usually be in foster care and it could be difficult to provide a forum to ensure their views are heard. It was easier for children in residential care to access the advocacy service. The VOYPIC representative thought there were ample mechanisms to ensure advocates were listened to by the Trust.

The Diabetic Nurse tried to ensure that advocacy services could be made available in the evenings for those patients who worked during the day. Reviewers had some discussion about the resourcing of out of hours services and whether providing out of hours diabetic services should be the responsibility of the GP or the specialist diabetic nurse but did not draw any conclusions.

The review team felt that advocates were well supported and had clear lines of communication with the Trust. Reviewers were impressed with the level of commitment displayed by individuals (both Trust and external staff) providing advocacy services. Representatives felt that they worked in a positive partnership with service users and the Trust. Trust staff reported very good working relationships and stated that advocates were heavily involved in the service.

The review team felt that it would be helpful for the Trust to have a more formal approach to advocacy services and would like to see a Trust Strategy developed on the provision and use of advocacy services. This should include terms of reference.

The Trust did not have an umbrella group to provide an overview and co-ordinate advocacy and facilitation services and reviewers felt that co-ordination of these services was disjointed. Reviewers recognised that different groups would have different agendas which would be hard to satisfy in a single group, however, an umbrella group may be useful to ensure good communication, both from and to the Trust, and would provide a platform for the co-ordination of these services.

There was no apparent evidence of an audit pathway for the use and effectiveness of the service advocates provided.

RECOMMENDATION 4:

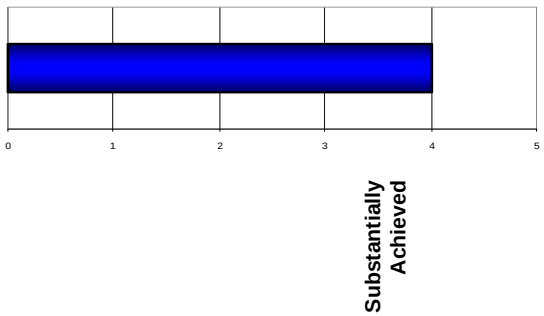
The Trust should develop a strategy on the provision and use of advocacy services and develop systems to monitor and improve the effectiveness of these services.

The Trust rated its achievement against this criteria as substantial. Reviewers felt that operational staff showed a commitment to ensuring service users, carers and relatives were treated with dignity and respect, however, work was needed to ensure a Trust wide approach to the provision of advocates and facilitators. Therefore the Trust's self assessment was felt to be high.

3.1.3 Service User Information regarding Treatment and Care

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

DHSSPS Quality Standard Criteria - 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.



Consent Process

The EIDO leaflet on consent and the regional DHSSPS consent form were used throughout the Trust.

The Trust had taken part in a regional consent audit and no major issues or risks had been identified. Systems were reported to be in place to ensure that when issues arise, learning can be cascaded to staff.

Reviewers were provided with assurance that it is mostly consultant level staff who obtain consent from service users. Where this is not possible, the person who obtains consent will have been trained and will only take consent for a procedure they have experience of undertaking.

Nurses should have an awareness of consent issues that ensures the patient has an adequate explanation of the procedure or treatment they will be receiving, however, in some areas, nursing staff seemed to view the process of informed consent as solely the doctor's responsibility and focused on the signature aspect of the process. Reviewers felt there were important issues nursing staff need to know regarding consent but this level of awareness was not evident in most areas visited. Nursing staff did display a good understanding of the information required by a service user but did not always recognise their role in the consent process.

Reviewers noted that in the Paediatric Surgical Ward, a 'checklist' prior to surgery was in use. The review team were advised that double checking of a patients' armband occurred when a patient left the ward for surgery and felt it was important to capture this information in patient notes.

The Trust had conducted a review of the consent processes for services users with a learning disability.

In the areas visited reviewers felt that the provision of information and time for reflection before receiving treatment or care was generally good.

Training on Consent

The Trust self assessment reported that in 2004, former legacy Trusts had provided a training programme on consent to introduce the new regional arrangements. The Trust was unable to provide an indication of the number of staff who had been trained in consent processes and placed reliance on induction and supervision procedures to ensure that staff have sufficient knowledge and experience to undertake the consent process with a service user.

No evidence was found of a formal Trust induction on consent for doctors in training. It was reported to reviewers that one to one training was given when the senior doctor felt that the doctor in training had sufficient knowledge of procedure or treatment. The review team were concerned to note that several of the doctors in training they encountered could not remember receiving consent training as part of their undergraduate education.

Most of the nursing staff who were interviewed did not appear to have received consent training as part of their induction to the Trust, although some recently qualified nurses stated that consent training had been part of their nursing education. A 'legal access of record keeping' course had been attended by some nursing staff interviewed.

Reviewers felt that training on consent had not been systematically rolled out across the new Trust. Staff at operational level had some information cascaded to them but this seemed to have happened when the new regional consent form had been introduced in 2004. Reviewers confirmed that attendance sheets for consent training were held at department level but those examined related to training provided for the 2004 roll out of the new regional consent forms.

The Trust had not placed a priority on the audit of the provision of training on consent although it was recognised that a large piece of work needs to be completed. Reviewers felt the issue of consent was important but as no fundamental risks had been identified in the Trust, it seemed reasonable not to have prioritised this issue.

Reviewers felt operational staff would benefit from multi-disciplinary consent training which would allow each discipline to understand their role and the role of others in the consent process.

RECOMMENDATION 5:

The Trust should undertake an audit of consent practice, especially in regard to who obtains consent and what training they have undertaken, and ensure consent training is available to all relevant personnel.

AREA OF GOOD PRACTICE: In the Oncology Unit at the Ulster Hospital, nursing staff have a mentoring programme for a minimum of one year. This ensures that staff are sufficiently knowledgeable to provide a patient with adequate information about their treatment and care. Nursing staff were supported to continue their professional development and Oncology nurses completed a yearly regional competency exam.

Throughout the Trust, staff professional development and training appeared to be supported and viewed as a core value of the Trust.

Enabling Service Users to Make Decisions and Choices

The Trust self assessment sets out a range of policies and procedures which ensure that systems are in place to enable service users, carers and relatives to make informed decisions and choices about their treatment and care. Examples included:

- User Consultation Policy
- Care Pathways
- Policy on Advanced Directive (Living Wills)
- Protection of Vulnerable Adults Policy
- Patient Charter

The Trust had an ethos of patient centered planning which ensures detailed discussions between patients and relevant professionals takes place throughout their care. Staff described how they work with their patients and their families to plan and manage their conditions and they felt that their patients were fully involved in making decisions about their care. Service users are encouraged to discuss the information they are given and access to interpretation services is available. Service users who spoke with the review team felt they had received sufficient information to make an informed choice.

AREA OF GOOD PRACTICE: The Outpatient Department had developed a 'green sheet' which was used to record the information that had been given to and discussed with a patient. Recording discussions in this way promoted continuity and encouraged consistency of the message received by the patient.

Relevant information leaflets were available at all operational areas visited by the review team and reviewers were satisfied that service users received appropriate levels of information about their treatment and care.

Satisfaction surveys included relevant questions regarding information provided and ask if patients feel their questions are answered in a way they can understand.

Trust user groups were involved in the development and review of information leaflets which ensured the content of leaflets was relevant and easily understood.

Information Leaflets on Diabetes

Patient information leaflets can act as a useful supplement to discussions between patients and healthcare professionals. The Trust was asked to submit examples of leaflets which would be given to a patient who had recently been diagnosed with Type II Diabetes. Samples of 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.

The Trust submitted a large range of leaflets, which included a mixture of commercial, charity and locally produced information. Some leaflets were considered to cover more information about the disease than would be required by person who had been newly diagnosed with Type II Diabetes. Other leaflets were advertising products for use by diabetics.

The remaining leaflets provided a broad range of information relevant to a patient recently diagnosed with Type II Diabetes and included information on:

- Healthy lifestyle
- Tablets for diabetes
- Preparing to start insulin
- Your eyes
- Travel
- Driving and employment
- Complications
- Blood testing
- Impact on sexual health
- Keeping active
- When Diabetes Gets You Down

Leaflets provided clearly identified their origin and provided contact details for the provision of further information. All, except those from the Ulster Community and Hospital Trust District Diabetes Network, were dated.

The Trust assessed that it had substantially achieved this criteria, however, reviewers felt this criteria was only partially achieved as the evidence of compliance related largely to legacy Trust policies and procedures. At the time of the submission of the self assessment document, the Trust did not have a harmonised consent policy and operationally legacy Trust policies on consent were in use.

3.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

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

The criteria in this section includes:

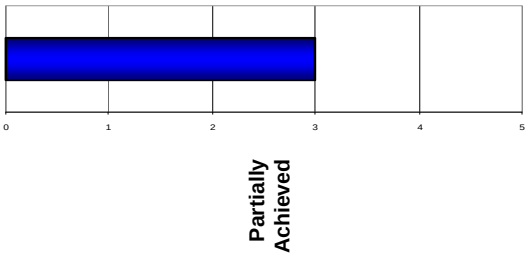
- 6.3.1 (b), (c), (d) - Service Planning and Design
- 6.3.1 (e) - Standards for Commissioning of Services
- 6.3.1 (f) - Access to Services
- 6.3.2 (c) - Availability of Information in Alternative Formats
- 6.3.2 (d) - Service User Right to Choose for Themselves
- 6.3.2 (e) - Confidentiality of Service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

3.2.1 Service Planning and Design

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

DHSSPS Quality Standard Criteria - 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.



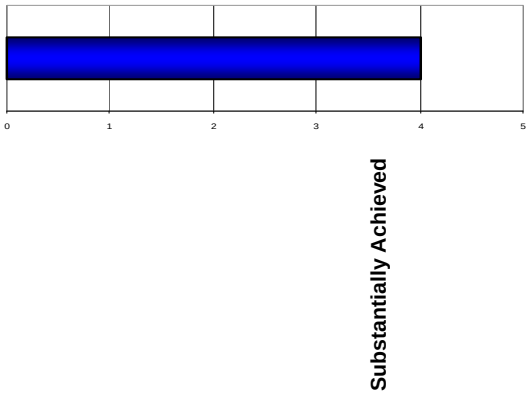
The Trust self assessment stated that by placing the engagement of service users, carers and local communities at the heart of organisational strategy, the Trust ensured that, through formal personal and public involvement partnerships, all views are integrated into all stages of the planning process. Workshops had been held to elicit and discuss the views of a wide range of staff on the challenges facing the Trust and a corporate document entitled "Looking Forward" had been created to give direction and outline the aims and core values of the Trust.

