The Regulation and
Quality Improvement
Authority

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

Western Health and Social Care Trust

CONTENTS

1 SETTING THE SCENE

1.1 The Role & Responsibilities of the Regulation & Quality Improvement Authority

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

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

In order to fulfill its statutory responsibilities the RQIA has developed a planned three year programme of clinical and social care governance reviews of all HPSS organisations.

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

1.2 Context for Review

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

The five quality themes on which the standards have been developed were identified through consultation with service users, carers and HPSS staff and through a review of standards developed elsewhere at local, national and international level.
The five quality themes are:

- ❖ Corporate Leadership and Accountability of Organisations
- ❖ Safe and Effective Care
- ❖ Accessible, Flexible and Responsive Services
- ❖ Promoting, Protecting and Improving Health and Social Well-being
- ❖ Effective Communication and Information

The 2007/2008 review has assessed the achievement of HPSS Organisations against three themes of the HPSS Quality Standards [2006]:

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

Within these three themes, a detailed review has been undertaken 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 has taken account of these developments within this report.

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

1.3.1   The Review Team

Review teams are multidisciplinary, and include both Health and Social Care professionals (Peer Reviewers) and members of the public (Lay Reviewers) who have undertaken training provided by the RQIA. Review teams are managed and supported by RQIA Project Managers and Project Administrators.

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

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

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

1.3.2 The Review Process

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

1.3.3 Self-Assessment

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

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

1.3.4 Pre-visit Analysis of Self-Assessment

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

1.3.5 The Review Visit

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

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

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

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

1.3.6 The Report

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

Following each review visit, the RQIA Project Manager, with input as appropriate, drafted a local report detailing the findings of the review team and recommendations for improvement.

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

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

2   SERVICES WITHIN THE TRUST

2.1   General Overview of Services

The **Western Health and Social Care Trust** was established on 1st April 2007 following amalgamation of the following legacy Trusts identified on the map below.

- Altnagelvin
- Foyle
- Sperrin Lakeland Trusts and Westcare Business Services.

In 2007/08 the Trust had a budget of £400 million per year and employed approximately 12,500 staff to deliver health and social care services for a population of just over 290,000 across its area.

HSC Western Health and Social Care Trust

Derry D.C.
Population	107,904
Area Sq. Km	387.4
Density / sq.km	279

Limavady D.C.
Population	34,346
Area Sq. Km	586.3
Density / sq.km	59

Strabane D.C.
Population	39,132
Area Sq. Km	861.6
Density / sq.km	45

Omagh D.C.
Population	51,030
Area Sq. Km	1129.9
Density / sq.km	45

Fermanagh D.C.
Population	60,570
Area Sq. Km	1876.8
Density / sq.km	32

Source: NISRA 2006 Mid Year Estimates.

Western HSCT Area
Population	292,982
Area Sq. Km	4,842
Density / sq.km	61

Northern Ireland
Population	1,741,619
Area Sq. Km	14,160.5
Density / sq.km	123

Integrated health and social care services are provided within hospital, community care and social services locations across the Trust area. These services are provided to a set of Service Level Agreements as established with Commissioners and key stakeholders.

Services are provided in accordance with Service Level Agreements (SLAs) between the Hospitals main partner, the Western Health and Social Services Board, and its other partners.

The main hospital services are provided in:

- Altnagelvin Area Hospital
- Erne Hospital
- Gransha Hospital
- Tyrone & Fermanagh Hospital
- Tyrone County Hospital

In addition, a wide range of outpatient services is provided in the former Roe Valley Hospital in Limavady. Outpatient services are also provided, via visiting consultants and other clinical staff from Altnagelvin, to patients attending Strabane Health Centre, Tyrone County Hospital, Erne Hospital, Coleraine Hospital and Mid-Ulster Hospital. Patients requiring inpatient surgical intervention will usually be admitted to Altnagelvin Hospital for their surgery returning to their local hospital for their post-operative care.

Community Health Care and Physical and Sensory Disability

Services provided by medical, nursing and Allied Health Professionals include:

- School Health,
- Podiatry,
- Occupational Therapy,
- Speech & Language Therapy,
- Dietetics,
- Community Paediatrics/Child Development and Community Dentistry Services as well as home care services for highly independent adults,
- Day care

A range of services are provided in patients' homes, health centres and GP practices across the Trust's area by District Nurses, Health Visitors and Treatment Room Nurses. In recent years specialist nursing services have been developed to support patients in aspects such as Stoma Care, Wound Care, Family Planning, Continence, Diabetes and Infection Control. Individuals with physical, sight or hearing difficulties are able to access professional input in their own homes or day centres/resource centres from Social Workers, Therapists, Nurses and Psychologists. The Trust's Sensory Resource Centre at Bishop Street, Londonderry brings staff together with the voluntary sector (RNID, RNIB & Sense) to provide valuable services in an accessible city centre location.

2.2   Places and People

The Review team visited the Western Health and Social Care Trust between the 8th and 10th of March 2008 and made a number of general observations which they presented to staff along with their overall findings, at the end of the review visit. Reviewers found a friendly, open welcoming working environment and commented that both senior management and frontline staff showed enthusiasm and commitment and an openness to look at problems as well as displaying indications of good team work.

This openness, warm welcome and keenness of staff to talk about their work was experienced by reviewers in all areas visited and there were many examples of dedication displayed by staff who showed a good understanding of the needs of their target population and of having built up good working relationships with service users. The review was well supported Trust affiliate staff facilitating requests for supporting documentation and setting up meetings with senior Trust staff when further clarification of issues was required.

Reviewers observed that signage across the Trust was generally poor. In addition, the overall fabric of the buildings was of variable quality, with some fairly new buildings and others in need of significant renovation. Many places visited were bright open and airy such as the A&E Department and Endoscopy unit. The Riverside Family Centre and Leaving and Aftercare in Omagh had good ambience but there was some concern that the Riverside Centre building and layout could present difficulties in relation to security e.g. of patient notes.

On meeting with the Corporate Management Team, reviewers were told of the good working relationships between Primary care and a number of facilities visited e.g. the Stroke unit in Enniskillen which enabled provided direct patient referral. The residential and day care facilities in the Southern sector of the Trust also showed evidence of effective communication. In addition, reviewers found a varied programme of activities based on service user input in Folyeville as well as highly responsive, service-user driven activities in Foyle Disability Resource Centre.

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

## 3   ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES

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

There are a total of 13 criteria within this Standard and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 3.

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

TABLE 3

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

Acessible, Flexible, Responsive services
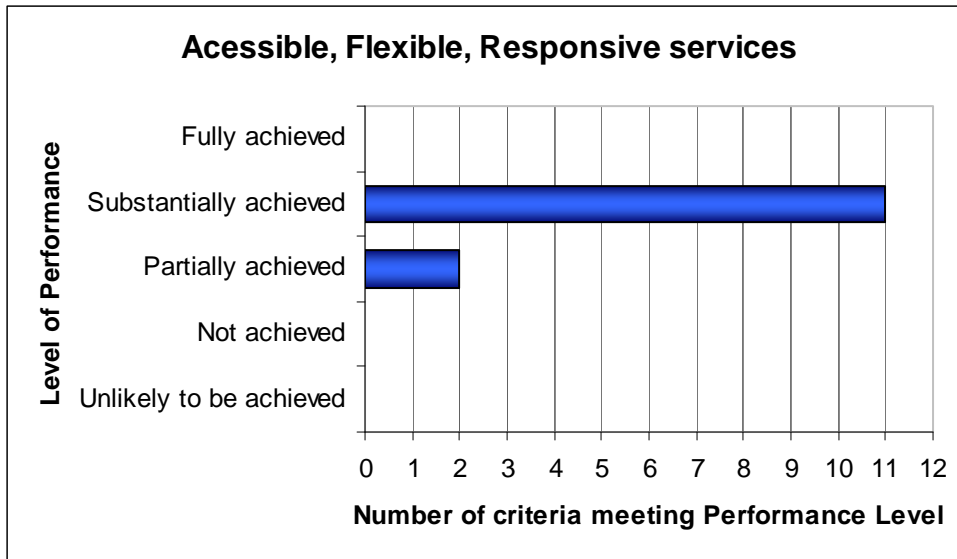
The Trust provided narrative under the headings of:

❖ Corporate
❖ Operational
❖ Personal and Public Involvement

in relation to 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.
Criteria in this section include:

❖ 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.	
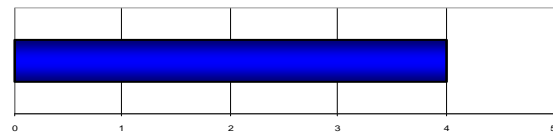
As required by Circular HSS (PPM) 06/2006 the Western HSC Trust outlined their service planning processes in their Trust Delivery Plan 2007/08 and a copy of this was provided as part of the self assessment submission. The Trust Delivery Plan included a high level summary of income and expenditure supported by detailed financial plans which outline the strategic context and the financial parameters within which the Trust is bound to operate in 2007/08.

Within the Trust Delivery Plan (TDP) there were a number of areas identified in relation to Priorities For Action targets across all directorates in areas such as Public Health/Health Promotion, Health Care associated infection as well as in specialist areas to address e.g. waiting times.

The Trust works in conjunction with the Western Health and Social Services Board (WHSSB) as its main commissioner for service delivery. The key challenges and major issues identified by the Trust in their delivery plan over the planning period are identified as follows: -
• 	Merging of 3 legacy Trusts
• 	Access Targets
• 	Financial Strategy
• 	Reform and Modernisation Programme
• 	Infrastructure Improvements
• 	Clinical and Social Care Governance.

The Trust in their self- assessment return indicated that the annual Trust Delivery Plan (TDP) was used to outline how the organisation responds to local and regional priorities and objectives. Although the Trust reported that strenuous efforts had been made to ensure user involvement in planning and reshaping of services this process was difficult to evidence within the body of the TDP. It was difficult to evidence how the Trust Board/Commissioner sets it's priorities and objectives to determine and respond to the differing health needs of the population e.g. "hard to reach groups", socially deprived areas, vulnerable groups, rural population etc. In addition, it was unclear how performance against targets is achieved and how the Trust distinguishes between it's priorities and it's objectives. However it was

established that the health needs of the population were assessed by the commissioner who was responsible for determining priorities for services within the Trust.

The Corporate Management Team (CMT) told reviewers that the TDP was being used in *draft* format until the Trust received the Health and Wellbeing Investment plan (HWIP). The HWIP had not yet been received from the DHSSPS and this had had an impact on resources and on the allocation of money to services within the Trust.

RECOMMENDATION 1:

The Trust should provide evidence within the Trust Delivery Plan of the way that the Trust delivers a transparent equitable service across all areas in addressing the differing health needs of its population with measurable targets in relation to this

The Corporate Management Team referred to service user involvement in relation to services, specifically through the Trust review of Mental Health services, as evidenced in their report "Moving Forward". They also referred to engagement with advocates, MLA'S and Councils in relation to the review of services in Tyrone and the joint scheme fold partnership for the elderly mentally Infirm (EMI).