The Trust reported examples of working with a wide variety of stakeholders and organisations in an effort to capture public opinion and all operational departments are reported to be developing working partnerships and collaborating with local user groups.

The Trust provided a wide range of examples of user involvement at all levels of planning and development within the Trust.

DHSSPS Quality Standard Criteria
- Self assessed score

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



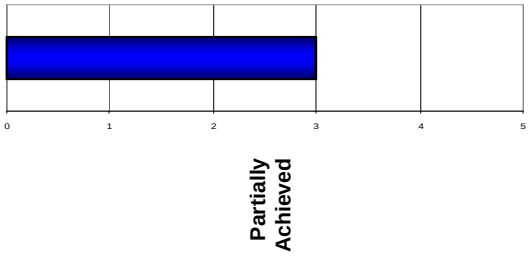
As previously reported the Trust had in place a Trust Delivery Plan which summarised the challenges facing the organisation, took into account local and regional priorities, available resources and the dynamic demographics and health needs of the local population. Corporate planning processes paid credence to the value of partnerships and collaborations across a wide range of areas and reflect the importance of social inclusion and equity of service provision.

The self assessment reported that all departments in the Trust will be required to translate the goals outlined in the Corporate Plan into their own service plan and balanced scorecard. These goals will be reflected throughout the organisation in individual member of staff objectives and targets. Each Department also had in place a governance plan and maintained a risk register.

The Safe and Effective Care Department provides a Trust wide resource and uses a wide range of methodologies to facilitate user engagement.

DHSSPS Quality Standard Criteria
- Self assessed score

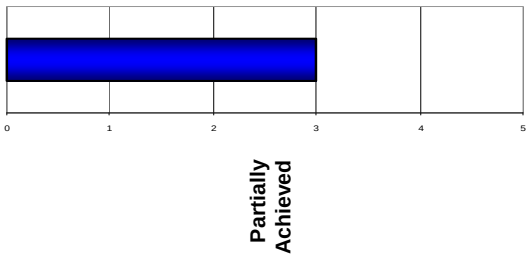
6.3.1 (d) The organisation has service planning and decision-making processes across all service user groups, which take account of local and/or regional priorities.



The Trust can demonstrate its service planning and decision-making processes through its Trust Delivery Plan and Planning Cycle. All departments in the new Trust will be required to formulate their own service plan which will translate the goals outlined in the Corporate Plan ensuring that local and regional priorities are met at all levels of the organisation.

3.2.2 Standards for Commissioning of Services

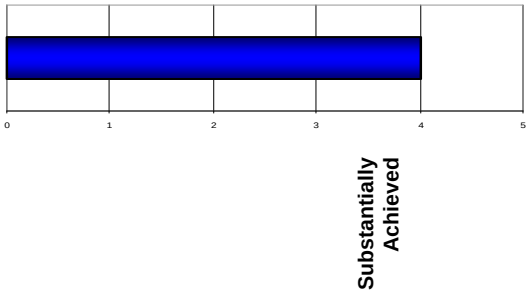
This sub-section relates to criterion 6.3.1 (e).

DHSSPS Quality Standard Criteria - 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.	

The self assessment reported that the Trust had robust contracting process for the commissioning of services. Services commissioned are covered through contracts and the Trust is working towards regionally recognised contracts for some areas. Service and Budget Agreements between the Trust and its commissioner clearly define the scope of operation and statutory requirements.

3.2.3 Access to Services

This sub-section relates to criterion 6.3.1 (f)

DHSSPS Quality Standard Criteria - 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.	

The Trust recognised the importance of ensuring that service users have access to services within locally and/or regionally agreed timescales. The Trust had incorporated the DHSSPS Priorities for Action targets, including guidance on a wide range of waiting list priorities, at the core of its service planning process and they form part of the Trust Delivery Plan and

Corporate Plan. The Trust reported that it had developed systems and processes to monitor key targets in real time and these are reported weekly to the Trust's Executive Management Team and to the Department of Health Social Services and Public Safety.

The Trust reported that at corporate level it manages performance through the use of an access scorecard which is reviewed monthly at Trust Board meetings. The scorecard is based around actual and profiled performance and corrective action is the responsibility of the executive management team.

At an operational level each access target is reported to be proactively managed by operational managers and performance is reviewed daily and weekly, with corrective action taken where necessary. Each target has an accompanying plan to reduce the number of people waiting and therefore improve access. Performance against these plans will form a key part of the accountability reviews of the operational Directorates and the Chief Executive.

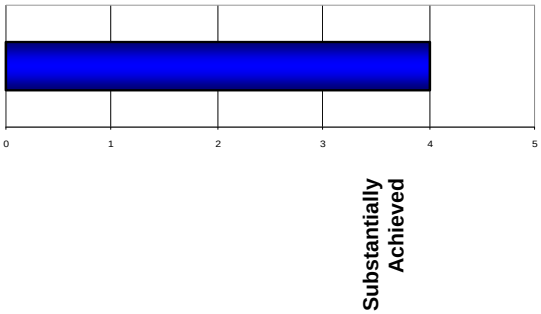
The Trust reported demonstrable improvement in access to its services. At the time of submission to the RQIA, the Trust had no patients waiting over 21 weeks for Inpatient / Daycare services or 13 weeks for an outpatient appointment. Five out of six of the Allied Health Professions were assessing and treating patients within 26 weeks, and the Trust planned for the sixth to be hitting the target by the middle of February. The Accident and Emergency targets were consistently being met, with 'trolley wait' literally non existent, and approximately 80% of all older people being discharged within 72hrs, against a standard of 50%.

3.2.4 Availability of Information in Alternative Formats

This sub-section relates to criterion 6.3.2 (c)

DHSSPS Quality Standard Criteria
- 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.



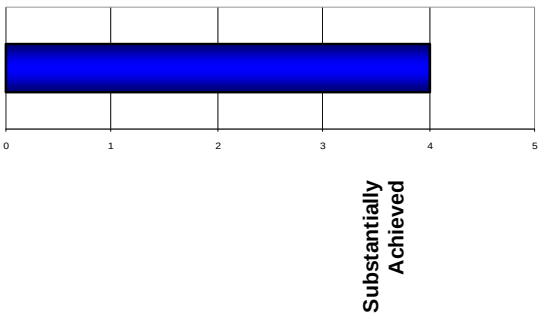
At Corporate level, both legacy Trust areas had guidance documents that set out clear guidance on the provision of easy to understand information in a number of formats. The Trust did not state if any work had been done to harmonise these documents for the new organisation. The Trust self assessment stated that at operational level a number of leaflets were available in several languages and formats, reflecting the needs of the local population. User groups have been involved in developing and reviewing information leaflets.

3.2.5 Service User Right to Choose for Themselves

This sub-section relates to criterion 6.3.2 (d)

DHSSPS Quality Standard Criteria - 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.



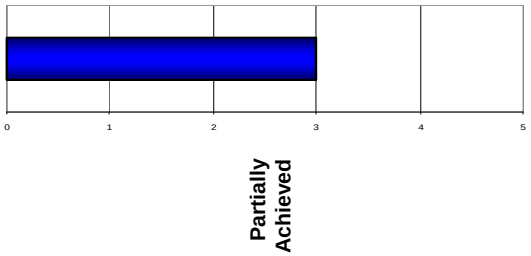
The Trust self assessment reported that the Trust had a number of policies which support individual service user rights, views and choice in the assessment, planning, delivery and review of his or her treatment and care, for example, an Admissions Policy. Assessment processes are used to ensure that service users are involved and enabled to make choices about their care and that potential risks are identified and managed.

3.2.6 Confidentiality of Service User Information

This sub-section relates to criterion 6.3.2 (e)

DHSSPS Quality Standard Criteria - Self assessed score

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

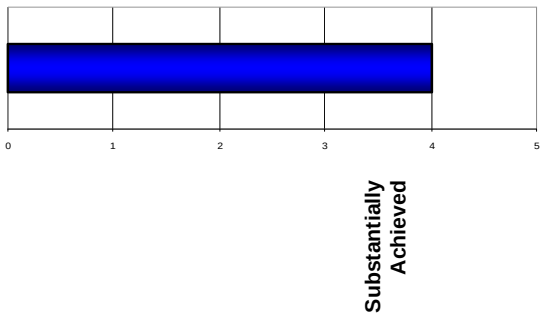


The Trust self assessment reported that a range of strategies, policies and procedures were in place to ensure individual service user information is used for the purpose it was collected and treated confidentially. An internal review of Data Protection had taken place in January 2008. As legacy Trust policies are still in use, the Trust will need to ensure that harmonised strategies, policies and procedures are developed and implemented across the Trust.

3.2.7 Minimising the Need to Repeat Information

This sub-section relates to criterion 6.3.2 (f)

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment stated that the Trust has adopted a multi professional approach to care delivery which can be clearly evidenced through multi professional teams within wards, hospitals and localities.

The Trust was asked to provide an example of the multi-disciplinary team work which takes place within their Diabetic Services and gave the following narrative:

'The Diabetes Service is provided by a multiprofessional team, which includes doctors, nurses, dietitians, podiatrist, optometrists and others who input into the care of patients with diabetes. The Trust service works closely with colleagues in primary care to provide a steamlined integrated service, supported by jointly produced pathways and guidelines and robust communication networks including a multidisciplinary Local Diabetes Network with user input and a strategic Trust Diabetes Steering Group. The Diamond I.T system provides a clinical communication tool for health care professionals within the service with copies of all contacts going to GPs and patients. Consultant visits to all GP practices in the Trust catchment area are undertaken at least once a year to review and allocate optimal care types (e.g. whether to be cared for at hospital clinics or GP only clinics) to all hospital attending patients with diabetes. This has resulted in better communication, less duplication, a reduction in referrals to hospital clinics and an increased confidence in primary care in looking after more patients with diabetes at practice level. All diabetes education sessions, whether 'in-house' or delivered to stakeholders adopt a multiprofessional approach utilising all professions within the team. Monthly Diabetes Team meetings reflect the multiprofessional approach with minutes circulated for action to all members. Recent initiatives include setting up a multidisciplinary working group to look at how we can improve the service to those patients with diabetes and a learning disability.

The Local Diabetes Network meets quarterly and has patient representation alongside members of the Trust Diabetes Team and other stakeholders. Patients are also encouraged to comment on service delivery both informally and through feedback forms. Patient education in particular is shaped by user experience and a culture of involving family and friends in supporting and encouraging the person with diabetes is promoted. Prevention and screening initiatives are provided to local voluntary and community groups through liaison

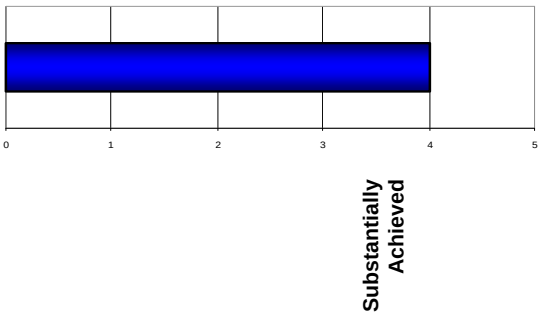
with community workers. The patient experience has shaped many initiatives and plans are on-going to ensure the service meets the needs of a diversity of users, maintaining close working relationships with those involved in community and voluntary sector work.'

3.2.8 Opportunity to Comment on Service Delivery

This sub-section relates to criterion 6.3.2 (g)

DHSSPS Quality Standard Criteria - Self assessed score

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



The Trust reported that it had a Safe and Effective Care and Quality Department which provides expertise, advice and support in relation to user consultation and involvement activities across the Trust. A Personal and Public Involvement Committee is being established and will report to the Safe and Effective Care Committee which is a governance sub-committee.

A range of methods including satisfaction surveys, focus groups, comments cards and leaflets are used to provide opportunities for the public to comment on service delivery.

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

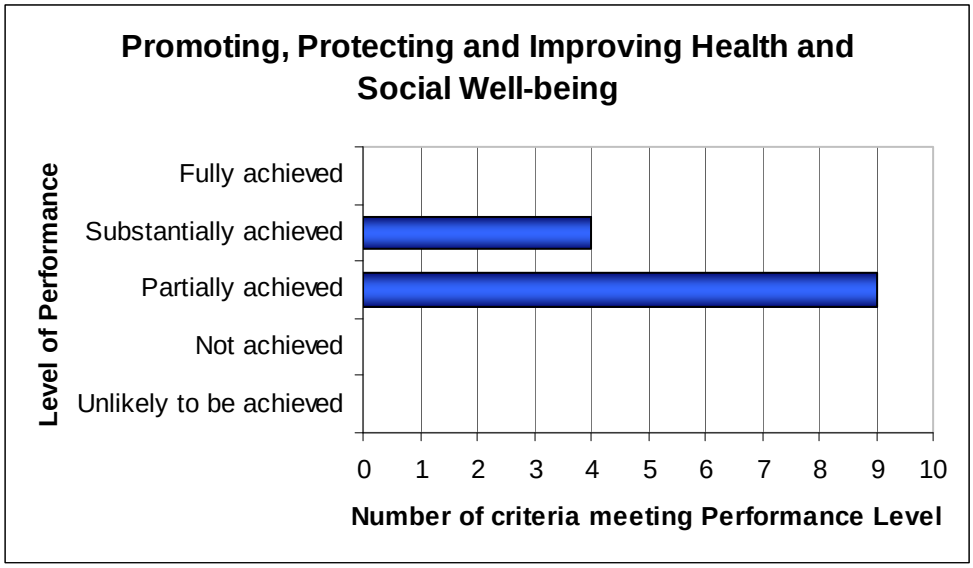
The DHSSPS Quality Standards cite theme 4 as: “The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social wellbeing, and to tackle inequalities within and between geographic areas, socio-economic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

There are a total of 13 criteria within this Standard 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'.



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:

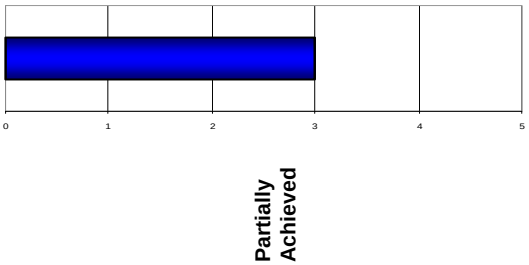
- 7.3 (a) - Trust Partnership Arrangements in Place
- 7.3 (b) - Personal and Public Involvement

4.1.1 Trust Partnership Arrangements in Place

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

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment stated that in the context of 'Investing for Health' it had been working with a number of partnerships to develop a holistic approach to improving health and wellbeing. The Trust reported formal representation and active involvement in three Neighbourhood Renewal Partnerships and active membership on two Investing for Health forums.

An 'Implementing Investing for Health within the South Eastern Trust' paper was reported to illustrate how improvements in health and wellbeing will be made and how inequalities will be reduced in the Trust area. Senior managers reported on plans for the development of Health Improvement plans as part of Directorate plans, thereby mainstreaming Investing for Health activity.

Senior managers reported that the Trust was at a stage of harmonising the two legacy Trusts with their different partnership culture and ethos. Reviewers recognised the significant challenge facing the Trust in the development and implementation of a partnership strategy that ensures shared vision with supporting structures and processes across the whole Trust.

Despite the absence of a defined strategy, reviewers felt there was a real sense of partnership working and user involvement with practitioners.

RECOMMENDATION 6:

The Trust should develop a planned approach to spreading and embedding best practice in partnership working.

Senior management outlined planning processes being put in place for Health Improvement plans, Directorate plans and mechanisms for measuring health improvement . Some members of staff were able to articulate how the corporate aims and objectives were driving the service they delivered. Specialist nursing staff, in particular, were aware of Investing for Health priorities and these influenced how they worked. The review team noted that Trust aims and core values were in the 'Looking Forward' document (May 2007) but middle managers and frontline staff were not aware of these. Reviewers felt there would be clear benefits in communicating the new Trust's mission and values to staff which would keep staff engaged during the transition period.

RECOMMENDATION 7:

The Trust should develop and promote ownership of its mission and values among its workforce and ensure individuals are aware of their part in delivering objectives.

Structures which hold individual Directors to account for progress were reported to be in place and each operational Directorate is to develop Health Improvement Plans which will detail partnership proposals at operational level.

The Trust reported that it was in the process of developing a performance scorecard to report against health and wellbeing indicators and to monitor inequalities in its area. The development of key indicators had involved representatives from community and voluntary groups.

The Trust had re-structured the Promoting Health and Well Being Department so that specialist leads were placed in strategic areas. In addition these staff will be aligned to programmes of care to assist Directorates to develop their operational level Health Improvement plans.

The Children's Partnership was cited as an example of the Children's Directorate working with key voluntary and community groups and the review team felt it provided a good model of voluntary community partnership. The Children's Partnership was focused on improving health and wellbeing of children in three areas: looked after children, vulnerable young people, parenting and emotional well being. At the time of the review, it was reported to reviewers that Health Improvement Plans for Children's services in the Trust had not been developed and cascaded to front line staff.

Reviewers met representatives from the Colin Neighbourhood Renewal Partnership who described the structures of the partnership and how the Trust was represented at Board and sub group level within the Partnership. The Partnership members reported that they had opportunities to meet with Trust staff, from Chief Executive to frontline staff, and reported that Trust staff worked with them to achieve agreed objectives. Reviewers felt a strong partnership ethos was reflected in the Trusts' commitment to the work of Neighbourhood Renewal Partnerships.

The health sub group of the Partnership had ten task groups with one to three Trust staff in each. The Partnership Manager described how the Partnership had input into workshops run by the Trust which had influenced the selection of priorities for the Children’s partnership.

The review team was given an example of a recent development within the Partnership where a support group for parents of autistic children had been established. The Trust had supported this development with a view to empowering parents to help themselves and each other.

Across the Trust there was evidence of extensive networking between professionals, different services and communities to provide services which met users needs. Examples included

working with Speech Matters and the Chest Heart and Stroke Association in the development of support groups and health promotion activities including screening in areas of deprivation.

Reviewers were informed of a Social Enterprise initiative which was established after discussions with the Trusts Chief Executive and had led to the development of a social firm in domiciliary care provision which employs local people to provide personal care services to the community. This initiative met a health and social care need in the community as the Trust had challenges in recruiting staff to provide care packages.

Interviews with first line managers and specialist staff revealed an awareness of the importance of partnership working to bring about improvements in health and social wellbeing. An example included the primary care team, recognising that social isolation and transport difficulties resulted in poor uptake of services in a locality, liaised with promoting health and well being colleagues and worked with the local community to develop a local solution to this problem.

Respiratory specialists evidenced partnership working through a support group for Chronic Obstructive Pulmonary Disease (COPD) patients and their carers. The group was client led and specialists were used to facilitate service user needs.

District nurses in one locality of the Trust described how the structure of integrated teams delivered better outcomes for patients and although they as yet are unaware of the structures and processes being put in place by the Trust to promote health and well being, they felt that in their roles they can contribute to improvements in health and social wellbeing. Examples included how they used community resources such as support groups, and local transport arrangements to help individuals.

The Trust appeared to be actively promoting Health Promoting Hospitals, and a clinical manager within each department in the Ulster Hospital had received training in 'Health for Life' which has equipped them to introduce health promotion activities with their patients.

There appeared to be an active programme of activities for Trust employees to promote their health and wellbeing including, screening, stress management, pilates, thai chi and gym discounts.

The review team were informed of a wide range of initiatives within the Outpatients department for care of the elderly which targeted people with arthritis, Alzheimer's, and Parkinson's disease and their carers. These activities were provided in partnership with voluntary organisations.

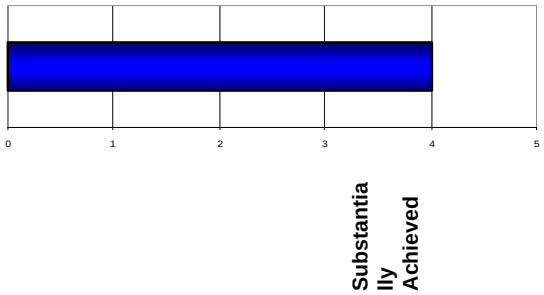
In the Obstetric Unit at the Ulster Hospital, reviewers were impressed by the responsiveness of staff to the needs of vulnerable groups using their service. Parent-craft sisters worked with teenage mothers in separate parent craft classes tailoring the content to the needs of this vulnerable group. They also recognised the particular needs of pre and post natal women with mental ill health and held a weekly group to meet their needs. The parent-craft sisters had developed a compact disc (CD) which can be used to introduce ante-natal mums with language barriers or difficulties, in a group setting, to the Obstetric Unit, and at the time of the review it was almost ready to launch.

The Trust self assessment against this criteria was '3' i.e. partially achieved and reviewers agreed with this assessment.

4.1.2 Personal and Public Involvement

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

DHSSPS Quality Standard Criteria - 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.



This review set out to examine how, in the first year, Trusts had adopted the principles set out in the 'Guidance on Strengthening Personal and Public Involvement in Health and Social Care' DHSSPS Circular HSC (SQSD) 29/07 issued by DHSSPS in September 2007 to help Trusts strengthen and improve personal and public involvement (PPI) in the planning, commissioning, delivery and evaluation of services as part of their clinical and social care governance arrangements and to what extent a systematic process of self-evaluation to strengthen PPI has been developed.