Reviewers observed variation in knowledge and awareness in frontline staff of how their work contributed to the TDP.

RECOMENDATION 2:

The Trust should facilitate managers within their departments to provide information to frontline staff on the relevance of their work in contributing towards the Trust Delivery Plan

In relation to the balance between primary and secondary care, reviewers were informed by the Corporate Management Team (CMT) of a hospital dominated culture demonstrated e.g. by increasing numbers of service users going through A&E and the increase in alcohol related problems that contributed to this. The Trust has addressed this problem by employing an alcohol liaison nurse to raise awareness of alcohol related behaviour. The Trust also have an Intermediate Care Team whose function is to divert people away from A&E. Mechanisms to do this include GP Co-location which is already established in parts of the Trust such as the Erne and Omagh hospital sites. A Rapid Response nursing service is also available across the Trust in Derry, Omagh and Enniskillen and there is an emphasis on an efficient use of the ambulance service and re-examination of the patient pathway.

Service planning within A&E has been informed by visits to other A&E sites both locally and nationally, resulting in regular regional audit meetings, benchmarking processes and the application of destination protocols, which were recognised as areas of good practice. Reviewers were informed that the A&E department was currently at a 93% level of patients being seen within the four hour target compared to the expected 95%, a target which they hoped to meet within a short period of time.

An example of where hospital protocols have changed as a result of consultation with local MLA's and user groups was to be found in Omagh where previously children involved in accidents were not referred to the Omagh hospital due to there being no paediatric service. But children are now taken to the hospital if a paediatric physician is available on site.

Reviewers visited a number of areas within the Trust in relation to Accessible, Flexible and Responsive Services which included an unannounced visit to one of the medical wards in Altnagelvin Hospital. This showed that there was a lack of storage space, general untidiness and insufficient attention to hygiene, specifically relating to a female patient toilet; a shower that showed mould and an untidy sluice room. However, the physical environment within sites visited e.g. the Diabetes outpatient clinic and endoscopy unit were well maintained and supported patient privacy. There is a plan to employ a diabetes network facilitator to integrate primary and secondary care to liaise with diabetic teams both in the community and acute sector. However, Diabetes services were considered to be less accessible for service users in Enniskillen resulting in an inequality in diabetes care across the Trust. Strengths identified was the publication and application of local research to service planning within diabetes care with application of research findings to protocols of monitoring of blood sugar.

In A&E reviewers were impressed with the innovative approach to the provision of a comfortable relative's room beside the resuscitation unit and there being an appointed member of staff to keep relatives informed of the patient's condition. The Riverside family care centre showed good examples of effective working although there is a need to connect the manager and staff with Trust Headquarters so that staff see themselves as part of a wider team and standardise their work across the Trust and link in with other similar services. The Leaving and Aftercare centre in Omagh which provides a very individualized service for young people was seen as an important service although reviewers felt there was a need to ensure that roles were clearly defined to avoid any duplication or de-professionalisation. The challenge with this work was considered to be around demonstrating an evidence base and in developing outcome measures, audit tools and performance indicators.

Reviewers were impressed with the standard of care in the Western Trust regional endoscopy unit at Altnagelvin hospital site which operates to UK standards and is aligned to National endoscopy standards. Within the unit however reviewers sought further clarification from the Director of acute services about children receiving their recovery care within a female adult environment. Assurances were given that children are kept separate from the female adult patients and receive nursing care from paediatric nurses and are not kept in the unit overnight. The current arrangement is also under review by the Trust and is being risk assessed in line with child protection procedures. However reviewers felt the need to consider within the short term, for more robust separation of children and adults within the unit.

RECOMMENDATION 3:

The Trust should ensure that robust Child Protection arrangements are in place within the Endoscopy unit and where applicable across the Trust, to ensure safe treatment of children

Area of Good Practice
Reviewers viewed the particular strengths of the A& E department which were related to the frequent patient review clinics and good auditing and benchmarking processes as well as the approach in handling complaints and analysing trends which it was identified were mainly around communication issues. Complaints were also fed back to staff at team meetings and it was their view that these were reducing. In addition, long waiting times had been eliminated.

Some challenges identified were considered to be around public demand and expectation. Also, in relation to the shortage of parking spaces which affected access to clinics. Car parking was found to be extremely difficult within the Altnagelvin site making access stressful and this was a common experience and regular source of frustration for both staff and service users.

Reviewers felt that some of the main challenges for the Trust in relation to service delivery were merging of 3 Trusts and harmonising policies and procedures. There is also a challenge involved in writing the current TDP which is not be finalised until the DHSSPS signs of the HWIP. Another challenge is in rolling out the TDP and ensuring its full implementation.

It is assessed that a scoring of '4' (substantial achievement) accurately reflects the Western Trust achievement against this criterion.

RECOMMENDATION 4:

The Trust should complete harmonisation of all existing legacy Trust policies within the current financial year and which can be regularly reviewed

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.

Substantially Achieved
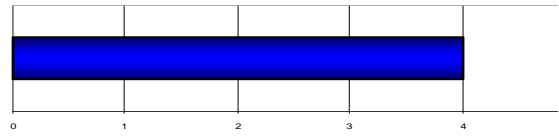
The Trust rated itself in its return as having substantially achieved in relation to this criterion and reported that it emphasised within its policies the need to place patients and clients at the centre of all its service delivery and planning activities. Operationally, the Trust reported on a number of examples within different Directorates highlighting dignity and respect and a person centered approach such as having a "Key Worker" whose role and responsibilities included acting as an advocate on behalf of the client, facilitating access to the full range of available health and social care services available.

Reviewers were informed by the Corporate Management Team that the values of patient dignity and respect were incorporated within the corporate plan and rolled out into practice by staff. Assurances in the delivery of these values were given by way of staff feedback. Reference was also made to the essence of care work at ward level and within the community. The essence of care document underpinned the values of dignity and respect and the Trust CMT said that their policies referenced these values; however these policies remain in legacy Trust format.

In addressing Privacy and Dignity within their Trust capital planning, the CMT stated that £750million of new investment was marked for the replacement of Gransha Hospital and that service users are actively involved in the design of this new hospital taking account of single rooms and management of risk such as ligature points.

On site visits reviewers found numerous examples of good practice on understanding and addressing matters of respect and dignity for instance within the Leaving and Aftercare showing a strong advocacy role for the young person. The Diabetic outpatients unit in Altnagelvin Hospital and the endoscopy unit also reflected this practice where for e.g. patients were provided with "modesty pants" for procedures.

Within A& E reviewers considered it good practice in the prioritisation of patients with Learning Disability who were issued with a special card to be "fast tracked" and it was considered that this could be expanded to other vulnerable groups e.g. Elderly Mentally Infirm (EMI). There was also a relative's room in A&E. However, reviewers observed one instance in

A&E where two patients were not sufficiently separated causing inadequate patient exposure and distress and it was felt that this was unnecessary and should have been prevented. In addition, reviewers were concerned about patient notes being kept on a clipboard outside the cubicles as these were in some instances available at eye level and could be easily read.

Use of Advocates and Facilitators

The Trust reported that it is assessing its existing advocacy services and will require to develop a Corporate Strategy to address any gaps.

Reviewers found there were advocacy services in the Trust but this role is used interchangeably with the patient liaison officer and complaints. Other departments such as A&E use the interpreter service and rely on emergency translation books for the top 20 emergency questions for patients in 60 different languages. In addition the family centre use the NSPCC and Women's Aid. Advocacy services are well developed within mental health, learning disability and in children's services there is a patient advocate for acute services.

Volunteers are available to assist people in Altnagelvin Hospital site and patients are advised of services available on their admission. In relation to user involvement the Trust cited a number of examples where they have taken into consideration the views of service users in specific and more general health related areas. Examples of these included the development of a Carers' Strategy where the Trust engage with the Western Health and Social Care Council; a pilot programme, that introduces an advocacy service and an independent facilitator to consider how best to achieve user participation. An area of good practice is the patient's Forum which has existed for some time in Altnagelvin Hospital with two Patient Advocate Officers (one in Altnagelvin and one in Tyrone & Fermanagh area) who attend meetings with patients, relatives and relevant managers.

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

RECOMMENDATION 5:

The Trust should put in place dedicated advocacy services that meet the needs of all service users and patients

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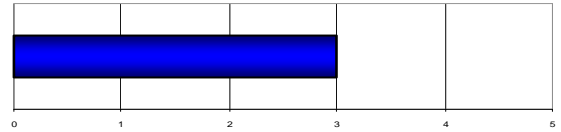
It is assessed that the scoring of '3' (partial achievement) more accurately reflects the Western Trust achievement against this criterion.

At a corporate level the Trust reported that they have made available a range of information in different formats and make reference to their interim communications action plan and promotional literature.

Consent Process

The Western Trust has adopted the Regional Consent Policy for examination, treatment and care and has participated in the regional audit on consent and now need to consider the recommendations contained within the audit and develop an action plan to implement the recommendations. Work has been carried out on consent in each of the former legacy Trusts, due to guidelines having come into effect before the development of the new Trusts.

Within the Endoscopy Unit reviewers were informed that the consent processes were being harmonised across the Trust. Staff indicated that consent was always followed up at the time of the procedure. In A&E reviewers were informed that implied consent, where agreement was reached between a patient and the doctor is not routinely documented except when agreement had not been reached or where a patient refused treatment.

RECOMMENDATION 6:

The Trust should put in place a single consent policy that outlines the consent process and which is reviewed at specified periods in line with regional guidance and which is inclusive of service user involvement.

> **Areas of Good Practice**
> Reviewers were pleased about the robust consent procedures and evidence of addressing issues around dignity and respect throughout patient procedures in the endoscopy unit. Also, in having a withdrawal of consent policy within the unit. Within A&E there appeared to be very robust audit process for clinical/medical practice on consent.

Training on Consent

From a corporate perspective, the Trust reported that all staff received training on consent and the Trust CMT stated that consent training was mandatory and recorded for each staff member. However, it was shown that there was less than 100% take up which was further evidenced within the Trust return and showed only 60% of consultant staff attended training within Altnagelvin. The need for childcare consent training was also highlighted. The Trust reported that training on consent was mainstreamed into the general legal aspects training facilitated in the Northern Sector by the Head of Clinical Quality and Safety and in the Southern Sector by the Head of Litigation supported by the Trust's Solicitor. At the in-service "Legal Aspects of IV Therapy" training, facilitated by the Head of Clinical Quality and Safety, a practical exercise on consent is used.

> **RECOMMENDATION 7:**
>
> **The Trust should develop more robust methods of ensuring that regular training, monitoring and evaluation of the process of consent undertaken with all relevant staff involved in delivering consent to patients**

> **Areas of Good Practice**
> Reviewers were informed that the whole issue of training and consent is part of national training programme in Endoscopy. There is mandatory training for consultants and planned training for nurses in consent using guidelines from the British Society of Endoscopy. Nurses who undertake endoscopy also receive consent training. Within A&E there is a two day induction training for all staff on consent which is mandatory.