Responsibility for Implementing the Guidance
The Director of Planning, Information and Performance Management is responsible for implementing the 'Guidance on Strengthening Personal Public Involvement in Health and Social Care' (DHSSPS Circular HSC (SQSD) 29/07).

Progressing the Guidance
The Trust self assessment reported that the Trust had inherited a firm foundation on which to further develop Personal and Public Involvement (PPI), with a wide range of activities ongoing at corporate and Directorate levels. The Trust was able to provide numerous examples of active service user, carer and public involvement in the planning and development of a wide range of services. Both legacy Trusts had PPI strategies but a strategy had not been developed for the new Trust.

At the time of the review, the Trust was in the process of establishing a PPI committee which was due to conduct its first meeting in April 2008 and it was reported to reviewers that half of the membership would be non Trust staff. The PPI committee will take forward the baseline assessment of current levels of involvement which had been initiated by the Chief Executive using the PPI principles contained within the DHSSPS circular. The PPI committee will be required to develop an action plan which will reflect key priorities for further development of PPI principles in the Trust.

Reviewers noted that the Trust planned to involve user representatives in their governance structures following the development of the PPI strategy. As the baseline review of PPI had just commenced and the strategy may not be developed and implemented for some time, reviewers felt that interim arrangements for involving user representatives at a strategic level should be put in place.

As an interim measure, the Trust's Governance plan includes key objectives and actions to be delivered at Corporate and Directorate level in respect of PPI during the period from December 2007 to March 2009.

RECOMMENDATION 8:

The Trust should develop and implement a Personal and Public Involvement (PPI) strategy and, in the interim, ensure active involvement of user representatives at a strategic level in the governance framework.

From an operational perspective the Trust has identified three broad areas related to the continued implementation of PPI principles across the organisation:

- the role of the Planning and Performance Directorate in relation to engaging service users and the public in discussions regarding the type and range of services provided;
- the role of the Safe and Effective Care Department in facilitating Directorates to involve users in evaluating the range and quality of care/service provided and the overall patient/client experience; and
- the role of the Community Development Department in engaging local communities in decisions regarding how services are delivered.

Reporting arrangements for PPI, as part of the overall governance framework, have been agreed with the PPI committee reporting to the Safe and Effective Care Committee which is a main sub-committee of the Trust's Governance Committee.

During interviews Trust representatives indicated that there were areas of good practice involving meaningful engagement with users and the public and they recognised that work was needed to build capacity with users and groups of staff.

The Trust had a database of all user satisfaction surveys which have been completed since April 2007 and was in the process of updating the list of focus groups and existing user groups which operate at Directorate level.

The Trust had engaged with elected representatives at both council and assembly level in consultation regarding the changes proposed to meet Comprehensive Spending Review (CSR) requirements. Although this has generated media attention, the Trust stated it remains committed to openness and transparency in making these difficult decisions. Reviewers noted that staff expressed concerns about CSR and had received limited information on how it would impact their services.

RECOMMENDATION 9:

The Trust should engage with staff throughout the organisation regarding the impact of the Comprehensive Spending Review.

The Trust has a very active User Forum which was established in 2005 and is supported and facilitated by a Trust senior manager. The Forum has commented on strategic documents, has been involved in and informed the planning of the capital programme at the Ulster site and has carried out a food audit and cleanliness audit. The Trust User Forum had been issued with a copy of the DHSSPS circular on PPI and discussion in relation to this is planned.

The User Forum confirmed that members had some preparation in relation to audit activity but would probably benefit from more in depth preparation. The User Forum Chair could not confirm that their recommendations had been acted on but stated that they would be monitoring outcomes. The team identified that the scope of the User Forum extends beyond acute services and in 2008/09 they wish to survey staff and community users as they are concerned about significant gaps in community care provision. The Trust had an action plan for the User Forum until 2009 but this does not reflect a remit beyond acute services.

The Chair also spoke of the Trusts openness and transparency in working with them, however, reviewers identified that the User Forum does not get feedback on user experience surveys carried out by the Trust and felt it would be useful for the Trust to share the results of their surveys to inform the work of the Forum.

Front line staff told reviewers about training and courses available which help to build their capacity to engage with users.

RECOMMENDATION 10:

The Trust should widen the remit and build the capacity of the Trust User Forum to ensure it has freedom to focus on areas of concern to service users, carers and the public.

Involvement in Planning and Development within the Trust Services

The Trust provided an extensive list of personal and public involvement in planning and development of services within the Trust and reviewers found evidence of active involvement at various levels, some examples of which are detailed briefly below:

- The children's service invite service users including teenagers to their monthly multidisciplinary meetings to give feedback on their experience of the service and to suggest improvements.

- Transition services are particularly challenging and feedback from a group of young people with severe disability informs service delivery.

- A child in care was supported to provide input into the design of a new care home.

- There appeared to be active involvement and recruitment of volunteers to help vulnerable groups for example, the Safe and Well programme which recruits volunteers as be-frienders who undertake household tasks for isolated elderly people within the Dunmurray area. Volunteers had also been recruited to be 'Walk' leaders to promote physical activity and improve health.

- The team were impressed by the development process for the Corporate Plan whereby over 200 staff were involved in a working partnership, identifying priorities and considering proposals for achieving Comprehensive Spending Review requirements.

- Trust representatives also referred to meetings with the Trust Chief Executive, Directors, and Assistant Directors which involve sharing visions, philosophies for care and the ethos for the new organisation.

The Trusts self assessment on this criteria was given as substantial achievement, which suggests that policy has been developed and implemented. The review team felt that the self assessment was high as most of the policy and strategy related to this criterion was in draft form, planning stage or had not yet been developed. Although there was substantial evidence of activity supporting this criteria, most of the evidence provided was from legacy Trusts.

4.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

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

The criteria in this section includes:

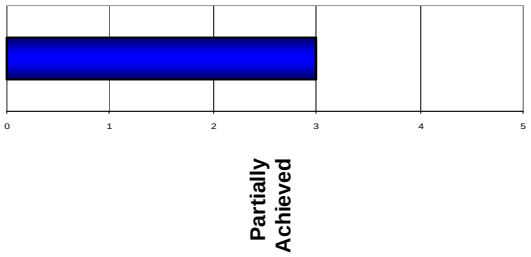
- 7.3 (c) - Human Rights
- 7.3 (d) - Equality Screening with Section 75
- 7.3 (e) - Responsibility and Ownership with regard to Health
- 7.3 (f) - Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information
- 7.3 (g) - Major Incident and Emergency Planning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

4.2.1 Human Rights

This sub-section relates to criterion 7.3 (c)

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment reported that the Trust is committed to addressing human rights issues and the draft Trust Corporate Plan identifies equality and human rights as one of its eight underpinning values.

Information on the Human Rights Act had been distributed to all staff and all new and revised policies were subject to Equality Screening.

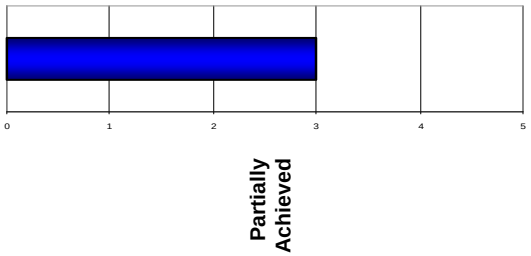
The Trust maintained a database of relevant consultees to ensure consultation and engagement was possible.

4.2.2 Equality Screening with Section 75

This sub-section relates to criterion 7.3 (d)

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment stated the Trust's commitment to a full programme of equality screening and Equality Impact Assessment. A screening tool is reported to be in place and information, supported by training, had been distributed to all wards departments and Directorates.

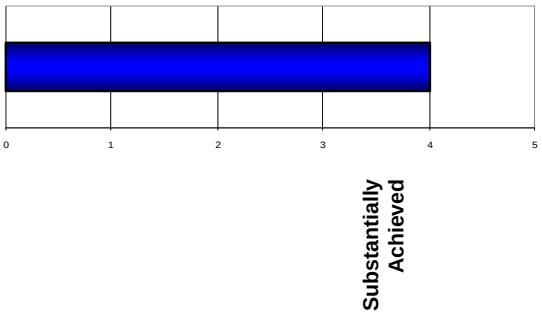
The Trust self assessment stated that it provides advice and guidance for voluntary and community groups.

4.2.3 Responsibility and Ownership with regard to Health

This sub-section relates to criterion 7.3 (e)

DHSSPS Quality Standard Criteria - Self assessed score

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



The Trust self assessment reported that the Trust actively works to encourage communities to take ownership of their own health and wellbeing, as it believes that this ownership will deliver long term improvements. As an example of this, the Trust has worked with the Colin Glen Partnership, which represents one of the most deprived areas in Northern Ireland, to create the Colin Health for All Working Group. This group is owned by the community, includes Trust, voluntary and community representatives, and involves working to a clear action plan. In this way, the local community has taken ownership of 'health' for its area.

The Health Development department manages a number of programmes across the Trust that seek to promote and facilitate ownership of health and well being. Examples given included a smoking cessation service, Cook It programme and Fit Futures.

The Trust stated that through engaging and empowering local communities, it was seeking to transfer ownership for health and well being from the Trust to local communities.

In relation to promoting citizens involvement in the health and social care of others, the Trust had been successful in obtaining funding to roll out the Safe and Well programme to a deprived area of Downpatrick. This programme will include the identification and development of volunteers to befriend isolated elderly people in the area and will build on the successful implementation of the programme in Newcastle and Dunmurry areas.

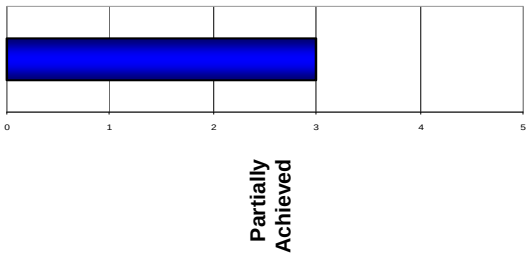
The Trust also reported an active programme of volunteering throughout the acute and community settings in the Trust.

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 Criteria - Self assessed score

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



The Trust reported that a performance scorecard was being developed to capture performance against 10 key indicators for health and social wellbeing. These indicators will collate information from different sources and the Trust hopes they will provide a unique insight into the health and wellbeing of its population. The five most deprived areas in the Trust territory will have separate information collated to enable the Trust to understand the nature and scale of health inequalities within the Trust.

The Trust provided an example of the Children's Partnership who will use information to understand progress made against four priority areas. Community representatives from a variety of organisations and networks are involved in this work and annual visits will be made to community organisations to share information and report on progress made against the targets.

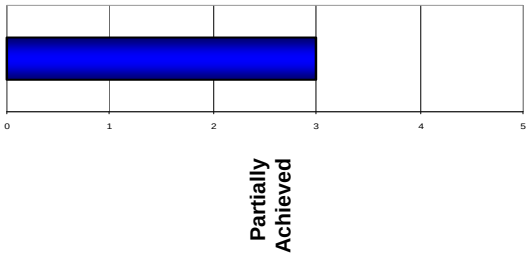
Information on the population, Noble Indicators, and demography have been used to determine the structural arrangements for Operational Directorates in the Trust.

4.2.5 Major Incident and Emergency Planning Policy and Procedures

This sub-section relates to criterion 7.3 (g)

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment cited a number of policies which are related to emergency planning processes. A draft Emergency Plan had been developed for the Trust, along with draft Site Specific Plans for Downe and Lagan Valley hospitals and it was planned that a

single Pandemic Flu Plan would be developed for consultation. The Ulster Hospital had a Major Incident Plan in place.

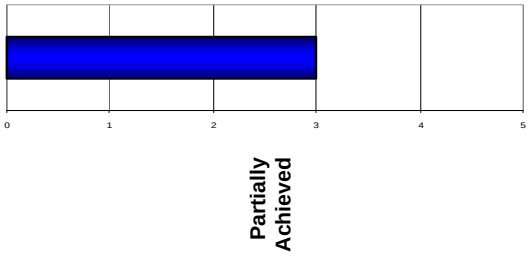
Interim operational arrangements were in place for out of hours cover, as were command and control arrangements with Eastern Health and Social Services Board.

The Trust self assessment stated that plans were to be issued for public consultation in February 2008.

4.2.6 Environmental Health Policies and Procedures

This sub-section relates to criterion 7.3 (h)

DHSSPS Quality Standard Criteria - Self assessed score
7.3 (h) The organisation has processes to engage with other organisations to reduce local environmental health hazards, as appropriate.



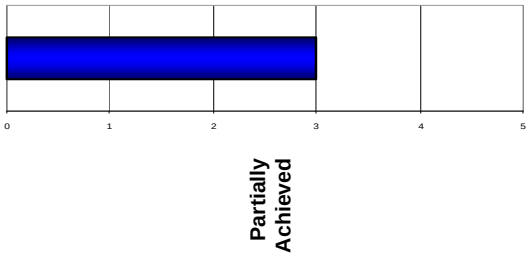
The Trust self assessment reported that:

- 'Board to Ward' Infection Control structures were in place.
- Catering facilities were registered and inspected by appropriate organisations.
- Environmental Health Officers were consulted on major changes in practice or development of a service or new facility.
- Legacy Trust policies on waste and training programmes were in place.

Infection Control posters had been developed for the Trust and DHSSPS infection advice and awareness leaflets had been circulated to patients.

4.2.7 Chronic Disease Management Programmes

DHSSPS Quality Standard Criteria - Self assessed score
7.3 (i) The organisation has evidence-based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes, which take account of local and regional priorities and objectives.



The Trust self assessment reported that health promotion and community development programmes had been integrated within the Trust to ensure that there is no duplication of work or loss of focus. The Public Health Consultant ensured this focus is maintained, particularly in the area of falls and disease prevention.

The Trust provided an example of the management of Chronic Obstructive Pulmonary Disease (COPD) where the respiratory team provides a locally based accessible service for clients as an illustration of its chronic disease management programmes.

The Trust reported that its health development programmes reflected the priorities and strategies of a wide variety of regional strategies and priorities, such as suicide prevention and smoking cessation.

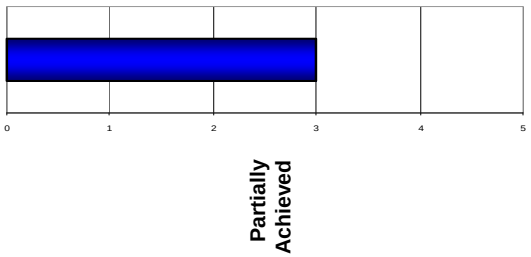
The Investing for Health strategy represented an overarching policy framework which the Trust adheres to, in relation to developing a holistic view for the improvement in health and wellbeing for the population it serves. The 'Implementing Investing for Health within the SET' document, had been approved by the Trust Board, and articulated how the Trust will endeavour to implement this strategic framework at an operational level.

The Trust reported that regional health promotion and community development priorities and objectives were being taken forward at a local level in partnership with local communities. This approach brings together professional knowledge and experience with the knowledge and experience of service areas and local communities and increases the likelihood of successful implementation of the plans and projects that are developed.

4.2.8 Healthier, Safer, Family Friendly Workforce

This sub-section relates to criterion 7.3 (j)

DHSSPS Quality Standard Criteria - 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.



The Trust self assessment reported that the Trust Policy Committee would be working with the Human Resources department on relevant policies to support "family friendly" working for staff. The Trust had a range of Health and Safety policies and procedures in place and these were reported to be available in policy manuals and on the Trust intranet. Union representatives are involved in the development of all "family friendly" policies.

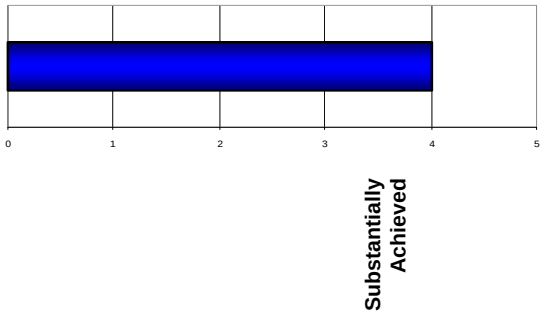
A baseline assessment of the Controls Assurance Health and Safety standard had been completed and an action plan was in place to achieve substantive compliance by 31 March 2008.

4.2.9 Screening and Immunisation Programmes

This sub-section relates to criterion 7.3 (k)

DHSSPS Quality Standard Criteria - 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.



The Trust reported that it had implemented the Regional Guidance on Health for All Children (Hall 4).

The Trust was asked to provide a response to this criterion indicating how it is promoting a higher update of childhood screening and immunisation programmes and provided information on the work of Health Visitors and the programme of screening and vaccination in Maternity services. The Trust also reported on its travel immunisations and flu vaccinations programmes.

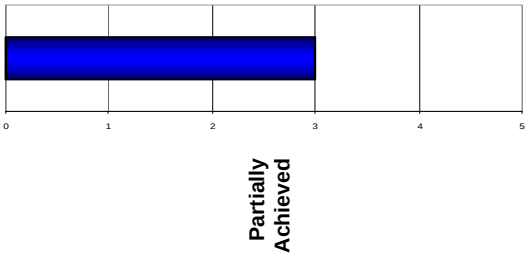
While staff are currently working to Legacy Trust policies and guidance in this area, a Trust policy is to be developed through an Immunisation Implementation Group.

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 Criteria - 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.



The Trust had developed a "Looking Forward" document and senior management were reported to be developing the Trust Delivery Plan for 2008/2009.

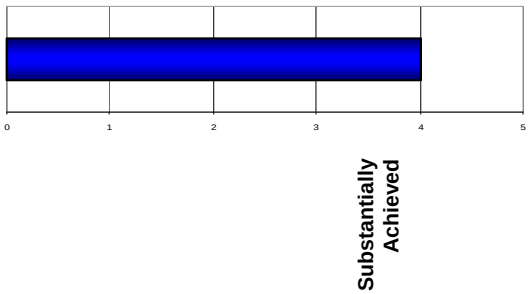
The Trust self assessment reported priorities had been identified with the development of a Health and Well Being Plan.

4.2.11 Use of Volunteers

This sub-section relates to criterion 7.3 (m)

DHSSPS Quality Standard Criteria - Self assessed score

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



The Trust had produced a paper scoping volunteering arrangements within the Trust and setting out future options for the management of volunteering within the new organisation. Operationally, over 700 people volunteer to provide a range of services throughout the Trust. These volunteers span a range of services and undertake activities such as meeters and greeters, ward helpers, and drivers. Volunteers had carried out projects such as the creation of a sensory garden and mural painting.

5 EFFECTIVE COMMUNICATION AND INFORMATION

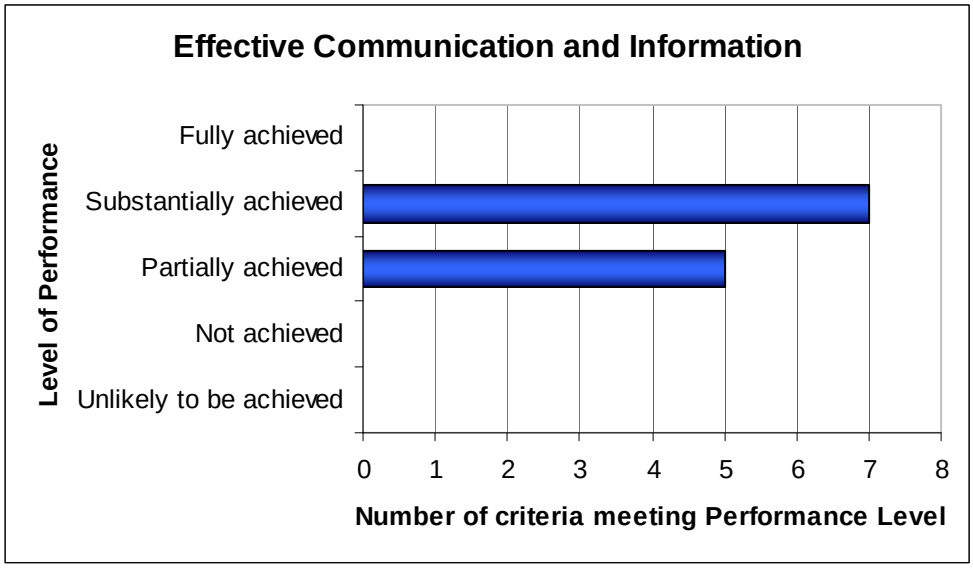
The DHSSPS Quality Standards cite theme 5 as: “The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.”

There are a total of 12 criteria within this standard 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'.



The Trust also provided narrative under the headings of:

- Corporate
- Operational
- Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated level of achievement.