Enabling Service Users to make decisions and Choices

Reviewers were informed by senior management of key workers who play a role in assisting patients to make an informed choice. Patients are advised of services available on admission as well as having access to information leaflets. However it was felt that there was a need to carry out audits to test that Trust services were effective in relation to providing information.

The Learning Disability service provides a wide range of information much of which is available in either easy read or Makaton versions. Prior to assessing services, service users and their carers are supported by community Key workers, who are either Community Nurses or Social Workers, who discuss the range of service options available to them. Appropriate professional staff discusses all treatment interventions and possible alternatives, with all users and their carers alike. The Trust reported that it regularly communicates using print and broadcast media all important public information regarding service provision.

Within A& E patient information and choice is relayed via written guidance and the triage nurse also keeps patients informed. A plasma screen was available in the waiting area to provide information about waiting times. Other units such as the Diabetes Clinic have patient information leaflets and the diabetes nurse is involved in patient education about their illness.

An example of poor information was uncovered within the endoscopy unit where a patient who was required to take a specific medication was not provided with adequate and timely information about expected side effects which resulted in great discomfort. Reviewers felt that there was a need for the helpline to be extended to a 24hour service within the endoscopy unit. Reviewers also observed that patient notes' were not adequately supervised at the reception area but were easily accessible at the side of the reception desk situated in a basket on a trolley.

RECOMMENDATION 8:

The Trust should harmonise and enhance the range of patient/service user information across the Trust and to include within this information, side effects of medication

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RECOMMENDATION 9:

The Trust should review and regularly monitor confidentiality of patient notes within the endoscopy unit and where required, across all services within the Trust

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Area of Good Practice
Within the endoscopy unit there were good examples of patient choice and access to information. Reviewers were impressed that the unit had links with user groups and had implemented their suggestions

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Information Leaflets on Diabetes

The Trust self- assessment return reported that service Users with Type 2 Diabetes attending Trust Diabetes Clinics are given specialised information leaflets prepared by various external agencies/companies as part of their education programme. The Diabetic Nurse Specialist also distributes relevant leaflets based on the needs of the patient.

On a review visit to the diabetic outpatient clinic at Altnagelvin site the diabetes specialist nurse indicated that she regularly accesses leaflets for patients via the internet from Diabetes UK. Reviewers also evidenced a variety of leaflets within the diabetes clinic.

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

3.2.1   Service Planning and Design

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

DHSSPS Quality Standard 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.	
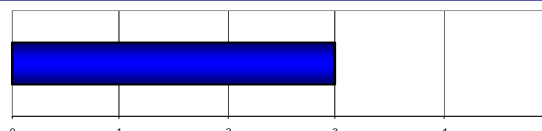
Partially Achieved

The Trust reported in its self assessment that user involvement is to be addressed through a lead Director who will take forward user involvement within services via the Patient and Public Involvement (PPI) Strategy. Objectives within the Strategy state that PPI is central to all aspects of the Trust activity. The PPI Strategy recommended that a Trust wide patient's forum is to be set up with a "working group" to champion PPI activities across the Trust. Operationally, the Trust states that representative groups are active right across the Trust with meetings with the Western Health and Social Services Council, District Councils Commissioners and policy makers.

At user level the Trust has indicated there will be a Trust wide Service User Forum/ Consultation group and reported that there are various active representative groups across the Trust e.g. Patient's Forum and User groups. Staff and other relevant groups are also engaged through road shows and regular meetings e.g. with Councils.

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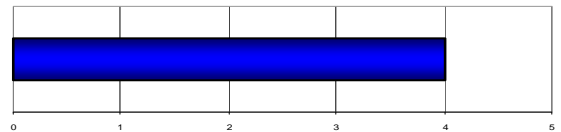
Substantially Achieved

The Trust self-return indicated that major service reviews undertaken across all Service Directorates have incorporated the current status of population groups, assessed need and future projections. Proposals and recommendations are tested against evidence of best practice, current research, legislative requirements and patient/client preferences. Services are regularly tested on individual and on a stakeholder basis e.g. Review of Learning Disability Services. Risk assessment mechanisms are embedded across Service Directorates and equality and human rights requirements are mainstreamed in strategic and operational activities.

With regard to user involvement, the Trust reported extensive partnership working with voluntary, private and statutory sector organisations and will invest approximately £50 m in securing services from these sectors in the current financial year.

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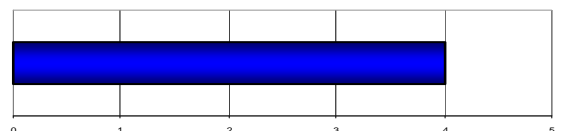
Substantially Achieved

The Trust reports that in conjunction with the Trust's Main Commissioner, the Western Health & Social Services Board, and set out within the Board's Annual Health & Well Being Investment Plan, service planning and decision making takes account of local and regional priorities. Trust staff are actively involved in helping shape commissioner planning and decision making. From an operational perspective detailed Service and Budget Agreements direct service planning and decision making.

At the Service User level, the Trust responded by saying that the Western Board's HWIP and the Trust's Delivery Plan are made available to all key stakeholders and the general public.

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 ...ssioning of services which are readily understood and ...ailable to the public.	
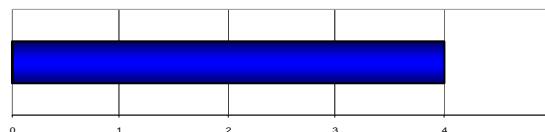
Substantially Achieved

The Trust states in their return that there is a Service Level Agreement which incorporates various standards which the Trust expects Service Providers to comply with. However, the Trust has not met the requirement of the criterion in relation to making this agreement available to the public but state that Service Level. Agreements are "commercial in confidence documents" in place between the Trust and the Service Provider and are not readily available to the general public.

Operationally, Service Level Agreements are shared with the Service Provider in draft allowing them to make any comments or suggestions prior to it being formally issued for signature.

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.	
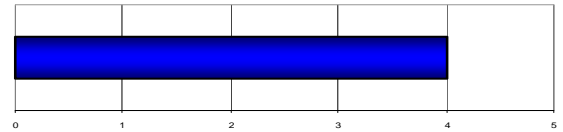
Substantially Achieved

The Trust responded that in order to ensure that service users have access to its services within agreed timescales access is monitored and reported on to the public (through Trust Board) and to the DHSSPS. The Trust has addressed at the corporate level the need for services to be delivered to service users in a timely fashion and have a system where access is monitored and reported to the public and the Department of Health [DHSSPS].

Operationally, the Trust monitors acute services through weekly performance monitoring meetings and efforts are being made to ensure compliance with the DHSSPS access targets which are published regionally and reported on regularly throughout the Trust.

The Trust is currently in the process of developing and disseminating information and guidance which informs service users and their relatives of the protocols for care management and discharge planning within the secondary care setting.

### 3.2.4 Availability of Information in Alternative Formats

❖ 6.3.2 (c) - Availability of Information in Alternative Formats

This sub-section relates to criterion 6.3.2 (c)

DHSSPS Quality Standard 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.

Partially Achieved
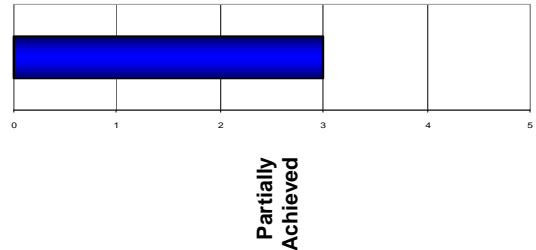
The Trust in their self assessment return has reported a number of approaches to ensure that information is provided to service users in a number of formats. Examples include information leaflets, Service Directory and regional interpretating services. It is note worthy that Interpreter services for foreign nationals and those with hearing difficulties are available on request but these are not readily available for those with hearing and language difficulties. The Trust has also not reported the general availability of literature in other languages to enable foreign nationals to make requests and use services. There are sensory services to ensure access to a wide range of formats for people with sensory impairments but it would have been useful for them to describe how this service is accessed. The Trust also has an internet site which provides accessible patient information on services available.

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.
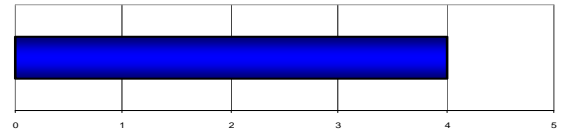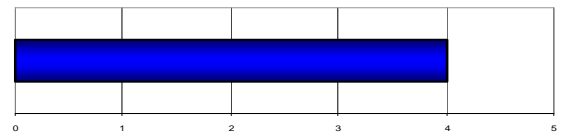
Substantially Achieved

The Trust has reported having a person centered approach and using individual care plans for the development of treatment and care needs within acute services, Primary care and Older peoples' services as well and Women and Children's Directorate. The Trust have also indicated that within mental health there is a patient centered approach, taking into consideration the requirements of a risk assessment process and the constraints of the mental health order.

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.

Substantially Achieved
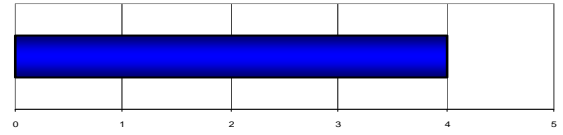
The Trust rated has having substantially achieved in relation to this criterion and reported that they abide by the Data Protection Act 1998 and have a vigorous process of research and audit studies which ensures that information gathered for care and treatment is not used for research and audit unless consent has been provided, or access permitted within the Data Protection Act 1998.

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.

Substantially Achieved

The Trust promotes the use of integrated assessment processes and record keeping and of in the future developing an ICT Strategy to underpin this commitment. The Trust was able to evidence within their submission examples of a multidisciplinary diabetic team located within the Northern sector in Altnagelvin site and within the Southern sector within the Diabetic centre in Omagh.

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.
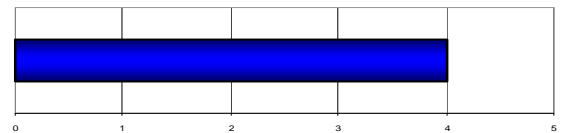
Substantially Achieved

Within the self return assessment a number of ways are listed in which service users can comment on the service e.g. involving service users and their carers within care planning process, satisfaction surveys and suggestion boxes etc.