5.1 CRITERIA EXAMINED BY REVIEW TEAM

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

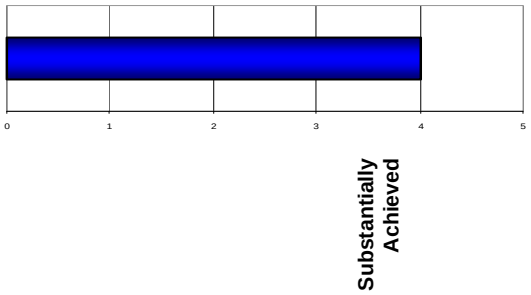
The criteria in this section includes:

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

5.1.1 Participation of Service Users and Carers and the Public

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

DHSSPS Quality Standard Criteria - Self assessed score
8.3 (a) The organisation has active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public.



Active Participation

The document 'Looking Forward, Setting Direction for the New Trust' (May 2007) outlines the South Eastern Trust's strategic direction and commences with the Chief Executive stating that "grasping the potential starts with recognising that we must place those who use our service at the very heart of all we do." He goes on to say that "the Trust will engage with patients, clients and carers in the design of their personal care…..and others in the planning, development and delivery of health and social care, reflecting the needs and views of our local communities."

A core value in the document is described as a person-centred approach, respecting individuality and choice and one of the key issues (5.3) has the title "Public Engagement".

Priority issues within Public Engagement include:

- To engage and enjoin users, carers and the public in planning and monitoring services.
- To ensure that the public is accurately informed about the changing patterns of care and decisions to be made.
- To acknowledge and embrace diversity with service users and staff.

In order to realise these priority issues, actions will comprise:

- The development of a Trust Public Involvement Strategy to ensure that local people can influence the shape of services within their area of interest.
- To acknowledge and learn from comments and complaints about the care and treatment received by patients, clients and carers.

Under the Priority Issue "Improving Performance", one of the actions is to maintain the proportion of the recipients who are satisfied with services at or above the 90% level and use patient/client satisfaction surveys to verify this.

The Trust was pursuing its Personal and Public Involvement (PPI) roles and responsibilities, and provided detailed feedback with regard to this. A Governance Plan (December 2007 - March 2009) was in place and included key priorities for PPI at both Corporate and

Directorate levels. The Safe & Effective Care and Quality Departments co-ordinate work in relation to user consultation and involvement across the organisation.

A Trust User Forum is in place within the areas of Ulster, Ards and Bangor with an established role and remit and it is planned to widen the membership to ensure representatives from across the Trust geographical area are included. The User Forum is chaired by a member of the public and focuses on generic issues which impact on service users, their families and members of the public. The User Forum had developed a Compact Agreement with the Trust, a Code of Conduct for forum members, Terms of Reference and an information leaflet regarding the role of the forum.

Reviewers examining this theme felt that the Trust had not yet achieved Trust wide policies in the key areas of user involvement and some managers showed a lack of awareness about these policies going to the Trust Board. Despite this a number of effective support groups were found to be in place and reviewers recognised the contribution of a diverse range of user groups.

Reviewers interviewed representatives from the Patients and Carers Together (PACT) group and felt this group demonstrated good partnership between users, carers and staff. Reviewers also met with representatives from the Flowline group who had been involved in completing patient surveys. Staff demonstrated good knowledge of local support groups and reviewers felt there was potential for this knowledge to be captured on the Trust website.

RECOMMENDATION 11:

The Trust should consider developing the Trust website to include a section on, or links to, local support groups.

AREA OF GOOD PRACTICE: The Podiatry Department in Bangor Community Hospital had created a focus group of stakeholders which helped to develop a new assessment process which had enabled the podiatry service to be more responsive to service user needs. This project had resulted in dialogue with private nursing homes, and resulted in a more effective use of Trust podiatry staff. Nursing home staff in 43 homes are now involved in foot care including provision of more suitable foot wear for residents.

Feedback Mechanisms

The Trust Delivery Plan for 2007/08 reported that assessment of user experience will be fully integrated into the overall clinical and social care governance arrangements within the Trust, thus ensuring this activity is not carried out in isolation, but rather as part of the overall approach to the delivery and evaluation of care and services. In relation to the development of measures to assess user experience, the Trust has outlined its proposals at a strategic level.

The Draft Communication Strategy included a Section entitled Patients, Clients and the Public, the document states **"**It is probably likely to that most people won't be aware of the South Eastern Trust (SET) as an entity to any great degree. The Executive Management Team (EMT) has to decide whether or not this matters."

There are several actions noted under the Section “Public Engagement”, namely:

- News releases on the Trust Public Involvement Strategy.
- Use of the website to further the Public Involvement Strategy.
- Support work of Equality Officers and work with them to provide and publicise interesting events, publications and activities.
- Keep politicians, local, regional and national, up to speed with consultations and other developments.

The use of various methods of disseminating information to keep the public informed is noted, including the use of press releases and articles.

The Communications Strategy is entirely focused on the 'image' of the Trust and methods the Trust will use for keeping the public informed about its work. It does not address how the public can communicate with or feedback views to the Trust and perhaps the Trust has missed an opportunity to ensure that active user involvement is built in at every level.

The Trust self assessment reported that a number of user groups had been established at Directorate level and were used to involve service users in discussion regarding the range and quality of services provided. The Trust had a User Consultation database in place.

A significant number of satisfaction surveys had been completed since the new Trust had become operational in April 2007 and the Trust provided information on the actions taken to improve services based on the result of the surveys. Service users had been involved in designing the satisfaction questionnaires, ensuring that issues of importance to them were addressed. The Safe and Effective Care Department administer this process, providing analysis and producing reports. Participating areas are then required to develop action plans to address lower levels of user satisfaction. Staff interviewed stated that they liked the satisfaction surveys being analysed centrally. Reviewers found a range of examples of feedback from satisfaction surveys leading to changes at operational levels.

It was not clear to reviewers if formal feedback was sought from service users in the Downe Hospital. The review team were also concerned by the lack of senior management presence on the Downe site. The review team welcomed plans for the provision of a new hospital in Downpatrick. However, they were concerned about the robustness of processes for communication to staff at Downe Hospital, particularly given the imminent transition of services and staff to new, unfamiliar facilities. The old building makes provision of quality services more difficult for staff, and even though it was evident this placed pressure on providing care, staff had the highest regard for ensuring patient dignity and respect.

RECOMMENDATION 12:

The Trust should ensure that clear lines of communication to staff in the Downe Hospital are in place and provide support during the transition of services to the new building.

The self assessment reported that leaflets were available for service users and members of the public to make comments, suggestions, compliments and complaints. Staff told

reviewers that they welcomed the feedback they had received from comments cards and believed that some good ideas had been implemented following feedback from service users. In the Ulster Hospital, a leaflet was available for service users with a learning disability which used simple language and makaton signs to communicate methods of feedback that were available.

The Trust User Forum had produced a leaflet which provided information on the work of the Forum and welcomed feedback and views from the public.

The Complaints/Liaison Manager was responsible for providing assistance to service users with individual problems or complaints. A Trust wide complaints review sub-committee had not yet been established, however, the Trust reported that mechanisms were in place to ensure lessons learned are disseminated and acted upon. The Trust reported that it follows regional guidance in relation to the management of complaints.

The Trust appeared to be heavily reliant on the formalised complaints system and senior managers were unable to give specific examples of other forms of feedback mechanisms at their initial meeting with reviewers. Reviewers confirmed that learning from complaints took place in the community hospitals and podiatry service visited, and had discussed with staff the processes for the dissemination of information regarding complaints. Reviewers observed differential feedback to staff on the outcome of complaints and practice varied across the areas visited. Reviewers interviewed a service user who stated they were not sure how to make a complaint.

RECOMMENDATION 13:

The Trust should ensure information on 'How to Make a Complaint' is readily available in all areas.

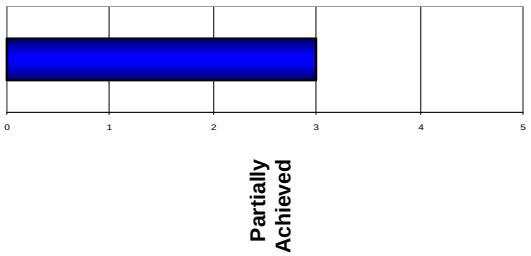
The Trust self assessment rated its achievement against this criteria as substantial however, reviewers felt this was high as the Trust was still at planning stage and had not yet developed and implemented Trust wide policies in this area.

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.



The self assessment reported that training in communication skills is provided for staff in various ways to include:

- Quality and Customer Care training which is included as part of the corporate induction training
- Refresher training in accordance with the outcome of staff appraisal processes and in line with Knowledge and Skill Framework requirements.

The Customer Care training slides submitted to the review team, show that the emphasis of the presentation is on quality and only one slide on communication formed part of this training session.

The Trust self assessment particularly mentions the Telling It Like It Is (TILII) project which involves clients with a learning disability delivering training to Trust staff in relation to the specific communication needs of this client group.

The Trust commitment to training and development for staff was evidenced in the corporate documents, such as the 'Looking Forward, Setting The Direction For The New Trust' (May 2007), 'Trust Delivery Plan 2007/2008', 'Personal, Organisational Learning & Development Strategy' (Dec 2007) and the draft 'Communication Strategy'.

The self assessment reported that appraisal systems were in place within the Trust to identify staff training needs, provide notification of available training and to ensure that training was monitored and evaluated. In some areas, it was reported to reviewers that records of attendance at training are maintained on TAS (Training Administration System) on the intranet. At operational level, reviewers found good opportunities for general training and staff who were familiar with the TAS system found it useful for recording attendance at training**.** Reviewers recognised the ongoing challenge of ensuring time is found for training. The learning and development strategy placed a strong emphasis on addressing the requirements of the Knowledge and Skills Framework (KSF) and stressed the importance of e-learning to deliver training programmes. The KSF framework will assist in identifying training and development needs for all staff but reviewers were concerned to note that in some areas less than 50% of staff had regular appraisal.

Communication skills training was reported to be evaluated through staff feedback during appraisal processes, though it was unclear how this information is returned to the training provider. Evaluation sheets are used to monitor training delivered internally and by the Beeches Management Centre.

At the Downe Hospital, reviewers queried the absence of training in acute settings for communication with service users with a learning disability or behaviour problems and there appeared to be a number of staff who did not have IT skills or access.

Across the Trust there needs to be equity of provision of training and supportive appraisal systems should be put in place for all staff. Transition to integrated care teams will require good two way communication between staff and managers. Reviewers noted that different systems had been in place for recording training received by staff in legacy Trusts and felt

that work was needed to ensure that the systems for recording attendance at training support both local departments and central management requirements.

RECOMMENDATION 14:

The Trust should ensure there is equity in provision of training and supportive appraisal systems in place for all staff, to include at a minimum an annual appraisal.

RECOMMENDATION 15:

The Trust should implement an information technology (IT) system capable of capturing, at both local and central level, training attended by all staff.