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 a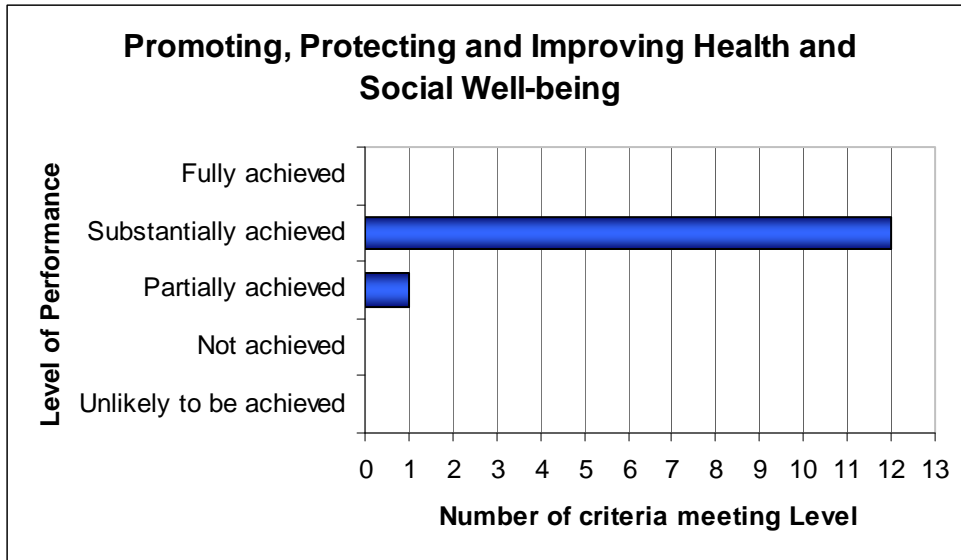nd improve health and social wellbeing, and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation."

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'.

Promoting, Protecting and Improving Health and Social Well-being

A horizontal bar chart with the vertical axis labelled "Level of Performance" showing levels: Fully achieved, Substantially achieved, Partially achieved, Not achieved, Unlikely to be achieved. The horizontal axis is labelled "Number of criteria meeting Level" ranging from 0 to 13. Substantially achieved = 12, Partially achieved = 1.

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 Regulation and Quality Improvement Authority [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.

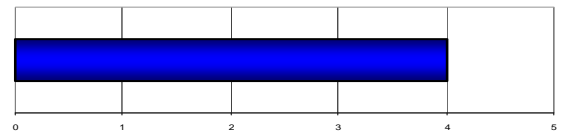The criteria in this section include:

❖ (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.	Substantially Achieved

From a general perspective in terms of partnership arrangements the Trust reported in it's response that there are two key structures in place to facilitate partnership working. The first related to the Trust partnership with the Western Health and Social Services Board in the development and delivery of the "Investing for Health" agenda which is being progressed through a Multi-Agency approach. The key aim of this arrangement is to contribute to improvements in the health and well-being and to address the inequalities that exist within the Trust's area.

The second major partnership, Co-operation and Working Together (CAWT) is the Trust involvement with four Health Boards (Western and Southern in NI and Health Service Executive, North East (HSE-NE) and HSE-NW in the ROI), to address health inequalities, social exclusion and improve health for the people living within these border regions.

Reviewers were agreed after meeting with Trust Senior Management that in relation to the strategic context of this standard, although senior management made reference to the Trust's

Health Improvement work being driven by regional strategies, such as those on mental health, oral health, sexual health etc., no reference was made to having a cohesive, coordinated approach to health improvement. There was also no recognition of the causal links between health improvement action being taken by the Trust and this ultimately leading to improved health and wellbeing and a reduction in health inequalities.

Partnerships Contributing to Health and Social Well-Being

In relation to the Trust partnership with Investing for Health (IFH) the Trust has been involved in a range of activities associated with this which include: Early Years, Teenage and Transition Adulthood; and Later Years.

The Trust Delivery Plan indicated support for a senior member of the Trust staff to continue to be a member of the Western Investing for Health partnership and to play a key role in supporting the Western Investing for Health's Strategy. The Strategy which is supported by the Trust was developed through an inclusive process of community engagement and consultation, action research and partnership debate.

In support of the information submitted on partnership working, reviewers were able to confirm from the Corporate Management Team, their working relationships with cross sectoral bodies and groups such as Investing For Health (IFH), Health Action Zone (HAZ), Neighbourhood renewal, healthy living centres, health improvement advisory panel, CAWT and service user involvement. Senior management stated that numerous evaluations have been carried out in relation to this work Staff have contributed both as facilitators and representatives of the public in partnership working as well as in Strategy development and implementation, which was later verified by the review team during subsequent meetings.

RECOMMENDATION 10:

The Trust should develop systematic performance measurement to assess the impact of action to improve health and wellbeing & reduce health inequalities and to develop a time bound specific action plan to address this recommendation

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Areas of Good Practice
Reviewers met with staff within health promotion (Bank your Smile steering group) and other related departments and found good knowledge of the effectiveness of partnership working in relation to food poverty, deprivation, sexual health and oral health. Structures have been established to support the integration of health improvement/community involvement. However, it will take time to determine if these structures have been effective.

Reviewers found examples of good work within mental health promotion in terms of effective partnerships. However the challenges identified are to develop a more integrated approach across strategies and more effective links into the Trust decision making processes in order to effect changes necessary for the achievement of objectives as well as to secure more long term financial commitment.

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

The Trust provided information on the contribution made by the Health promotion Department which delivers on DHSSPS Health Improvement Strategies at a local level through partnership working within the statutory, community and voluntary sectors. The Western Health Action Zone contribute significantly to the health inequalities agenda by engaging in user participation with particular reference to those living in deprived areas.

The Trust reported that partnership working within the Acute Directorate has resulted in proposals in conjunction with the CAWT partnership, for expansion of the Urology/Vascular and ENT Services to include Donegal and Sligo which are within the CAWT area. Trust management is waiting on the outcome of these proposals.

In relation to integration of work within the newly developed Trust, managers and staff within the Directorate of Primary Care and Older People's Services are working closely with the Western Health and Social Services Board to develop a Statutory Independent Providers forum. This will include representatives from local providers and independent healthcare providers, to progress both the strategic and operational targets focused on improving health and social well being, promoting social inclusion and reducing inequalities. The Trust submission cited a number of examples within different Directorates where they have had interface meetings with Commissioners' to address key issues. These include health and social well being as well as actively engaging with local community groups and GPs in the Review of Emergency Care and Medicine and with the Developing Better Services (DBS) Project.

The Trust reported that partnership priorities are identified within partnerships a number of regional strategies. For e.g. the development of the Mental Health and Childcare interface is a key priority to ensure all children with respect to parental mental ill-health are given priority and attention in respect of their health and well being.

Reviewers found during visits, a number of partnerships highlighted such as Healthy Living Centres (HLCs), Domiciliary Care Partnerships, Health Action Zones (HAZ), Older People's CA consortium, and "Derry Well Woman" group. There are Trust links with ethnic minorities and community networks to identify and address needs to encourage the uptake of services. Particular mention was made of a group representing families and carers of individuals with learning disabilities. One particular action determined by the group has been a fast track card for A&E to be rolled out to outpatients. The CMT also informed reviewers that there was an increase in the use of translators and in the provision of translated materials.

> **Area of Good Practice**
> Reviewers found that a strength was with the pockets of good practice in partnership working, community, carer & service user engagement. Also the integration of health improvement across the Trust with champions and sub groups in each Directorate. Feedback systems were in place to record issues and complaints raised by users and others and this information was used to identify trends and inform learning and staff training.

Reviewers met with the sub group "Bank Your Smile" within Westcare Health Promotion Department. They found staff to be very friendly, open and committed to Health and Social Wellbeing improvement and reported that the partnership sub group demonstrated good representation of multidisciplinary and cross sectoral working. The review team were informed about the impact of a partnership approach to address locally identified needs in respect of oral health. The group highlighted the social inclusion and inequality element of this project which was aimed at an oral health black spot. In addition that the work had resulted in a drop in DMF (Decayed, Missing and Filled) teeth from the target group, indicating an increase in dental health. As a result of the success of this project the group had become empowered to take on other initiatives such as extended schools and the consequence of this has resulted in an improved working relationship between the Trust and the group.

The Drug and Alcohol co-ordination team lead showed good evidence of awareness and contribution to partnership working across the voluntary, community and statutory sectors. It was also clear that there were good links to the Corporate Management Team as well as there being good strategic vision for the service. Challenges identified for this team were with lack of resources to address increasing need including the lack of long term funding. Also the need for a more equitable spread of services and to link with others tackling associated issues i.e. mental health, sexual health, suicide and teen pregnancy. An example of good practice with this work was with the Drug Arrest Referral Scheme.

Reviewers stated staff were very knowledgeable in their field and enthusiastic and committed to their work. There was good partnership involvement with the community and voluntary sector. However, it was considered that there was a need to develop a more integrated approach across strategies. and for staff to have more effective links into the Trust decision making processes in order to effect changes necessary for the achievement of objectives, as well as aiming to secure more long term financial commitment. Examples of good practice were in relation to the Opportunity Youth Group—peer education programme.

The Trust rating of "4" in having substantially achieved against the criterion is considered to be an accurate 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.	Substantially Achieved
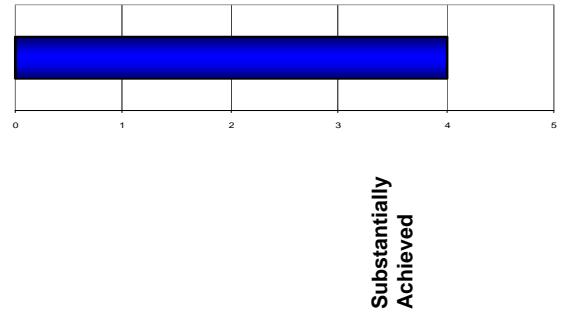
At a corporate level, the Trust submission highlighted the involvement of stakeholders in many aspects of the service such as in the assessment of services at Tyrone County hospital.

Operationally, the Trust has a carer support network and highlighted the involvement of the Acute Services Directorate with the public through various forums e.g. a Patients' forum, Western Health and Social Care Council, District Councils, Hospital Campaign Group, local MLAs etc. The Trust also refers to the strategic direction for Mental Health Services over the next five years which being shaped by 2 local recent reviews, "Moving Forward" and "Health in Mind" along with the Bamford Review.

In addition to assessing compliance to the above standard criterion, the Regulation and Quality Improvement Authority (RQIA) review sets out to examine how, in the first year, Trusts have adopted the principles set out in guidance issued by DHSSPS in September 2007[1] 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.

In addition to examining involvement of user, public, voluntary and community groups in the work of the Trust, specific implementation of the Guidance brought forward by the DHSSPS in September 2007 [1] is to be assessed through RQIA. The Personal and Public Involvement (PPI) Guidance supports the values underpinning the Quality Standards where effective personal and public involvement is central to the delivery of safe, high quality services and as such is a key element of clinical and social care governance. RQIA has been tasked to determine how well in the first year, Trusts have adopted the principles set out in the guidance 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.

Personal and Public Involvement should be taken into account in the evolving governance work programmes in Trusts, therefore over the following years, the Regulation and Quality

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

Improvement Authority (RQIA) will monitor implementation of the PPI framework as part of its review of clinical and social care governance arrangements.

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

▪ People in receipt of services should be actively involved in decisions affecting their lives and should fully contribute to any planning, decisions, and feedback about their own care and treatment.