Reviewers found a lack of availability of Trust mobile phones for staff working remotely or in the community. Differing legacy policies were in operation and work will be needed to ensure equity and increased availability of mobile phone for staff across the Trust. Equity in provision of personal communication systems is important for staff working in remote areas of the Trust. Provision of mobile phones may improve efficiency and effectiveness and improve staff safety.

RECOMMENDATION 16:

The Trust should harmonise policies on the use of mobile phones and ensure mobile phones are available for relevant staff.

The self assessment stated that media training will be delivered to relevant staff by the Public Relations Department within the Trust when it is established. It was also envisaged that some staff would be provided with training in clear writing. In the legacy Trusts media training was outsourced to independent providers and provided to relevant individuals. As the Public Relations Departments have yet to be amalgamated, no Public Relations/Media strategy had been developed by the new Trust. Clear written style guides and in-house publication services were reported to be in place and media advice was provided to staff as necessary.

RECOMMENDATION 17:

The Trust should progress the amalgamation of legacy Public Relations Departments and develop a Public Relations and Media strategy within the current financial year.

The Trust self assessment reported partial achievement against this criteria and reviewers recognised that the new Trust required development in this area and was making satisfactory progress against the achievement of this criteria.

5.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

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

The criteria in this section includes:

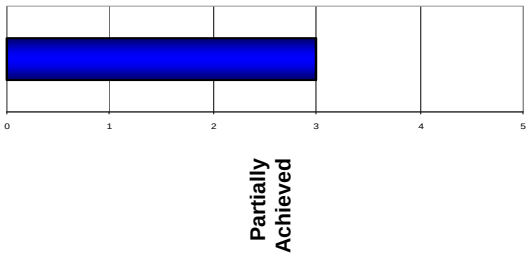
- 8.3 (b) - Information and Communication Strategy
- 8.3 (c) - IT and Information Systems
- 8.3 (d) - Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance
- 8.3 (e) - Communication Principles
- 8.3 (f) - Information Principles
- 8.3 (h) - Records Management
- 8.3 (i)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

5.2.1 Information and Communication Strategy

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

DHSSPS Quality Standard 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.



The Trust intranet and internet are used to provide information related to the organisation.

Other policies related to this standard are in legacy Trust formats.

Information Strategy
At the time of the submission, the Trust did not have an Information Strategy, however, it was setting up an Informatics Steering Group which will have responsibility for the development of an Information and Communication Technology (ICT) Strategy.

Communication Strategy
The Trust had developed a draft Communication Strategy which was submitted as part of the supporting evidence for this review, however, the document was still in draft form at the time of the review visit. This document aimed to provide a strategic framework for communication

inside and outside the South Eastern Trust in its first year of operation. The overall objective of the draft communication strategy was to support the corporate and strategic objectives laid out in 'Looking Forward' and outlines were given for the action and processes which were to be utilised to ensure Trust communication objectives were met both internally and externally. The focus of the document was on building an image for the new Trust, alongside a range of outward communication activities to help the Trust maintain services and morale. The Strategy was reported to be subject to annual review and had a review date of April 2008.

Although this criteria was not subject to detailed examination by the review team it was reported to reviewers that a new corporate communication policy is to be developed when relevant staff are in post.

The review team recognised that communication is key to successful change management. At operational levels, evidence was found of good multidisciplinary working which reinforced communication. The self assessment reported that regular team meetings ensured staff received up to date, accurate information in relation to Trust priorities and issues however, in some areas visited there appeared to be a lack of regular team meetings. Regular team meetings are essential to ensure that relevant information is cascaded to all staff and also provide a forum for discussion of new developments or concerns.

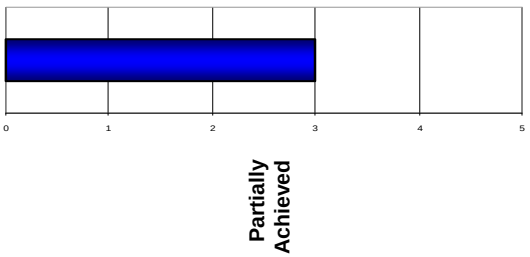
RECOMMENDATION 18:
The Trust should ensure regular team meetings are held in all areas.

5.2.2 IT and Information Systems

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

DHSSPS Quality Standard Criteria - Self assessed score

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



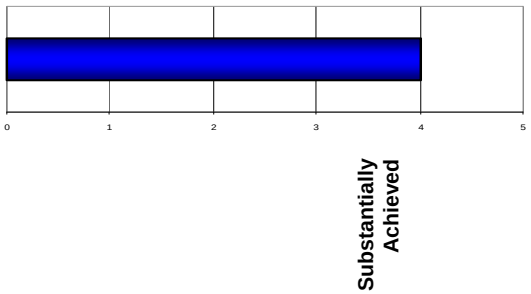
The Trust self assessment reported that a range of information technology and information systems were in place across the Trust. The narrative provided suggests systems are not integrated and stated that an Informatics Steering Group had been set up to support the provision of services in the Trust. Services Users are engaged as members of the Steering Group.

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 Criteria
- 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 reported that it had a range of systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available and acted upon in a timely manner. The Governance Committee is responsible for receiving all external and internal reports and delegates to either its Risk Management or Safe and Effective Care Committees to disseminate, action or follow up as appropriate.

In respect of the Northern Ireland Adverse Incident Centre (NIAIC), a dedicated Liaison Officer had been appointed and given responsibility for receiving, disseminating and following up these notices in line with DHSSPS guidance and timeframes set within each alert.

Legacy Trust policies were reported to be in operation.

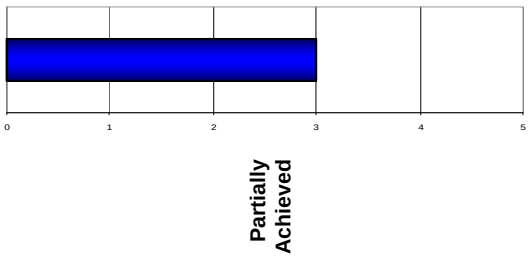
5.2.4 Communication Principles

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



The Trust self assessment reported on a range of methods that the Trust uses to communicate to staff and service users. These included

- Team meetings

- Staff supervision
- Chief Executive briefings
- Strategic planning days
- 'Getting SET', a staff magazine
- Ethnic Minority Handbook
- Communication sheets (used in some wards/facilities to document discussion with patients and families in order to promote continuity and consistency)
- Customer Care Training
- Leaflet in a range of formats and languages

User groups and focus groups are involved in the review of information and provided feedback on their experience as service users.

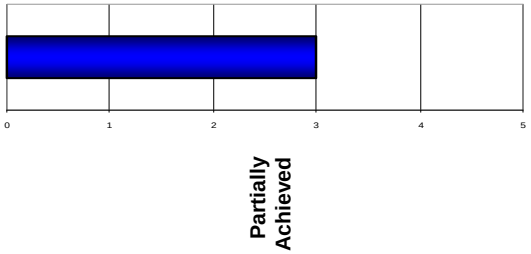
5.2.5 Information Principles

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



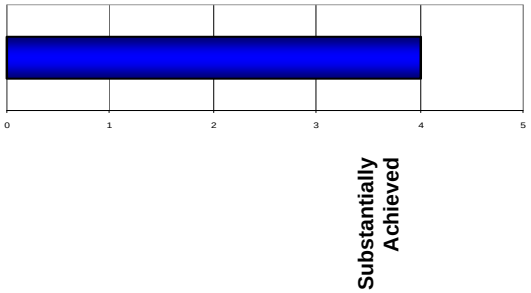
In response to this criterion, the Trust provided a list of policy and procedure documents which it has in place. In addition, the Trust stated that security, confidentiality and sharing of information have been identified as key areas in terms of governance and risk and policies and procedures were to be developed for these in the new Trust.

5.2.6 Records Management

This sub-section relates to criterion 8.3 (h)

DHSSPS Quality Standard Criteria - Self assessed score

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



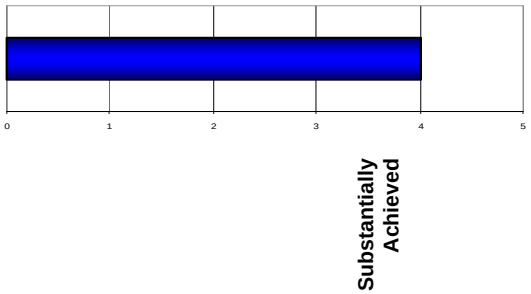
Legacy Trust policies are reported to be in place for Record Management and the Retention and Disposal of Health Records. At operational level the Trust reported the use of a casenote tracking system. A draft Retention and Disposal schedule was being developed for the new Trust and the Public Records Office had been involved in this development.

5.2.7 Protecting Information

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

DHSSPS Quality Standard Criteria - Self assessed score

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



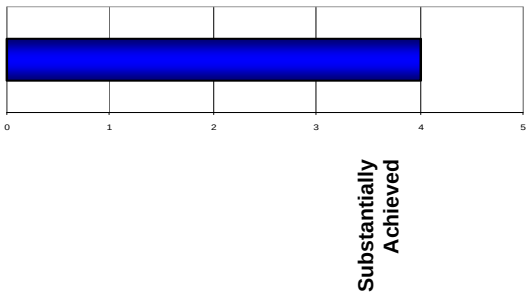
The self assessment reported that a Health Records Steering Group had been set up which included representation from service users. At the time of the submission, legacy Trust policies and procedures were operational for the protection of service user and carer information.

The self assessment did not include information related to the timely sharing of information with other professionals, teams and partnership organisation. However, related reviewer findings in regard to communication on admission and discharge area can be found at 3.2.1.

5.2.8 Consent Procedures

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

DHSSPS Quality Standard Criteria - Self assessed score
8.3 (j) The organisation has effective and efficient procedures for obtaining valid consent for examination, treatment and/or care.



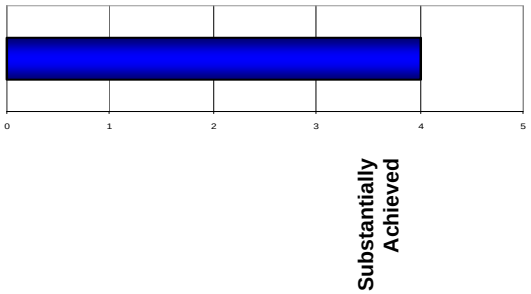
The Trust self assessment stated that members of staff were working to legacy Trust policies on consent at the time of the submission. Regional consent forms and information leaflets were reported to be in use across the Trust. The Trust has been actively involved in regional workshops and audits on consent practices. An action plan to address any shortfalls arising from the recommendations in DHSSPS Best Practice Guidance on Consent (14 December 2007) was being developed. Communication aids and interpretation services were reported to be available.