▪ The wider public has a legitimate entitlement to have opportunities to influence health and social care services, policies and priorities

▪ PPI is part of everyday practice within HSC organisations and should lead to improvements in an individual's personal experience of the service and the overall quality and safety of service provision

Who is responsible for implementing the Guidance?

The Trust reported in their self assessment return that the Director of Primary Care and Older Peoples' Services who is the Executive Director of Nursing has been nominated as the Lead Director to take forward the Guidance and to ensure user involvement.

What has been done in relation to bringing forward the guidance and in demonstrating progress towards this goal?

The Trust has developed a draft framework in relation to the requirements set out in Circular HSC (SQSD) 29/07 and is now in the process of formulating an action plan.

The Trust can demonstrate its commitment to the principles of PPI in its first year of existence using the example of the work arising from modernising services for the acutely unwell patient.

Reviewers identified as a challenge for the Trust the need to complete the development and implementation of the PPI Strategy. Particular challenges for the achievement of this are the need to secure adequate investment and commitment particularly to the training and capacity building aspects of PPI, both for staff and the public. In relation to the above, there is the need for it to be accompanied by a comprehensive performance monitoring system which will demonstrate that this objective has been achieved. Although it was recognised that time is needed to address these challenges it was considered that the Trust would need a time bound specific action plan for this work.

Other staff spoken with by reviewers in relation to PPI showed some involvement to date but were aware of the need for more user participation in the Trust decision making processes.

Reviewers visited the Health Promotion department and spoke with staff and user forums in areas such as Mental Health Suicide Prevention and User Forum and the smoking cessation drop-in clinic and found that there was scant knowledge of the PPI Strategy with overall little awareness of the Strategy.

RECOMMENDATION 11:

The Trust should involve staff, users, carers & the public in the development and implementation of the Personal and Public Involvement Strategy

Involvement in Planning and Development within the Trust Services

The Trust submission reported that service user, carers, the public, voluntary and community groups are involved in service planning, most notably staff in Learning Disability consult widely with service users, carers' and the voluntary sector in the planning of new or re-organisation of existing services e.g. the replacement of the challenging behaviour facilities in both sectors of the new Trust. In addition, other redesign initiatives involving key stakeholders include fracture services, emergency care, medicine and surgical services, with feedback from service users.

Although the Trust rating was "4" of having substantially achieved, it is assessed that a scoring of '3' (partial achievement) more accurately reflects the Western Trust achievement against this criterion.

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 included:
- ❖ 7.3.1 (c) - Human Rights
- ❖ 7.3.1 (d) - Equality Screening with Section 75
- ❖ 7.3.1 (e) - Responsibility and Ownership with regard to Health
- ❖ 7.3.1 (f) - Arrangements in place for Collection, Collation, Development and Use of Health and Social Care Information
- ❖ 7.3.1 (g) - Major Incident and Emergency Planning Policy and Procedures
- ❖ 7.3.1 (h) - Environmental Health Policies and Procedures
- ❖ 7.3.1 (i) - Chronic Disease Management Programmes
- ❖ 7.3.1 (j) - Healthier, Safer Family Friendly Workforce
- ❖ 7.3.1 (k)- Screening and Immunisation Programmes
- ❖ 7.3.1 (l)-   Public Health and Social Care Reports in the Development of Priorities, Planning and Delivery of Services
- ❖ 7.3.1 (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.	Substantially Achieved
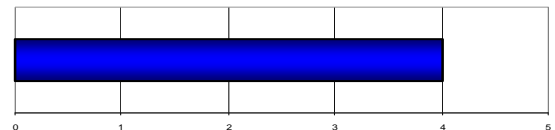
The Trust reported that from a corporate perspective it has taken account of human rights and tackling poverty, social need and promotion of social inclusion through it's involvement in the Departmental Strategy, Investing For Health as well as being involved in the cross-border partnership agreement, Co-operation and Working together (CAWT) and other local partnership agreements. It has adopted a policy on disability and equality having an active awareness raising programme underway at present.

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.	Substantially Achieved
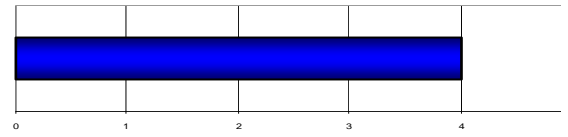
The Trust reported that there is a recently developed policy on disability and equality (3rd January 2008) along with an awareness raising campaign involving the Equality Officer meeting with the new Directorate teams and others.
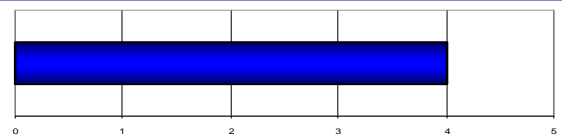
Operationally, within the Trust all existing and new Learning Disability specific policies are equality impact assessed in compliance with Article 75 of the Northern Ireland Act 1998 and Staff are aware of the need to carry out equality impact assessment when considering the development of any new service. Also screening forms and guidance notes have been updated and reissued to include the new duties under the Disability Discrimination Order. The Equality Officer has been working with equality leads in other Trusts and Boards to develop an agreed Equality and Human Rights Screening Template and Guidance notes for use in all HSC organisations. This is currently being piloted in the Western Trust.
Service user groups have also been consulted in this process.

4.2.3 Responsibility and Ownership with regard to Health

This sub-section relates to criteria 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.	Substantially Achieved

In relation to promoting ownership by service users, carers and communities to take responsibility for their own health, the Trust reported that through its Investing for Health Partnership it takes a strategic approach to enabling individuals and communities to be

partners in the "local health economy". This is done through the Health Promotion Department which supports this strategic direction by providing training and other services to individuals and communities at many levels and across a range of settings and age groups.

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

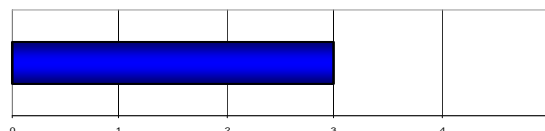|	
7.3 (f) The organisation collects, collates, develops and uses health and social care information to assess current and future needs of local populations, taking account of health and social well-being inequalities.	Substantially Achieved
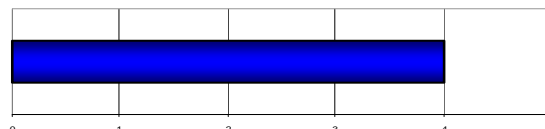
The Trust reported that it works with the Western Health & Social Services Board to help identify areas of need and to prioritise service delivery but has not indicated how it ensures that it's processes take account of health and social well-being and health inequalities. Trust services are delivered within the framework of the HWIP (Health and Wellbeing Investment Plan) and the Trust Delivery Plan (TDP).

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.	Partially Achieved

The Trust is working towards integrating its three legacy Trust Emergency Plans into one major plan and has established an interim Emergency Planning Group which has contributed to a major cross border training events in 2007. Work is ongoing in relation to Controls Assurance and the Civil Contingencies Framework and it is expected that substantive compliance will be achieved.

The Trust was asked to provide as an example, information regarding the planning process for a flu pandemic and reported that a Flu Pandemic Planning Group involving acute and

community services and the consultant in Communicable diseases has been established to take forward the integration of former legacy Trust flu pandemic plans. The group meets on a regular basis and aims to have a first draft of the Western Trust Flu Pandemic plan for consideration by the Trust's Corporate Management Team by the end of March 2008. The new plan will take account of recent Departmental guidance and any associated changes in planning assumptions. The Trust work closely with a wide range of voluntary and statutory agencies in relation to a co-ordinated approach to Emergency Planning such as the Northern Ireland Ambulance Service (NIAS), Police Service of Northern Ireland (PSNI), Councils, regional and local airports, the Fire Service and St John's Ambulance.

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.	Substantially Achieved
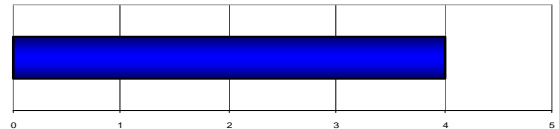
The Trust indicate that Controls Assurance Standards are completed for all areas relating to environmental health namely: - Food Hygiene, Building Land, Plant and Non-Medical Equipment and Environmental Cleanliness. The Food Hygiene Standard will be selected for full assessment by the Trust's Internal Audit Department by 31.08.08. Risk assessments are completed in line with the Trust's framework and fully incorporated into the Risk Register process.

Premises are registered with Local Council Environmental Health Departments and subject to routine inspections and reporting. Issues identified are actioned on a risk assessed prioritised basis and included in the capital programme. Internal monitoring procedures are in place across a range of environmental health issues. Induction and training programmes for operatives are in place and being implemented within available resources. Hazard analysis and Critical Control Point process are in place and ISO quality standards are in place in a range of areas in the Southern Sector of the Trust. In relation to service user involvement the formal feedback procedures from patients and users are in place in majority of Trust, otherwise informal feedback is received from users which is assessed and acted upon. Formal consultation takes place with service users in respect of menu changes and/or other significant changes in service delivery.

4.2.7 Chronic Disease Management Programmes

This sub-section relates to criterion 7.3 (i)

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.
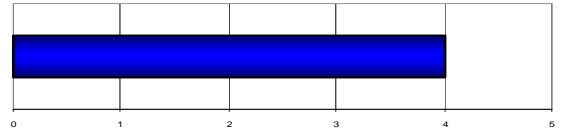
Substantially Achieved

The Trust report a working relationship with the Western Health & Social Services Board to identify key priorities for addressing the Chronic Disease Management needs of the local population and to develop a profile of service provision in relation to prevalence in the Western Area. Examples relate to the heart-failure nurse-led service. Also, the work ongoing through the Health Promotion Department in support of regional and local targets.

The Directorates of Acute and Primary Care and Older People's services have developed a range of Chronic Disease Management Services. Within Acute Services there are outreach services and supporting services in Primary and Community Care to ensure people are cared for in an appropriate place. Review of emergency care and medicine identified a number of areas to modernise the service and improve the patient pathway. Part of this will be the development of care pathways and managed care.

Mental Health Services have promoted a shift from maintenance based treatment to a philosophy of care based on recovery in the treatment of chronic mental health disorders such as schizophrenia. The Trust has an active mental health promotion programme which works with local communities on a range of mental health promotion initiatives including depression, alcohol and drug issues, self-esteem and suicide prevention. In relation to personal and public involvement, (user involvement), The Trust state that the Health Promotion Department engages with users in development of all health improvement policies and strategies.

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.
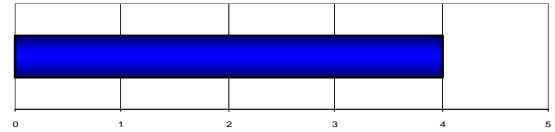
Substantially Achieved

The Trust reports a range of flexible working arrangements which they indicate eventually will extend to all staff. when decisions have to be made between applicants, the Trust may decide to give priority to staff that have a statutory right under the Flexible Working Regulations (NI) 2002. There are two eligibility criteria applied i.e. employees must have at least 26 weeks continuous service and must not have made another application during the previous 12 months under this scheme.

In addition they were asked to provide an example of a 'family friendly' policy. The Trust submitted policies from each of the legacy Trusts which they report will be reviewed and harmonised as part of the overall policy harmonisation schedule within their Human Resources Strategy. In relation to service user involvement the Trust have stated that as with all of their Human Resource (HR) policies and procedures, the review and any subsequent amendments will be consulted on and where possible agreed with trade unions and professional organisations.

4.2.9 Screening an 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.	Substantially Achieved (score 4)
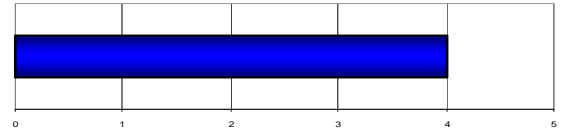
The Trust reports that it makes available to service users a range of quality assured screening and immunisation programmes e.g. childhood immunisation programmes, sexual health screening and breast screening.

The Trust reports that they promote childhood screening and immunisation programmes and stated that the uptake of childhood immunisations has improved within the Trust achieving a target level exceeding 95%.

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.	Substantially Achieved (score 4)
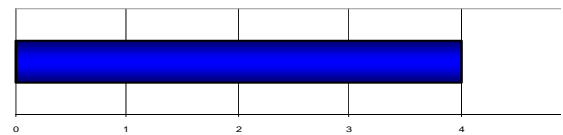
The Trust reported that in conjunction with the commissioners it uses annual public health, social care reports and the DHSSPS Priorities for Action report in planning and prioritising the delivery of services. Examples of such services are Learning Disability Programmes, Physical and Sensory Disability and the Women and Children's Directorate. In Primary Care and Older People's services a performance management framework is also being developed to enable performance and achievement against associated objectives to be measured and reported. Women and Children's Directorate also tables current reports that are relevant to

influencing the work of the Directorate and most recently have adopted the anti-bullying campaign report produced by Mencap. The Trust also uses the 25 Year Strategy to identify priorities – smoking cessation, domestic violence (routine enquiry has been introduced for all pregnant women).

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.	**Substantially Achieved** (score 4)
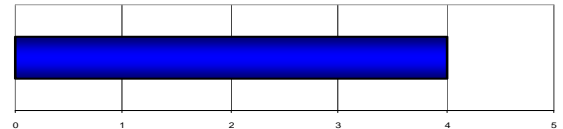
The Trust reported that the Altnagelvin Legacy Trust had developed a volunteering Strategy in 2005 and that work on delivering this Strategy has continued and an evaluation of the scheme is currently being undertaken and will be shared with the Corporate Management Team of the Trust with a view to implementing the volunteering scheme throughout the Trust.

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'.
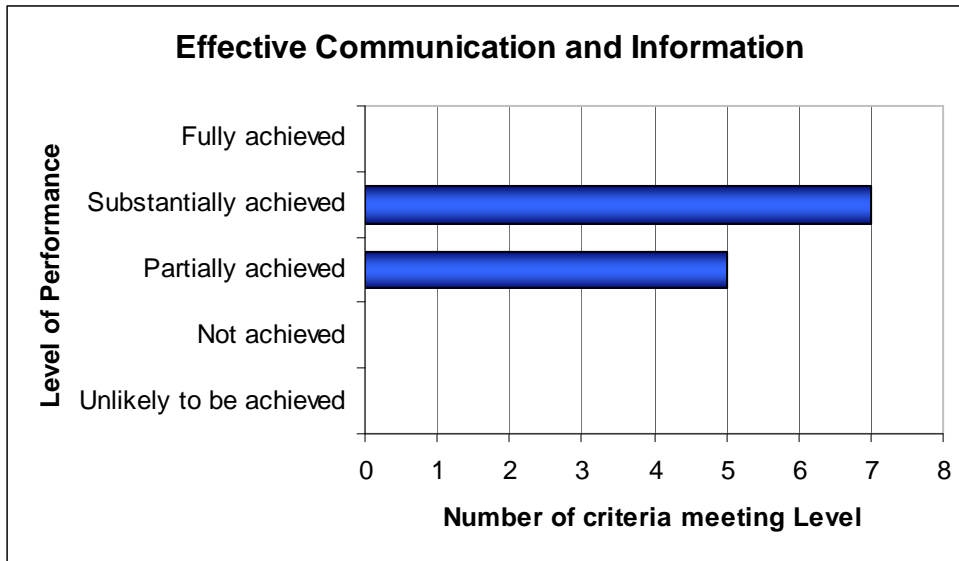
Effective Communication and Information

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 include:

❖ 8.3. (a) - Participation of Service Users and Carer's 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.

Partially Achieved
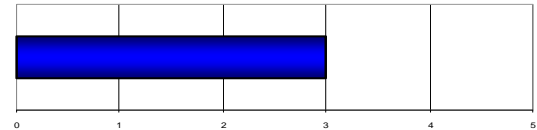
The Trust indicated its partial achievement of this criterion and in its return reported that an Executive Director has been appointed to champion this work and there has been engagement with stakeholders using a range of approaches. The Head of Communications also has a key role with staff in ensuring that the public is reliably informed about events/developments which impact on services. Within Mental Health examples of user representation included the "*Moving Forward*" and "*Health in Mind*" reviews. Service users and carers have also been involved in the preparation of the design brief for the new Crisis Facility which will replace the admission clinics at Gransha.

The Trust referred to a number of partnerships with community and voluntary groups who provide support services for carers and the involvement of service users and carers in the consultation process in relation to service design/redesign. The adoption of a PCP approach to service delivery directly involve carers through the Western Learning Disability Action Group (WALDAG)

The Acute Directorate has representatives who attend the Trust's User Forum Group, Developing Better Services forums and other service based groups such as the Cardiac Rehabilitation groups and the Respiratory Services Forum. From the Trust response there is evidence that service users are being involved but primarily in relation to feedback as opposed to being involved in strategic planning and delivery of services as has been outlined in the PPI Strategy.

Reviewers interviewed the Corporate Management Team (CMT) and were informed about Patient Advocate System. There was also an active patient carer forum called "Moving Forward". Other groups representing patient interests were "Mind yourself" and the Review of Care and Accommodation in partnership with Northern Ireland Housing Executive (NIHE) and Age Concern.

Strengths identified by the review team was that the Stroke unit was part of a good system where there were direct links from the community to the rehabilitation teams as well as there being direct admission or referrals from GP's into the unit. Across the Multidisciplinary team there was also good interaction with patients and information given to patients was captured

on a 'Communication form' and shared across the team and these forms were used and available to all staff at all times.

During a visit to the Foyle Disability Resource centre in Derry, reviewers were told that examples of promotion of patient information and choice included an advocacy group which was very active, "in reach services" and an external advocacy group. Reviewers felt it was a highly responsive user driven service although there was no user carer group.

Feedback Mechanisms

From the Trust submitted return the Trust reported that it has in place feedback mechanisms appropriate to the needs of individual service users and the public. The development of residential respite services was widely consulted on as was the Strategy for Autism Spectrum Disorder (ASD). Satisfaction questionnaires and formal processes such as Looked after Children (LAC) were used to seek the views of service users. Complaints were also used to identify required action and learning. Within Women and Children's Carer Support workers have helped establish information systems for carers and a carers' Reference Group meets regularly. The Trust meets regularly with the Western Health Council, campaign groups etc. The Trust also make reference to regular surveys with feedback for these surveys provided to staff and users to continually improve the service.

Reviewers visiting the Stroke unit in the Erne hospital reported that the service conducted a patient survey every 2 – 3yrs for those who received treatment. There was a patient liaison service which extended beyond the normal working hours.

The Trust were also asked to report on how it obtained the views of service users and carers on the quality of services provided and reported that this was primarily through including service user satisfaction surveys; review of complaints and through the engagement of users and carers with professional staff and others prior to and during the delivery of services.

The Trust were asked to report on how the learning from complaints was used to improve practice within the Trust and reported that across Directorates complaints are discussed in detail with managers to ensure any actions and learning are followed up. Matters which have wider practice issues are shared via formal supervision processes or through operational managers meetings. Trends and analysis are discussed at Clinical and Social Care Governance meetings and any relevant actions agreed. Reviewers felt that there would be some benefit to review the frequency of staff meetings and ensure consistency across all services.

RECOMMENDATION 12:
The Trust should develop in collaboration with service user involvement, a robust system of complaints identification and investigation and a mechanism to ensure that staff can learn from the outcomes of serious complaints and from those pertinent to all their own work areas

The Trust rating of "3" in having partially achieved, is considered to be an accurate assessment against this criterion.

5.1.2 Effective Training in Communication

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

DHSSPS Quality Standard Criteria - Self assessed score

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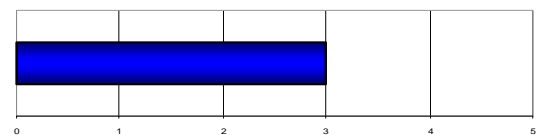
Partially Achieved

The Trust in relation to this criterion stated the need for managers at second and third tier levels to be provided with media training to ensure the effective communication of the Trust's corporate position. In the future they will ensure that effective training for staff in the area of communicating with service users and carers and, where necessary, the public and the media is incorporated within the Knowledge, Skills Framework (KSF) and personal development planning process.

The Workforce Development Division of the Human Resource Directorate runs a range of Management Development programmes and short courses that address communication skills to support quality development, information management and effective service delivery. An example is a Post Graduate Diploma which includes Communications and Sharing Information for Service Development. with specific modules focusing on quality improvement, managing resources and decision making. In addition junior and middle management programmes as well as courses on personal effectiveness and handling the media address communication in general and focus on service user/media issues in specific sessions.

Service Directorates are committed to ensuring that effective training is provided for all staff, working in the various service delivery areas on how to communicate with service users and carers and, where necessary, the public and the media through the use of the training needs analysis and personal development planning processes. Specific examples include within Children's Mental Health and Disability, staff are trained in effective communication through Makaton and in Acute Services specific training is offered on 'dealing with difficult people'.

Within the communications action plan submitted by the Trust there is reference under action point five to training and skills development to develop this skills development for the purposes of communicating with service users and carers and public/media.

Reviewers met with the Trust Directors and Corporate Management Team and felt that there was a very open discussion where they mentioned both strengths and other areas that were more challenging. The CMT reported that there is vocational and Academic training but that this is in the form of "pockets of training" and that there is a need to determine the extent of this training throughout the Trust.

Media Training

Reviewers identified as a strength the work reported by the CMT in delivering media training at Senior Management level and also represented communication managers both across and within Directorates. Challenges identified were to move the Interim Communication Action Plan to a fully embedded action plan and to reconfigure services appropriately. There was also work to be done on consolidating and standardising policies, procedures and protocols.

The types of training identified through discussion with the CMT were a vocational and academic Post Graduate Qualification aimed at managers and as well as generic courses and those on Continual Professional Development

Staff induction manuals emphasised communication skills and this was considered as a key document for exchanging information and described by reviewers as having a creative approach

Challenges identified by reviewers were that the Trust should replicate what has been developed in the Foyle disability resource centre across the Trust. Also to develop the higher level training through their liaison with Trinity College in Dublin for staff in dealing with people with Brain Injury. Reviewers would be keen to see the development of appropriate training for staff working with service users with acquired brain injuries.

Reviewers visited a residential care home for older people in Londonderry. The Residential Care home did not identify any specific training for staff outside that which forms a key element of NVQ training but it did have was a very stable staff team who 'knew' residents and their relatives very well. Particularly impressive was the level of communication between the home, via a care manager, with the community GP, dental and nursing services - this was regarded as an example of good practice that could be replicated elsewhere.

On visiting a day centre for elderly NVQ training for staff was well established and a core element of the training was communication. The manager was an internal assessor and external verifier for NVQ and the Centre regarded communication as a vital aspect of its service with the routine daily programme including specific time for staff to talk with service users outside any set programme of activities. A key element to this work was empowering service users to be assertive and to be able to express their own opinions and learn to say "no" which the Centre regarded as important for people who were vulnerable. The Centre also produced a DVD which it used to inform others about the range and scope of activities it provides.

The Trust was asked to report on how it identifies staff training needs in communication skills. This was indicated as being done through training needs analysis and personal development planning processes, as well as through observation and by request from managers and staff. In addition staff supervision and staff observation also help in identifying training needs.

The Trust was asked how it evaluated communication skills training undertaken by staff and indicated that evaluation was included within training programmes. Communication skills were assessed through evaluation of service delivery as well as staff supervision and appraisals. Another means of identification of training needs was by analysis of complaints and feedback from surveys which was considered as providing valuable information on communication skills.

The Trust rating of "3" in having partially achieved, is considered to be an accurate assessment against this criterion.

5.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

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

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

5.2.1 Information and Communication Strategy

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

DHSSPS Quality Standard Criteria - Self assessed score	
8.3 (b) The organisation has an effective information Strategy and communication Strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation.	
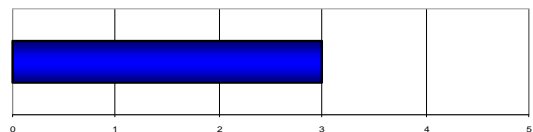
Partially Achieved

The Trust return submitted for supporting information confirmed an action plan and supporting paper in place of the requested communication Strategy. The Trust and also submitted legacy Trust versions for the Information Communication Technology (ICT) Strategy which has not been reported on. The Trust indicated that the interim corporate communications Strategy required further development and contains 14 key priority areas and over 50 specific actions to ensure effective communication within the organisation. The interim corporate communications action plan with the 14 priority areas and supporting paper highlighted information relating to the background, purpose, core principles and areas for evaluation and review. The Target groups identified included patients and clients, staff, partner organisations GPs, local communities and children and young people. The supporting paper set out a clear purpose and set of one of which is principles e.g. to "*put effective communication at the very heart of the Trust's activities.*"

In relation to service user involvement in the development of the communication Strategy, the Trust reported that "*the need to engage users in developing services is a key principle of future communication needs*". However, in the Trust submitted communications action plan it is unclear if there has been direct input and involvement and consultation with the target groups in drawing up the 14 key priority areas.

RECOMMENDATION 13:

The Trust should move the interim Communication Action Plan to a fully embedded Trust wide plan

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RECOMMENDATION 14:

The Trust should provide a mechanism to enable greater service user, community, voluntary and public participation in the drawing up of action plans
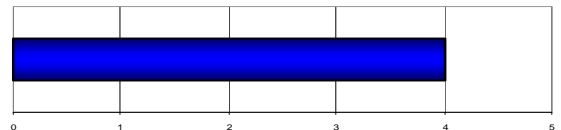

5.2.2 IT and Information Systems

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

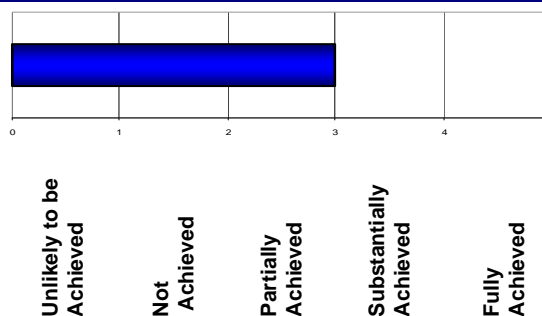| DHSSPS Quality Standard Criteria - Self assessed score |
| --- |
| 8.3 (c) The organisation has an effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services. |

Substantially Achieved

The Information Communication Technology (ICT) strategy submitted by the Trust is a legacy Trust document as opposed to the requested Trust Strategy and this was not included as the focus of the review is as a newly developed Trust. The Trust outlined the many systems used including the PAS (Patient Administration System), which is primarily used in hospital settings, as well as other specific and specialised systems and a diverse range of third party provided and in-house developed systems. These systems are accessed and utilised across the Trust network infrastructure, which is managed and supported by the Trust I.T. Department. However, although the reported systems are reliable and robust, it is unclear from the Trust response as to how they address or support and enhance the quality and safety of patient care. In relation to service user involvement, the Trust has an Internet site which facilitates patient/client feedback and comments. The Trust email system also provides a number of specific email addresses for comment and feedback, such as for complaints and Freedom of Information requests.

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.	Unlikely to be Achieved / Not Achieved / Partially Achieved / Substantially Achieved / Fully Achieved

The Trust reported that there are systems in place to ensure that urgent communication, safety alerts and notices are shared with relevant staff. The Trust is in the process of developing a document management system to allow it to monitor uptake and implementation where appropriate.

Procedures are in place to ensure Medical Device and Equipment Alerts are received and promptly forwarded to relevant Equipment users. The Trust is in the process of developing these procedures to comply with the Safety Alert Broadcast System issued by Health Estates required to be implemented by 1st April 2008. A register is also maintained within the Risk Management office to record communications on safety issues from the Department.

Service Users have been advised of the application of the procedures in place and it is planned to strengthen this via the introduction of the SABS system, which requires robust feedback on action taken as a result of an Alert. Service users are also fully involved in incident reporting to the Northern Ireland Accident and Incident Centre and in subsequent investigations into specified equipment failures. This is a valued and essential part of the investigation.

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
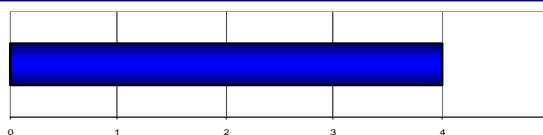
Substantially Achieved

The Trust reported that across Directorates comprehensive management structures have been established to facilitate clear lines of communication and reporting. Also that a number of communication mechanisms are used to enable staff to listen to and gather feedback in relation to the services that are provided. These include Team Briefs, Use of the Intranet, the Trust's "*NOW*" publication and the Directorate profiles. A Head of Communication has been appointed and a department structure approved.

The Trust indicated that within Mental Health the independent advocacy service meets regularly with mental health staff to discuss service delivery issues. In the Southern sector, these discussions are co-ordinated through the Acute Care Forum.

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-centered 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
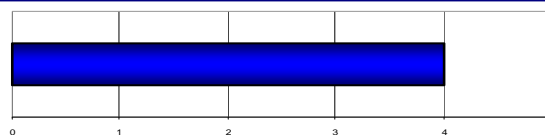
Substantially Achieved

The Trust response in relation to this criteria indicates it is in the process of updating its ICT Strategy and an associated programme of work to address the organisation's ICT needs, requirements and developments. Also that the Trust's Data Protection Policy covers the security and confidentiality of information and the sharing of information across the Trust

Within the Directorate of Primary Care and Older People's services the Trust reports the establishment of a "Single Point of Contact" for referrers and the use of a computerised Referrals Management Application for the capture and sharing of referral details. Within Mental Health and Learning Disability staff, however, do have a clear set of guidelines regarding expected levels of behaviour in the use of information systems, which the Trust have not submitted.   Within Acute Services registration and booking has become centralised e.g. ICATS illustrates a model which is person centered and enables sharing of information across the Trust services and Primary care as appropriate.

5.2.6   Records Management

This sub-section relates to criterion 8.3 (h)

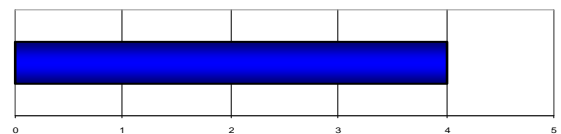| **DHSSPS Quality Standard Criteria** **- Self assessed score**	
8.3 (h) The organisation has effective records management policies and procedures covering access and the completion, use, storage, retrieval and safe disposal of records, which it monitors to assure compliance and takes account of Freedom of Information legislation.	*(bar chart: value reaching 3 on a scale of 0 to 5)* **Partially Achieved**
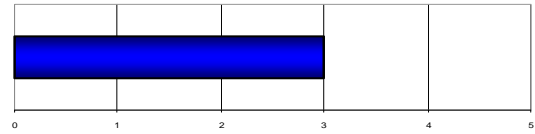
The Western Health and Social Care Trust, as an organisation in transition is still operating under legacy Trust processes and therefore each legacy Trust has developed its own approach to records management. . They have stated that the process of harmonisation and adaptation of policies and procedures is underway but that it will take some time to be completed.   There is in place a draft Data Protection and Confidentiality Policy, a Management Policy statement and a Records Management Strategy. Standard procedures have been set up including specific E Mail address to facilitate any member of the public who wish to make request for information under the Data Protection Act and Freedom of Information Act. Public information has been produced informing the public about why the Trust collects information.

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.	*(bar chart: value reaching 4 on a scale of 0 to 5)* **Substantially Achieved**

In addressing this criteria the Trust report and that it has in place policies, protocols, procedures and best practice guidelines for the protection of service user and carer information which includes the timely sharing of information with other professionals, teams and partner organisations as appropriate. In addition the Trust make reference to Staff
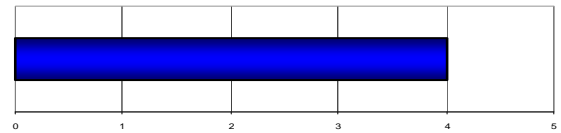
adherence to the CREST 'Protocol for the Inter Hospital Transfer of Patients and their Records', 2006

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.

Substantially Achieved

Questions AFR 10 and 11 will also inform the self assessment of this criterion and are under Criterion 6.3.2 (b).

The Trust reported that they need to review their existing legacy Trust policies to bring these into line with the new Trust arrangements and work has commenced on this. The Trust also follow regional guidance and associated protocols for achieving consent and have participated in the regional consent audit and are in the process of implementing the recommendations made.

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.
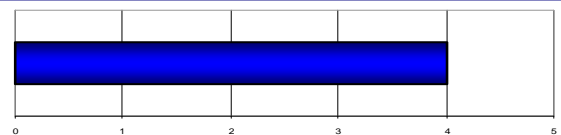
Substantially Achieved

The Trust reported that the Chief Executive is the Accountable Officer and the Medical Director is the nominated Executive Director for ensuring appropriate complaints management systems are in place.

The Trust indicated there is a separate procedure in place in respect of Children's complaints and representation under the Children's Order. The Governance reporting system also requires Directorates to report on learning arising from complaints.

In addition a Complaints Forum has been established in the Legacy Altnagelvin Trust and this has now been extended to cover the Western Trust area. A Non-Executive Director chairs the forum with a lay representative from the patient's council in attendance.

The Trust are in the process of developing a system for managing complaints to ensure that serious complaints are thoroughly investigated and that learning can be identified from these.


RECOMMENDATION 15:

The Trust should put in a place a Trust wide complaints policy which include a system for identifying serious complaints that ensues that these are thoroughly investigated.

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.	Substantially Achieved
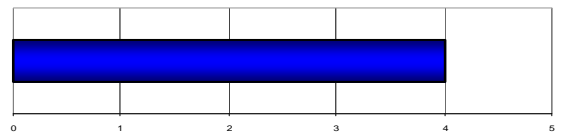
The Trust in its self assessment return indicates it is in the process of reviewing a range of published information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, ensuring that they are up-to-date and comply with the new corporate identity. These publications will be subject to regular audit and review.

6   SUMMARY OF KEY RECOMMENDATIONS

Summary of key recommendations within the theme of Accessible Flexible, Responsive Services

Recommendation 1: The Trust should provide evidence within the Trust Delivery Plan of the way that he Trust delivers a transparent equitable service across all areas to address the differing health needs of its population with measurable targets in relation to this

Recommendation 2: The Trust should facilitate managers within their departments to provide information to frontline staff on the relevance of their work in contributing towards the Trust Delivery Plan

Recommendation 3: The Trust should ensure that robust Child Protection arrangements are in place within the Endoscopy unit and where applicable across the Trust, to ensure safe treatment of children

Recommendation 4: The Trust should complete harmonisation of all existing legacy Trust policies within the current financial year and which can be regularly reviewed

Recommendation 5: The Trust should put in place dedicated advocacy services that meet the needs of all service users and patients

Recommendation 6: The Trust should put in place a single consent policy that outlines the consent process and which is reviewed at specified periods in line with regional guidance and which is inclusive of service user involvement.

Recommendation 7: The Trust should develop more robust methods of ensuring that regular training, monitoring and evaluation of this process is undertaken with all staff involved in delivering consent to patients

Recommendation 8: The Trust should harmonise and enhance the range of patient/service user information across the Trust and to include within this information, side effects of medication

Recommendation 9: The Trust should review and regularly monitor confidentiality of patient notes within the endoscopy unit and where required, across all services within the Trust

6 Summary of key recommendations within the theme of Promoting, Protecting and Improving Health and Social Wellbeing

Recommendation 10: The Trust should develop systematic performance measurement to assess the impact of action to improve health and wellbeing & reduce health inequalities and to develop a time bound specific action plan to address this recommendation

Recommendation 11: The Trust should involve staff, users, carers & the public in the development and implementation of the Personal and Public Involvement Strategy

Recommendation 12: The Trust should develop in collaboration with service user involvement, a robust system of complaints identification and investigation and a mechanism to ensure that staff can learn from the outcomes of serious complaints and from those pertinent to all their own work areas

Summary of key recommendations within the theme of Effective Communication and Information

Recommendation 13: The Trust should move the interim Communication Action Plan to a fully embedded Trust wide plan

Recommendation 14: The Trust should provide a mechanism across the Trust, to enable for greater service user, community, voluntary and public participation in the drawing up of action plans
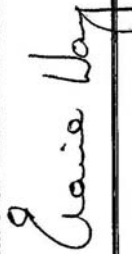
Recommendation 15: The Trust should put in a place a Trust wide complaints policy and procedure as well as a system for identifying serious complaints that ensues that these are thoroughly investigated.

Section 6 - 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	WESTERN HEALTH & SOCIAL CARE TRUST
Address	TRUST HEADQUARTERS, MDEC BUILDING, ALTNAGELVIN HOSPITAL SITE, GLENSHANE ROAD, LONDONDERRY, BT47 6SB
Chief Executive's Name	ELAINE WAY
Chief Executive's Contact Details (Telephone and Email)	TEL: 028 71 345171 – EXTN 3601 EMAIL: ELAINE.WAY@WESTERNTRUST.HSCNI.NET
Chairperson's Name	MR GERARD GUCKIAN
Chairperson's Contact Details (Telephone and Email)	TEL: 028 71 345171 – EXTN 3601 EMAIL: GERARD.GUCKIAN@WESTERNTRUST.HSCNI.NET
Date Self Assessment Form was Completed	31ST 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:
	31·1·08

Signature of Chairperson	Date:
	31/01/08

Review Team	**Appendix (ii)**

Date of Review:	8-10 April 2008
Project Managers:	Dr. Mary McClean Mr. John Black
Administrative Support:	Ms. Janine Campbell
Observer:	Mr. Allen McCartney, RQIA Board

TEAM 1 – ACCESSIBLE, FLEXIBLE RESPONSIVE SERVICES

Reviewer	Name and Title	Organisation
Peer	Dr. Estelle McFarland, Consultant Psychiatrist	Northern health and Social Care Trust (NHSCT)
Peer	Ms. Arlene Garland, Manager for Corporate Risk and Governance	South Eastern health and Social Care Trust (SEHSCT)
Lay	Mr. Niall McSperrin,	N/A

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

Reviewer	Name and Title	Organisation
Peer	Ms. Barbara Porter, Health Promotion Co-ordinator	Northern Ireland Health Promotion Agency (HPA)
Peer	Ms. Elaine O'Doherty, Investing For Health Co-ordinator	Northern Health and Social Care Trust (NHSCT)
Lay	Mr. Adrian McKinney	N/A

TEAM 3 – EFFECTIVE COMMUNICATION AND INFORMATION

Reviewer	Name and Title	Organisation
Peer	Mr. John Black, Head of CSCG Review Team	Regulation and Quality Improvement Authority (RQIA)
Peer	Mr. Hall Graham, Head of Primary Care CSCG Review Team	Regulation and Quality Improvement Authority (RQIA)
Peer	Ms. Lorainne Gibson, Principal Officer for Supported Housing Development	Northern Health and Social Care Trust

Areas visited by the Review Team	Appendix (iii)

REVIEW TEAM MEETING WITH SENIOR TRUST MANAGEMENT TEAMS

TEAM 1 – SENIOR TRUST MANAGEMENT FOR ACCESSIBLE, FLEXIBLE RESPONSIVE SERVICES
- ❖ Deputy Chief Executive & Director of planning & performance
- ❖ Director of acute services
- ❖ Medical Director
- ❖ Ass. Director of Nursing

TEAM 2 – SENIOR TRUST MANAGEMENT FOR PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING
- ❖ Director of Primary Care & Older Peoples services
- ❖ Director of Mental Health and Learning Disability
- ❖ Investing for Health Lead
- ❖ Head of Health Promotion

TEAM 3 – SENIOR TRUST MANAGEMENT FOR EFFECTIVE COMMUNICATION AND INFORMATION :
- ❖ Director of Human Resources
- ❖ Head of Communications
- ❖ Head of Information & Records management

TEAM 1 – SITES VISITED IN RELATION TO ACCESSIBLE, FLEXIBLE RESPONSIVE SERVICES

ALTNAGELVIN HOSPITAL:
- ❖ A&E Department- Senior medical/nursing staff and service user
- ❖ Diabetes Outpatient clinic-Senior medical /nursing staff and service user
- ❖ Endoscopy clinic-Senior medical/nursing staff
- ❖ Ward 3 – Respiratory unit- unannounced hygiene visit without meeting staff/patients

RIVERSIDE FAMILY CENTRE OMAGH:
- ❖ Manager and staff meeting

LEAVING CARE/AFTERCARE TEAM OMAGH
- ❖ Manager and staff meeting

TEAM 2 – SITES VISITED IN RELATION TO PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

WESTCARE HEALTH PROMOTION-GRANSHA SITE
- ❖ Health Promotion Department-senior/staff meeting
- ❖ Mental Health – Suicide Prevention Group & User Forum
- ❖ Smoking cessation drop-in clinic / Smoking cessation Co-ordinator
- ❖ Drug & alcohol co-ordination team /Co-ordinator

TEAM 3 – SITES VISITED IN RELATION TO EFFECTIVE COMMUNICATION AND INFORMATION

ERNE HOSPITAL, ENNISKILLEN
- ❖ Stroke Unit-staff/patient meetings

WILLIAM STREET RESIDENTIAL HOME, LONDONDERRY.
- ❖ Staff
- ❖ Residents

FOYLEVILLE DAY CENTRE, LONDONDERRY.
- ❖ Staff
- ❖ Service users

FOYLE DISABILITY RESOURCE CENTRE, LONDONDERRY.
- ❖ Staff
- ❖ Service users

Appendix (iv) Glossary of Terms and Abbreviations

Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
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.
Clinical and Social Care Governance (CSCG)	A framework within which HPSS is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Consultant	Medical or dental practitioner who works independently without supervision.
DHSSPS	Acronym for Department of Health Social Services and Public Safety.
Essence of Care	Patient-focused benchmarking for health care practitioners designed to support the measures to improve quality.
Informed consent	The legal principle by which a patient is informed about the nature, purpose and likely effects of any treatment proposed before being asked to consent to accepting it.
MDEA	Acronym for Medical Device/Equipment Alert. These are distributed to HSS Boards, Trusts, and Agencies for direct action and for onward transmission were appropriate in accordance with local procedures.
Organisational structure	A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.
Patient records	The record of all aspects of the patient's treatment, otherwise known as the patients notes.
Patient survey	Seeking the views of patients through responses to pre-prepared questions and carried out through interview or self-completion

questionnaires.

Peer Review
Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review.

POCVA
Acronym for the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA). POCVA aims to improve existing safeguards for children and vulnerable adults by preventing unsuitable people working with them in paid or voluntary positions.

Policy
An operational statement of intent in a given situation.

Procedure
The steps taken to fulfill a policy.

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

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

Review of Public Administration
Review of the existing arrangements for the accountability, development, administration and delivery of public services in Northern Ireland, bringing forward options for reform which is consistent with the arrangements and principles of the Belfast Agreement, within an appropriate framework of political and financial accountability.

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

SAB's
Acronym for the Safety Alert Broadcast System, a system to disseminate safety alerts issued by the Medicines and Healthcare products Regulatory Agency (Medical Device Alerts only), DH Estates & Facilities, the National Patient Safety Agency and patient safety specific guidance from the Department of Health.

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

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

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