Views from service users were reported to be sought, both as individuals about their care planning and as a group regarding their views on the consent process.

5.2.9 Complaints and Representation Procedures

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

DHSSPS Quality Standard Criteria - Self assessed score
8.3 (k) The organisation has an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery.



The Trust self assessment reported that effective complaints and representation procedures were in place. This was demonstrated through legacy Trust policies and interim arrangements memorandum. A Trust Complaints Review Committee is to be convened after January 2008.

Operationally, the Trust reported an information system called 'DATIX' was used to manage the information related to complaints and a Designated Complaints Manager was in place. The self assessment reported training was provided through induction.

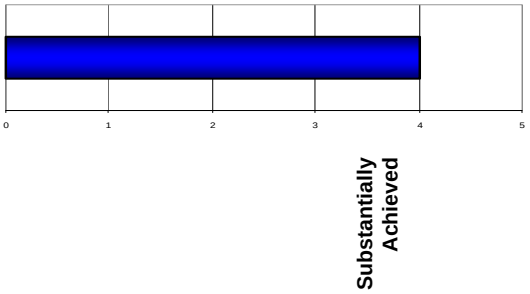
The Eastern Health and Social Services Council liaise closely with the Trust on individual cases and reported plans to include a representative of the EHSSC on the Complaints Review Committee. Information regarding independent bodies who can provide advice is provided to all complainants.

5.2.10 Published Information

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

DHSSPS Quality Standard Criteria - 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.



The Trust reported it had a range of patient information leaflets, including how to access services, and the Trust website provides information on services and locations.

EIDO leaflets are used for specific procedure and conditions and these are subject to national review. Local information, supplied to inpatients on discharge, provides information on, for example, wound care, exercise etc and these include local contact details.

Display stands with relevant information were noted throughout the locations visited by the review team.

The Trust User Forum had been involved in the development of the summary of services provided in the Ulster sector of the Trust.

6 SUMMARY OF KEY RECOMMENDATIONS

Theme of Accessible, Flexible and Responsive Services

Recommendation 1: The Trust needs to outline a clear timetable for the harmonisation of Trust strategies, policies and procedures.

Recommendation 2: The Trust should ensure timely, effective communication between community and hospital services at discharge and admission, and develop integrated information systems which can support timely sharing of patient information.

Recommendation 3: The Trust should endeavour to ensure that dignity and privacy of service users is maintained across all programmes of care, particularly taking into consideration the provision of single sex accommodation and private space.

Recommendation 4: The Trust should develop a strategy on the provision and use of advocacy services and develop systems to monitor and improve the effectiveness of these services.

Recommendation 5: The Trust should undertake an audit of consent practice, especially in regard to who obtains consent and what training they have undertaken and ensure consent training is available to all relevant personnel.

Theme of Promoting, Protecting and Improving Health and Social Well-Being

Recommendation 6: The Trust should develop a planned approach to spreading and embedding best practice in partnership working.

Recommendation 7: The Trust should develop and promote ownership of its mission and values among its workforce and ensure individuals are aware of their part in delivering objectives.

Recommendation 8: The Trust should develop and implement a Personal and Public Involvement (PPI) strategy and, in the interim, ensure active involvement of user representatives at a strategic level in the governance framework.

Recommendation 9: The Trust should engage with staff throughout the organisation regarding the impact of the Comprehensive Spending Review.

Recommendation 10: The Trust should widen the remit and build the capacity of the Trust User Forum to ensure it has freedom to focus on areas of concern to service users, carers and the public.

Theme of Effective Communication and Information

Recommendation 11: The Trust should consider developing the Trust website to include a section on, or links to, local support groups.

Recommendation 12: The Trust should ensure that clear lines of communication to staff in the Downe Hospital are in place and provide support during the transition of services to the new building.

Recommendation 13: The Trust should ensure information on 'How to Make a Complaint' is readily available in all areas.

Recommendation 14: The Trust should ensure there is equity in provision of training and supportive appraisal systems in place for all staff, to include at a minimum an annual appraisal.

Recommendation 15: The Trust should implement an information technology (IT) system capable of capturing, at both local and central level, training attended by all staff.

Recommendation 16: The Trust should harmonise policies on the use of mobile phones and ensure mobile phones are available for relevant staff.

Recommendation 17: The Trust should progress the amalgamation of legacy Public Relations Departments and develop a Public Relations and Media strategy within the current financial year.

Recommendation 18: The Trust should ensure regular team meetings are held in all areas.

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	South Eastern Health & Social Care Trust
Address	Thompson House Hospital (2nd Floor), 19-21 Magheralave Road, Lisburn, Co Antrim BT28 3BP
Chief Executive's Name	John Compton
Chief Executive's Contact Details (Telephone and Email)	Tel: 02892 669111 Email: ***john.compton@setrust.hscni.net***
Chairperson's Name	Denise Fitzsimons
Chairperson's Contact Details (Telephone and Email)	Tel: 02892 669111 Email: ***denise.fitzsimons@setrust.hscni.net***
Date Self Assessment Form was Completed	25th January 2008

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

Signature of Chief Executive:	**Date:**	**Signature of Chairperson**	**Date:**
	28/1/08	Denise M. Fitzsimons	28.01.08

Appendix ii: The Review Team Membership

Date of review: **11-13 March 2008**
Project Manager: **Zoe Hunter**
Administrative support: **Laura Sharples, Janine Campbell**

Name	Title	Organisation
Michael Ledwith	Consultant Paediatrician	Northern HSC Trust
Raymond Boyle	Hospital Nurse Manager	Western HSC Trust
Hazel Baird	Head of Governance	Northern HSC Trust
Pat Cullen	Senior Nurse Manager	Eastern HSS Board
Pat Haines	Senior Executive	Belfast HSC Trust
Nigel Nutt	Podiatry Manager	Western HSC Trust
Liz Duffin		Lay Reviewer
Annie Burrell		Lay Reviewer

Appendix (iii) : Areas visited by the review team

Lisburn Health Centre

Lagan Valley Hospital

- Coronary Care Unit

Colin Neighbourhood Partnership office, Dairy Farm, Twinbrook.

Downe Hospital

- COPD Rehabilitation Service
- Day Procedure Unit
- Accident and Emergency
- Outpatients
- Coronary Care Unit
- Surgical and Medical Wards

Ulster Hospital

- Outpatients Department
- MacDermott Unit (Oncology Unit)
- Ward 8, Surgical
- Ward 11, Plastic Surgery
- Paediatric Ward
- Midwifery Unit

Grove Children's Home, Ballynahinch

Ravara Staff Accommodation, Bangor

Bangor Community Hospital

- Podiatry
- Ward
- Minor Injury Unit

Representatives from

- Tell It Like It Is (TILLI group)
- Voice of Young People In Care (VOYPIC)
- Diabetic Users Forum
- Trust User Forum
- Colin Neighbourhood Partnership
- Patients and Carers Together (PACT), Stroke Users group
- Flowline User Group (Continence User Forum)

In addition to meeting staff at the locations listed, reviewers also met staff Representing:

- COPD Community service
- Stroke Rehabilitation Service (Community and Hospital)
- Primary Care Team
- District Nursing
- Paediatric Nursing
- Healthy Hospitals
- Health Promotion Department
- Continence Team
- Senior Management Team
- Hospital Social Work Team

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.
Adverse incident	An incident, accident or occurrence, relating to systems or procedures which results in harm, or an injury, or a near miss to a patient, member of staff or the public .
Advocate	A person who speaks or acts on behalf of another.
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.
Clinical record	The record of all aspects of the patient's treatment, otherwise known as the patients notes.
Controls Assurance	A process designed to provide evidence that organisations are doing their 'reasonable best' to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds.
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.
Comprehensive Spending Review (CSR)	A complete reassessment of the government's spending priorities.
DHSSPS	Acronym for Department of Health, Social Services and Public Safety - the Northern Ireland Government Department with responsibility for health.
EIDO	An organisation that provides patient information leaflets.
Evidence-based practice	An approach to decision making where a health or social care professional uses the best evidence available, in consultation with patients and other health or social care professionals to decide upon the option which suits each patient best.
Health Improvement Plan	A document which describes the action an organisation will be taking to address the identified health and well being needs of their local populations in order to meet the strategic aims and objectives of 'Investing for Health'.
HPSS	Acronym for Health and Personal Social Service.
HSC	Acronym for Health and Social Care.
Investing for Health	The public health strategy of the Northern Ireland Executive. It contains a framework for action to improve health and well-being and reduce health inequalities which is based on partnership working amongst Departments, public bodies, local communities, voluntary bodies, District Councils and social partners.
IT	Information Technology

Lay reviewer	A member of the public, who brings a public perspective to the review process.
Legacy	A phrase used to describe the health care organisational structure that was in place before 1st April 2006.
Multidisciplinary team	A group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients.
Organisational structure	A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.
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.
Performance Scorecard	A collection of key indicators of performance which aims to give an overall picture of how well an organisation is doing.
POVA	Acronym for the Protection of Vulnerable Adults (NI) Service [POVA (NI)]). POVA aims to improve existing safeguards for vulnerable adults by preventing unsuitable people working with them in paid or voluntary positions.
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.
PPI	Acronym for Personal and Public Involvement
Priorities for Action	A planning framework which sets key regional priorities for the management and planning of health and personal social services.
Quality Assurance	Improving performance and preventing problems through planned and systematic activities including documentation, training and review.
Review of Public Administration (RPA)	A major reform programme which aims to rationalise the number of local authorities and public bodies within Northern Ireland, including health and social care organisations.
Risk Assessment	The identification and analysis of risks relevant to the achievement of objectives.
Risk Management	A systematic process by which potential risks are identified, assessed, managed and monitored.
Risk Register	A record of residual risk which details the source, nature, existing controls, assessment of the consequences and likelihood of occurrence, action necessary to manage risk, person responsible for implementing action and timetable for completion.
Satisfaction survey	Seeking the views of patients through responses to pre-prepared questions and carried out through interview or self-completion questionnaires.
Self assessment	The process of self examination of an organisation by itself, usually by measuring performance against standard criteria.

Trust Delivery Plan	An annual document that sets outs the main aims and objectives of service delivery for a health and social care organisation. It includes details of the Trust plans to address the regional 'Priorities for Action' and a summary of the Trust financial resources.
Treatment and Care Plan	A document, which details the care and treatment that a patient receives and identifies who delivers the care and treatment.
Whistle-blowing	The disclosure by an employee (or professional) of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of his fellow employees.

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

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk