



**Western Health  
and Social Care Trust**

## **Western Health and Social Care Trust**

### **Consultation Scheme**

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**Document Maintainer:** Head of Equality and Human Rights

### VERSION CONTROL

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## Consultation Scheme

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## **FOREWORD**

The Western Health and Social Care Trust (Western Trust) has developed this Consultation Scheme in order to meet the statutory requirements outlined in the Health and Social Care Reform Act Section 19.

The Act places a duty on Public Authorities to actively promote and develop systems of consultation. The legislation formalises an ongoing commitment, which has always formed part of good practice in the planning and provision of Health and Social Care in the Western Trust.

This Consultation Scheme outlines the arrangements which the Trust will put in place, to ensure that the statutory requirements are fully met. The Scheme will be underpinned by the Western Trust's Personal and Public Involvement Strategy

## **1. How to get a copy of the Consultation Scheme**

You can download the Scheme from the Trust's website ([www.westerntrust.hscni.net](http://www.westerntrust.hscni.net)) and is available to staff on the Trust Intranet.

### **Enquiries regarding this Scheme should be made to:**

Ms Sara Groogan, Director of Performance and Service Improvement

**Address:** Western Health and Social Care Trust  
Trust Headquarters  
Medical Development and Education Centre  
Altnagelvin Site  
Glenshane Road  
Londonderry  
BT47

**Tel:** 028 71 345171

**Email:** [sara.groogan@westerntrust.hscni.net](mailto:sara.groogan@westerntrust.hscni.net)

### **Alternative formats**

The Consultation Scheme can be made available in a range of alternative formats including:

- large font
- audiocassette
- Braille
- computer disk
- DAISY
- Easy-read
- electronic version

**The Scheme can also be made available in minority ethnic languages, on request, to meet the needs of people not fluent in English.**

Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu pro osoby s postižením na požádání poskytnout v jazycích etnických menšin.

Този проекто-план за действие при инвалидност може да бъде предоставен на езиките на етническите малцинства, при поискване, за да бъдат задоволени нуждите на тези, които не говорят английски свободно.

Nepieciešamības gadījumā šo Invaliditātes darbības plāna uzmetumu var iegūt mazākumtautību valodās, apmierinot to personu vajadzības, kuri nepārvalda angļu valodu.

Šis veiksmu dēļ neįgalumo Plano projektas gali būti pateiktas tautinių mažumų kalbomis pagal pareikalavimą, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten szkic Planu Działania w sprawie

Niepełnosprawności może być udostępniony w językach mniejszości etnicznych na życzenie.

Acest proiect al Planului de Acțiune pentru persoane cu handicap poate fi pus la dispoziție și în limbile minorităților etnice, la cerere, pentru a putea veni în întâmpinarea acelor care nu sunt fluenti în limba engleză.

Tento náčrt Plánu akcie pre postihnutých ľudí môže byť na požiadanie dostupný v jazykoch národnostných menšín, aby pokryl potreby tých ktorý nie sú spôsobilý porozumieť mu v angličtine.

傷殘行動計劃草案將會根據需求被翻譯成各種小數族裔語言，去迎合那些英語不流利的人士的需要。

Este esboço do Plano da Disability Action poderá estar disponível, a pedido, nas línguas das etnias minoritárias, a ser utilizado pelas pessoas que não são fluentes em Inglês.

Planu ida né, husi Disability Action, hakerek ho lián oin-oin husi minoria etnika sira, nebe bele husu, ba ema nebe la hatene lian Inglés.

## **2. Organisational Background and Structure**

### **2.1 History**

The Western Health and Social Care Trust (Western Trust) was established on 1 April 2007 under the Review of Public Administration. The Trust brought together the delivery of Health and Social Care which previously had been provided by three separate Trusts, namely Altnagelvin, Foyle and Sperrin Lakeland Health and Social Services Trusts, and Westcare Business Services.

The Trust provides services across five Council areas (Limavady, Derry City, Strabane, Omagh and Fermanagh) and covers 4,842 square kilometres of landmass (see Appendix 1 for Western Trust area Map).

### **2.2 Service Provision**

The Western Trust provides services to a population of approximately 300,000 people. It employs almost 12,500 staff and invests approximately £422 million in the delivery of a comprehensive range of Health and Social Care services. The vast majority of services are provided in community based settings with access to specialist inpatient services available from a number of hospitals such as Altnagelvin, Erne, Gransha, Lakeview, Tyrone County, Tyrone and Fermanagh and Waterside. Altnagelvin Hospital offers the most comprehensive range of services of any hospital outside Belfast.

The aim of the Western Trust is:

***“To provide high quality patient and client-focused Health and Social Care Services through well trained staff with high morale”.***

This is supported by six core values which underpin the organisational culture of the Western Trust and have been developed to help us achieve our purpose.

- **High Quality and Safety:** We are committed to excellence and accountability in our services to individuals, families and communities;
- **Enabling Our Staff:** We strive for a safe working environment which promotes growth and development, teamwork, pride, creativity and trust;
- **Integrity:** We believe integrity is the foundation for individual and corporate actions. We adhere to the values of honesty, openness and respect for all;
- **Equality:** We promote equality and fairness for patients, clients and staff;
- **Partnerships:** We are committed to working in partnership with service users, policy makers, commissioners and other service providers;
- **Employing Our Resources Efficiently and Effectively:** We are committed to ensuring the best possible use of all public funds with which we are entrusted.

The Trust's key business objectives are to:

- secure positive outcomes for patients and clients and enhance their experience;
- promote better integration by bringing together services in such a way as to simplify care pathways for clients and patients;
- support the delivery of services on a Trust-wide basis which ensures equity of access;
- establish an ethos of continuous improvement and quality development through integrated governance arrangements;
- support integration across the Trust and partnership working with external bodies.

The Western Trust provides a range of Health and Social Care services across the Western area. Services are delivered across the following Directorates:

- Acute Services;
- Women and Children's Services;
- Primary Care and Older People's Services;
- Adult Mental Health and Disability Services.

These are supported by the Directorates of:



- Medical;
- Finance, ICT and Contracting;
- Human Resources;
- Planning and Performance Management.

The majority of these services are commissioned by the new Health and Social Care Board. The Western Trust also commissions a significant range of services from the private, community and voluntary sectors.

## **2.3 Management Structure**

### **2.3.1 Trust Board**

The Trust Board is the statutory body with overall accountability for all the activities of the organisation. Board members carry the following responsibilities:

- setting the strategic direction for the organisation and ensuring that the organisation achieves its objectives;
- reviewing performance and quality outcomes;
- effective stewardship of all of the Trust's resources;
- ensuring that the highest standards of governance and personal conduct are maintained.

The Trust Board consists of a Non-Executive Chairman, seven Non-Executive Directors and four Executive Directors, who include the Chief Executive and Directors representing:

- Primary Care and Older People's Services/Professional Nursing;
- Performance and Service Improvement;
- Finance, ICT and Contracting;
- Women and Children's Services;
- Medical Directorate.

### **2.3.2 Corporate Management Team**

The Corporate Management Team is chaired by the Chief Executive and consists of eight Directors. It is responsible for ensuring the implementation of the policies and strategy set by the Trust Board.

The Executive Directors of the Trust Board are joined by the Trust's Director of Planning and Performance Management, Director of Human Resources, Director of Acute Services and Director of Adult Mental Health and Disability Services.

The Corporate Management Team carries responsibility for ensuring the overall delivery of high quality services, the achievement of financial and performance targets and the maintenance of appropriate clinical and social care governance standards.

## **2.4 Individual Directorates:**

The Western Trust delivers its services through eight Directorates. These enable the best possible clinical and social care pathways and reduce boundaries. Directorates have been established for the following areas:

- Acute Services;
- Women and Children's Services;
- Primary Care and Older People's Services;
- Adult Mental Health and Disability Services;
- Office of the Medical Director;
- Finance, ICT and Contracting;
- Human Resources;
- Performance and Service Improvement.

An organisational chart is attached as Appendix 2 for reference.

### **3. Organisational arrangements for meeting the requirements of Personal and Public Involvement and the legislative obligations under Section 20 of the HSC Reform Act**

#### **3.1 Governance Structures for meeting PPI and Consultation Scheme requirements and obligations**

##### **3.1.1 Chairman and Chief Executive**

The Chairman and Trust Board are responsible for retaining full and effective control over the implementation of the Western Trust's Consultation Scheme and the PPI Strategy. The Chief Executive will be accountable for ensuring the provision of the necessary resources in terms of time, money and staff to make sure that the Scheme and Strategy are drawn up and implemented effectively.

##### **3.1.2 Corporate and Strategic Responsibility**

###### **a) Director of Performance and Service Improvement**

**b) The Director of Performance and Service Improvement** will have responsibility for the administration of the Western Trust's duties under the Consultation Scheme and PPI requirements at a corporate level.

###### **b) Assistant Director of Performance and Service Improvement**

The Assistant Director of Performance and Service Improvement will have strategic responsibility for ensuring the full implementation of the Consultation Scheme and PPI Strategy across all Trust Directorates.

##### **3.1.3 Trust Directors**

Trust Directors will be accountable for ensuring that obligations under the Consultation Scheme and PPI Strategy will be fully met in all areas for which they are responsible. Directors will also ensure that Senior Managers for whom they are responsible are appropriately trained in all the requirements of the Consultation Scheme and PPI and that assessment of progress is a mainstream

element of Directorate work and is included as part of Director's objectives, targets and individual performance plans.

### **3.1.4 Western Trust Personal and Public Participation Steering Group**

The Western Trust Personal and Public Participation Steering Group has been established and is chaired by a Non-Executive Director. It includes representatives from:

- PPI Champions from each Trust Service Directorate;
- Trust Equality and Human Rights Unit;
- Trust Communication Department;
- Trust User Groups;
- 6 members from the Community/Voluntary sector;

The primary purpose of the Steering Group is:

- To ensure that patients/clients/carers play a central role in influencing the development and delivery of healthcare across the Western Trust;
- To support the Governance Committee (see 3.1.5) in providing assurances to the Trust Board that the relevant healthcare standards relating to patient and public involvement are being met;
- To act as a source of expertise and reference point for the organisation on patient and user involvement related matters.

The Steering group will meet on a quarterly basis.

### **3.1.5 Governance Committee**

The Governance Committee, led by the Trust's Chairman, meets quarterly. Each of the Service Directorates provides updates on service quality improvement initiatives and risk management issues. The Committee also considers feedback from external reviews and ensures action plans are progressed and implemented. Progress on PPI will be reported on a quarterly basis by the Director of Primary Care and Older People's Services and Executive Director of Nursing.

See Appendix 3 for an organisational chart showing the governance structures in relation to PPI, put in place by the Trust.

### **3.1.6 Implementation and Coordination of Personal and Public Involvement Strategy**

The operational responsibility, for coordinating and implementing the Consultation Scheme and PPI Strategy, has been has been delegated to Paula Cunningham (Head of Service Planning). This person will be the main point of contact in relation to the Strategy.

### **3.1.7 PPI Champions**

Each Service Directorate has been required to nominate a senior manager who will be the PPI lead/champion for that Directorate. The lead manager will participate on the PPI steering group.

### **3.1.8 Other Trust Officers**

Other Trust officers are required to ensure that obligations under the Consultation Scheme and PPI Strategy are fully integrated into all service planning, before papers are submitted for any final decisions to the Trust Board.

In addition the Director of Human Resources will be responsible for ensuring that the ability to implement the Consultation Scheme adopted by the Trust is stipulated as a core competency. As such, duties associated with the Scheme will be incorporated into existing job descriptions, after effective training is provided.

### **3.1.9 Personal and Public Involvement Strategy**

The Western Trust is in the process of completing its PPI Strategy.

### **3.1.10 Arrangements under the Western Trust Equality Scheme**

Under Section 75 (NI Act 1998) the Trust has existing obligations and commitments to consult with the public, service users and carers in the planning, delivery and monitoring of services. The Trust has made the necessary arrangements to implement and ensure progress on this area.

Progress in this area will directly assist the Trust in both progressing its PPI strategy and meeting its obligations under the Consultation Scheme (see Appendix 5).

### **3.1.11 Arrangements under the Western Trust Disability Action Plan.**

Under Section 49a of the Disability Discrimination Act NI (1995) the Trust has a duty to:

- Promote the involvement of disabled people in public life.

Under this obligation the Trust included a specific objective as part of its Disability Action Plan to ensure progress is made in this area (see Appendix 6).

The Trust has made the necessary arrangements to implement and ensure progress on this duty.

Progress in this area will directly assist the Trust in both progressing its PPI strategy and meeting its obligations under the Consultation Scheme

### **3.1.12 Arrangements to meet Patient and Client Experience Standards**

All HSC Trusts and Northern Ireland Ambulance Service (NIAS) are now required to meet the Patient and Client Experience Standards. The five standards relate to: **respect, attitude, behaviour, communication and privacy and dignity** and clearly state what people can expect from the health and social care service.

The Department requires evidence that services commissioned embrace the five standards, and also that:

- Patient and Client experience has a clear focus within our priorities;
- Patient experience standards are embedded in commissioning processes;
- That the Patient and Client experience is integrated across all policy and strategy documents;

- Trust Boards receive an annual report of the outcome of the evaluation of the Patient and Client Experience Standards and associated improvements.

Work is ongoing by the regional HSC group to develop a methodology that has the potential to ensure a consistent approach to measurement of these standards across all five HSC Trusts and NIAS. This includes the following:

- Patient/User feedback;
- Staff feedback;
- Observing practice;
- Review of organisations' arrangements.

A small pocket size version of the five Patient/Client Standards has been made available to all HSC staff.

A Working Group to lead on Patient and Client standards has been established as a sub group of the corporate PPI group.

Arrangements to support progress in this area will directly support progress on the PPI strategy and assist the Trust in meeting its commitments under the Consultation Scheme.

## **3.2 Reporting and Monitoring arrangements for PPI Strategy**

### **3.2.1 PPI Progress Reports**

The PPI operational lead will be responsible for keeping the Western Trust informed of progress in implementing arrangements set out in the Strategy by:

- providing quarterly reports to the PPI Steering Group and Governance Committee (see Appendix 3);
- coordinating the development of an Annual Action Plan;
- producing the Annual Progress Report to the Trust Board;
- reporting on progress in the Trust's own Annual Report.

### **3.2.2 Corporate and Individual Objectives and Targets**

The Director of Performance and Service Improvement will put in place arrangements to ensure that annual consideration is given by senior management as to how well the Trust is meeting targets set in its Scheme and Strategy. As part of the corporate planning process, objectives and targets relating to the statutory duties will be built into Corporate and annual Business Plans.

Progress on meeting all PPI objectives, will be reported on by the Non-Executive Chair of the PPI Steering Group on a quarterly basis to the Western Trust Governance Committee.

### **3.2.3 Trust Equality Scheme**

The Western Equality and Human Rights Forum receive quarterly reports which include progress on how the Trust is developing its capacity to engage with Users and Carers and consult with the general public.

### **3.2.4 Trust Disability Action Plan (D.A.P.)**

The Western Trust's Disability Steering Group receives quarterly reports on progress on all DAP objectives. This includes progress on engaging with people with disabilities.

### **3.2.5 Complaints Procedure**

Any complaints that the Western Trust has not fulfilled its statutory obligation under the Consultation Scheme will be handled in accordance with the Trust's Complaints Procedure. Any complaints relating to the Consultation Scheme will be referred to the PPI operational lead. The Western Trust will seek to resolve such complaints within 20 working days of receipt, and will endeavour to respond in a format appropriate to the needs of the complainant.

When a complainant claims to have been affected by the failure of the Western Trust to comply with the Consultation Scheme, they will be informed of the procedure for bringing such a complaint to the Ombudsman. The Western Trust is committed to ensuring that the complaints procedure is fully accessible to the whole community.



Information on 'How to make a Complaint' and copies of the Trust's Complaints Leaflet can be obtained from the Trust's Website under Patient/Clients/Visitors.

Complaints made relating to the Consultation Scheme will be monitored and used as a basis for informing future action.

## **4. Arrangements for ensuring effectiveness of PPI in the Western Trust**

### **4.1 Western Trust Personal and Public Participation Steering Group**

As already stated in section 3.1.5 one of the key functions of the PPI Steering Group is to ensure that all Trust Directorates are making progress in developing PPI systems in their areas of responsibility and also systems for monitoring their effectiveness.

As already specified the Steering Group includes representation from both the Patient and Client Council and Users and Carers Groups.

### **4.2 Existing systems of Engagement and Consultation**

The Western Trust already has a range of systems to ensure that users and carers are regularly involved in service planning and policy development. These will be used as a basis for any future developments.

For a full overview and examples see Appendix 7.

### **4.3 Other Strategic Drivers**

As already stated arrangements to ensure progress on the Western Trust's Equality Scheme, Disability Action Plan and Community Development Strategy will also ensure progress on the Trust's PPI Strategy and help the Trust to meet its obligations under the Consultation Scheme. All, in various forms, include obligations that user/carer engagement and community consultation are integrated into all Trust decision making and policy development processes.

### **4.4 Guidance on Public Involvement and User Engagement**

This Guide was developed by the Community Development Unit of the former Western Health and Social Services Board. It was approved by all the legacy Trusts for use by their staff. All staff are referred to this Guidance Pack to use as a basis for planning user involvement strategies for their service area.

## **4.5 User Engagement Protocol**

The Protocol was developed by the Community Development Unit and Equality and Human Rights Unit and approved by all governing bodies of both the legacy Board and legacy Trusts for use by their staff. All staff are referred to the Protocol to use as a basis for planning user involvement strategies for their service area.

## **5. Arrangements for assessing effectiveness of PPI in the organisation**

### **5.1 Introduction**

Consultation is an intrinsic element within the Trust's approach to Personal and Public Involvement and the Trust's Equality Scheme which sets out the Trust's arrangements for consulting in accordance with the principles contained in the Equality Commission's Guidance - Section 75 of the NI Act 1998.

The Trust recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory obligation to make arrangements with a view to securing involvement and consultation with service users, their carers, the public and the Patient Client Council, on decisions on planning and proposals for change affecting the provision of the health and social care service

### **Normal Timescale and Exceptions**

The Western Health and Social Care Trust will aim to provide a consultation period of a minimum of twelve weeks to allow adequate time for groups to consult among themselves as part of the process of forming a view. However the Trust has identified the following exceptional situations when this timescale may not be feasible:

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

In such instances, the Trust may decide to shorten timescales for consultation to eight weeks or less. In line with current best practice guidance on consultation, the Trust should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate. However, having considered the need to consult, the Western Trust may decide that it is necessary in the interests of patient safety to implement the change immediately.

The Trust will monitor and keep under review such occurrences and report on them in its annual PPI review report, which will be published on its website. Where changes are temporary in nature, and may be considered as part of the day to day management of services, and are considered to be non-contentious, the requirements for consultation will not apply.

In cases where temporary changes will have a significant impact on regional services, the Trust will consult the Department in advance about the change, and will seek to engage with those affected by the change as soon as possible.

## **5.2 Reporting and Monitoring systems:**

See Section 3 for the range of reporting and monitoring arrangements the Western Trust intends to use.

## **5.3 PPI Performance Management Framework and Organisational Self Assessment Framework**

Both frameworks were developed by the NHS Centre for Involvement (University of Warwick). The Western Trust intends to use these frameworks as a tool for assessing the effectiveness of PPI in its organisation. The Trust will also explore how it can improve and develop these frameworks, as alternative models of good practice develop.

**6. Arrangements for ensuring people are aware of the Western Trust's Consultation Scheme and PPI Strategy**

- 6.1** This Consultation Scheme will be available for downloading on both the Western Trust's Intranet and Internet. It will also be available in alternative formats – see Section 1.
- 6.2** Information on the Consultation Scheme and PPI Strategy will be sent to all those on the Western Trust's consultee database in the form of a letter accompanied by a summary leaflet. This will include all local Council Offices, MLAs and MPs. Briefings with local political representatives will also be implemented if and when appropriate.
- 6.3** The Trust will consider placing advertisements in the local press if and when appropriate and will include information about the Consultation Scheme on any appropriate press releases or statements directing individuals to where the Consultation Scheme and PPI Strategy can be accessed from.
- 6.4** The Trust will ensure that systems are in place so that the Consultation Scheme and PPI Strategy can be made available in alternative formats, such as Braille, large print, minority languages, audiocassette, in a timely fashion, on request.
- 6.5** The Trust will ensure that staff are aware of the Consultation Scheme and PPI Strategy, through the Trust Communication system and staff meetings at all levels and fora. The Trust will ensure that all staff have access to a copy of the Scheme and Strategy on the Trust Intranet.
- 6.6** The Trust will also produce an information leaflet, summarising the Consultation Scheme and PPI Strategy. Practical examples will be used in this summary in order that the application of the Consultation Scheme and PPI Strategy will be understood by a wide range of people. The summary document will be available from the location above (see 6.1), and will also be distributed throughout Trust facilities, to key stakeholders, and will be made available to all staff.

**6.7** Appropriate opportunities will be taken by the Chairman and Chief Executive to provide briefings on the Western Trust's commitment to and progress in implementing the Consultation Scheme and PPI Strategy.

## **7. How the Consultation Scheme was developed**

### **7.1 Previous consultations**

This scheme is based on experience and information from previous consultations conducted by the current Trust, three legacy Trusts or legacy Board, in this area over the past six years. It is building on a great deal of previous and existing activity.

#### **7.1.1 'Have Your Say' (2004)**

The Equality and Human Rights Units of the legacy Trusts and Boards took the lead in carrying out this good practice review on user involvement. Based on this report a regional guidance was developed for use by Health and Social Service (HSS) organisations across Northern Ireland, when engaging with users/carers and potential users/carers from the different equality groups.

#### **7.1.2 'Valuing People: Valuing their Participation' (2005)**

This is the Community Development Strategy, developed by the legacy Board's Community Development Unit for health and social services organisations in the Western area. The Strategy was based on contributions made by over 300 people, through questionnaires, focus groups or workshops. It recognised the need for HSS organisation to work collaboratively with the community and provider organisations and the need to secure a "fully engaged" public in the commissioning, planning and delivery of health and social care services.

#### **7.1.3 Five year Review of Trust Equality Scheme (2006)**

A key element of the Five Year Review focused on progress that the Trust had, or had not made, in the area of consultation and engagement. Over 200 people participated in focus groups or completed questionnaires. Recommendations in this area formed

the basis for objectives relating to consultation and engagement, included in the Trust's Equality and Human Rights Action Plan.

#### **7.1.4 Trust Disability Action Plan (2007)**

A key area of consultation for the Plan involved discussing with people with disabilities how the Western Trust could better engage with them and Disability organisations. Over 50 groups contributed and over 200 people participated in a range of focus groups held across the Western Trust area. The recommendations from this consultation provided the basis for the targets in the Disability Action Plan.

The Western Trust worked with the other four Health and Social Care (HSC) Trusts and developed targets for five objectives, one of which was: "Encouraging participation: To ensure increased effective and meaningful public involvement of disabled people" (see Appendix 6).

#### **7.1.5 Personal and Public Involvement Workshops (2008)**

Two pre-consultation Workshops were held at the end of August/beginning of September 2008, in Londonderry and Omagh. The workshops were attended by over 150 participants from a wide range of community and voluntary sector groups. The discussions were assisted by two independent facilitators with extensive expertise in this area. These will be used to inform the Western Trust's Personal and Public Involvement Strategy.

#### **7.1.6 Involvement of Patient and Client Council (PCC)**

The Western Trust has been working on developing our Consultation Scheme, in collaboration with other HSC organisations. A representative from the Patient and Client Council attends those meetings, in an advisory capacity.

As already stated in section 3.1.5 a representative from the PCC is a member of the Trust's PPI Steering Group. The Consultation Scheme has been scrutinised and approved by the PPI Steering Group.



## **8. Arrangements for ensuring that PPI is an integral part of the Western Trust's business.**

### **8.1 Mainstreaming PPI**

This section outlines how the Western Trust intends to embed the principles of PPI in its normal business.

#### **8.1.1 Planning and Decision making processes**

The Western Trust will ensure the integration of engagement and consultation into all the Trust's planning and decisions making processes.

#### **8.1.2 PPI Objectives and Targets**

Objectives and targets relating to the PPI Strategy and reflected in the Trust's Consultation Scheme will be incorporated into the Trust's existing Business Planning and Individual Performance Review processes.

#### **8.1.3 Other Drivers and strategic requirements**

##### **a) Equality and Human Rights Action Plan**

Strategic Aim 3 of the Plan relates to Consultation and User Involvement, stating: "To increase community engagement and to achieve effective Public and User Involvement". All objectives and actions under this aim will support the effective implementation of PPI across all Trust Directorates. Progress in this area is monitored by the Western Trust's Equality and Human Rights Forum.

##### **b) Disability Action Plan**

Objective 4 of the Plan states: "To ensure increased effective and meaningful public involvement of disabled people". All actions and targets under this objective will support progress in ensuring progress in PPI. The Western Trust's Disability Steering Group will monitor progress in this area.

### **c) Valuing People, Valuing Involvement: Community Development Strategy**

The core principles of the Strategy include engagement and participation. The Strategy's key aim is to provide guidance to HSC organisations in the Western area to develop more open, accountable and collaborative service planning and delivery. All actions and targets in the Strategy will support progress relating to PPI objectives.

### **d) Patient Experience Standards**

As already stated in Section 3, all HSC Trusts and NIAS are now required to meet the Patient and Client Experience Standards.

Arrangements to support progress in this area will directly support progress on the PPI strategy and assist the Western Trust in meeting its commitments under the Consultation Scheme.

### **8.1.4 Equality and Human Rights Screening**

PPI requirements have been integrated into the Trust's Equality Impact Assessment processes.

## **8.2 Reporting Arrangements**

For details of Western Trust reporting arrangements refer to Section 2.

## **8.3 Training**

### **8.3.1 Provision of PPI Training**

The Western Trust will develop a Training Programme which will provide those employees involved in consultation and/or user and carer engagement processes with the necessary skills and knowledge to do this work effectively.

The Trust will ensure that all relevant staff will receive training on the Consultation Scheme and the PPI Strategy and their obligations under each. Training will be appropriate to their level of responsibility.

The Trust will evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve PPI objectives.

The Trust will liaise with external organisations, where appropriate, in relation to the development and provision of this training.

Within three years of the approval of the scheme, all staff will be trained.

### **8.3.2 Induction Programme**

All new staff will be informed of the requirements of PPI and the Consultation Scheme in their Induction Training.

### **8.3.3 Equality Screening Workshops**

PPI requirements are now included in all Equality Screening Training. Equality Screening Workshops are provided on a monthly basis.

**8.3.4 Children's Advocacy Service:** MENCAP will deliver training on user participation to Trust staff, as part of their contract for this project.

## **8.4 Capacity Building of Service Users and Carers.**

The Trust already has a range of tools and methods in place which support the capacity of users and carers to participate in service planning. Examples of good practice include the following examples.

### **8.4.1 'I'll Go First Pack' (Women and Children)**

This is a communication tool that has been devised in a creative way, using photographs, pictures etc. It is used as a basis for supporting children with disabilities who are using respite services to make sure that they have their say to ensure that they get the best out of their stay. Their views are also taken into account at the Looked after Children (LAC) Review meetings.

#### **8.4.2 Children's Advocacy Service (Women and Children):**

MENCAP have been awarded a one year contract to develop a pilot programme, that aims to empower children with disabilities to have a say in decisions about their services.

**8.4.3 Mental Health Advocacy Groups:** The Trust provides ongoing support to advocacy groups for mental health users. Office accommodation is provided in the Clinic building on Gransha Park to provide advocacy services. Offices are also provided in the Tyrone and Fermanagh Hospital for the Acute Service Users and Carers Forum, regarding service delivery on acute admission wards.

**8.4.4 Support for Carers: training in advocacy and lobbying:** The Trust has supported training programmes for carers which develop their advocacy and lobbying skills.

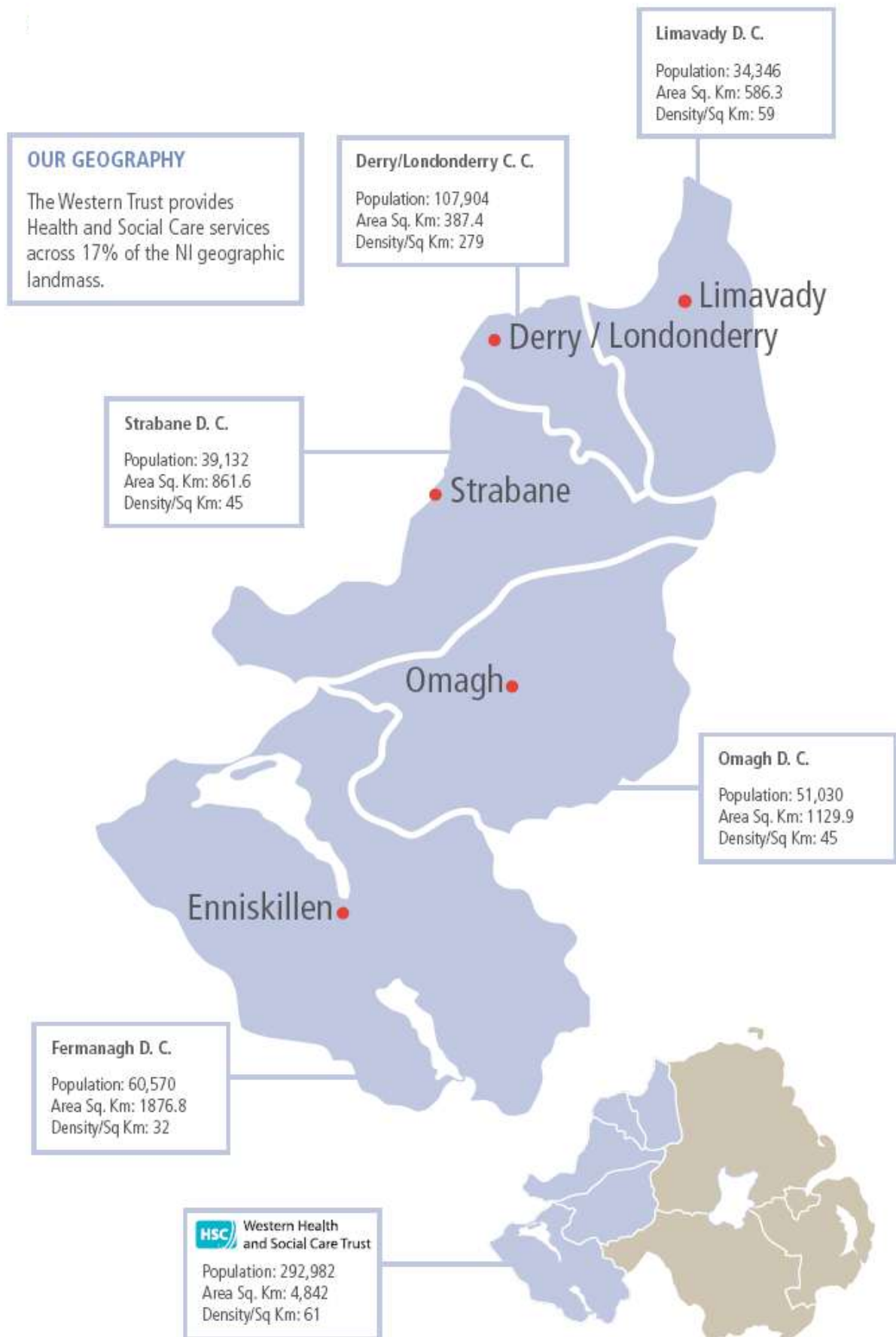
**8.4.5 Mothers Voice (Maternity Liaison Committee):** Funding has been made available to support members of this group to attend relevant conferences. This enables members to update their knowledge of good practice.

**8.4.6 Service Users on Interview Panels (Women and Children):** Training is being offered to service users to ensure that they have the appropriate knowledge and skills to participate on interview panels when appropriate.

**8.4.7 PPI training:** It is intended to reserve a number of places on all Trust PPI training programmes, for service users/carers and advocacy groups.

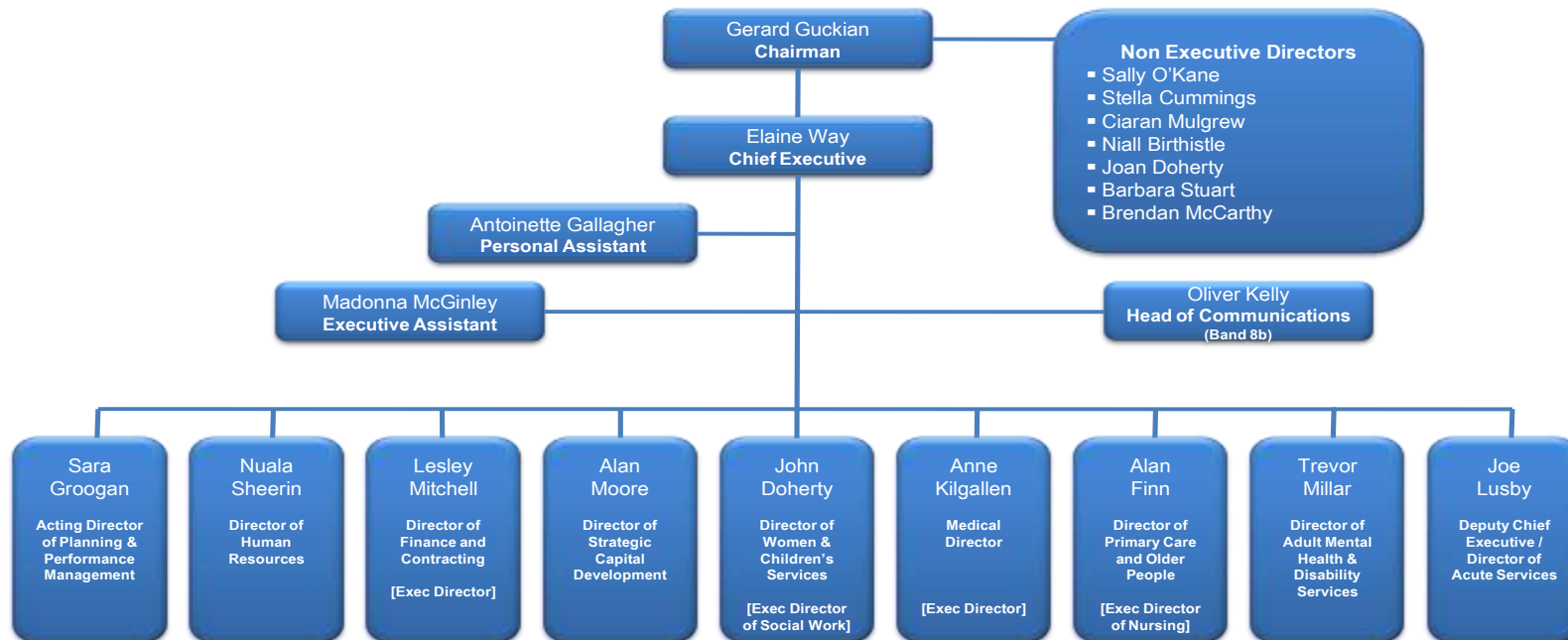
**8.4.8 PPI Strategy:** A key element of the Trust's PPI strategy will involve a requirement for all Directorates to identify additional actions that will build the capacity of service users and carers. Progress in this area will be monitored.

## APPENDIX 1: Map of Western Trust Area

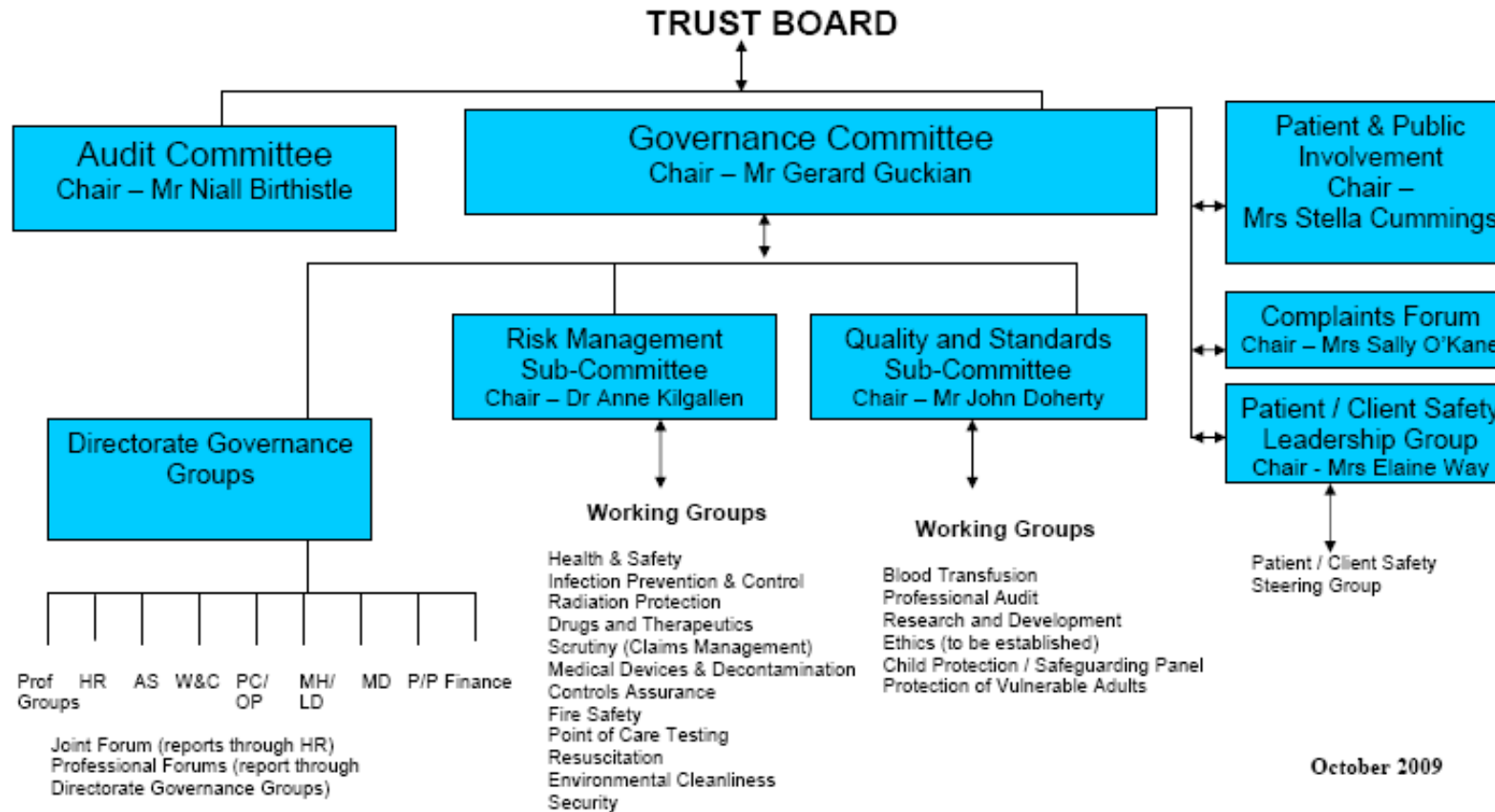


**APPENDIX 2: Chart of Western Trust Organisational Structure**

**Western Health & Social Care Trust: Structure Overview**



**APPENDIX 3: Western Trust Governance Structure**



## **Appendix 4**

### **Obligations under Western Trust Equality Scheme**

#### **Section 7: Consultation**

**7.1** In meeting the statutory duties under Section 75 of the Act, the Trust will build upon its commitment to consulting with the public, service users and carers, in the planning and delivery of services.

Appendix 4 outlines the Trust's consultation list, which will be used for consultations in respect of any matters relevant to the Section 75 duties, Impact Assessments, Screening, Equality Policy Reviews, and the Equality Scheme itself. The list includes voluntary, community, trade union and other groups, public bodies and the Equality Commission, and any other groups with a legitimate interest in the matter. It is not intended that the list is exhaustive, rather that it will be amended in the light of experience.

**7.2** In general terms, the Trust is keen to continue to promote a culture of consultation, in all aspects of its work.

**7.3** In consulting on any matter to which the Scheme relates, the Trust will particularly consider the particular groups (as outlined in the legislation) who should be consulted with. The Trust will take advice on how best to consult these groups effectively from organisations representing these groups, and will be mindful of the fact that some people may fall into one or more different groups.

**7.4** The Trust will comply with the Guiding principles on consultation as published by the Equality Commission, when carrying out all consultation, and is committed to:-

- Opening the consultation process as early as possible;
- Working with representative groups and individuals in order to identify how best to obtain their views. This may involve face-to-face meetings, advisory groups, surveys, consultative panels, internet discussions, citizen's juries, and other innovative ways of consulting, as there will be different groups and it will be important to establish the



basis for dialogue and engagement during the life of the Scheme;

- Using any of the following methods:
  - letter;
  - meetings with the public, in groups or as individuals standing on ad hoc consultative fora;
  - Attitude Surveys of Service Users and potential Service Users;
  - Consultative Panels;
  - Press releases and advertisements;
  - Internet;
  - direct invitation.
- Removing barriers to consultation presented by accessibility of language and format of information;
- Making information available in different formats as necessary, in consultation with the affected groups, to ensure the highest level of inclusivity. Examples include the provision of signers, interpreters, information in different languages, Braille, on computer disc and in large print;
- Ensuring that appropriate systems are in place to ensure that information will be available in accessible formats in a timely fashion;
- Considering specifically how to best communicate information to young people and those with learning disabilities, drawing on advice from the Equality Commission and on good practice provided by the representative organisations;
- Providing appropriate training to staff engaged in consultation exercises;
- Providing a period of response of at least eight weeks. However, there may be exceptional circumstances when this timescale is not feasible, for example, in order to ensure continuity of the provision of services in an emergency. The Trust will record the rationale for shorter consultation periods in each instance. The Trust will monitor consultation periods and will include this information in the annual report to the Equality Commission. When the eight-week period for consultation has been reduced, the Trust will justify this occurrence in the annual report;
- Taking appropriate measures to ensure that participation at any consultation meetings is as full as possible.

- Considering the following issues when arranging consultation meetings:
  - the time of day;
  - the appropriateness of the venue;
  - accessibility for those with disabilities;
  - how the meeting will be run;
  - appropriate language;
  - provision of a Signer,
  - provision of childcare.
- Providing sufficient, timely and appropriate information to enable all affected groups and individuals to consider the full implications of proposals;
- Providing relevant quantitative and qualitative data and other documentation, including any consultant reports, which inform management and/or policy decisions.

**7.5** When consulting on the original Draft Scheme, Altnagelvin legacy Trust consulted with the organisations listed at Appendix 4, and where applicable the draft Scheme was amended to take account of comments made. The Trust forwarded a copy of the revised Scheme to those organisations who commented on the Draft Scheme, when it forwarded the revised Scheme to the Equality Commission for approval.

**APPENDIX 5: Objective 4 of Disability Action Plan**

<b>Objective 4: Encouraging participation</b>			
To ensure increased effective and meaningful public involvement of disabled people.			
<b>Actions</b>	<b>When</b>	<b>Targets</b>	<b>Who is responsible</b>
Conduct an audit that identifies the level of participation by disabled people on Trust decision-making groups, such as Trust Boards, public forums and user groups. The audit will also identify levels of satisfaction, and actions that will increase the participation of disabled people.	September 2008	Audit report is completed.	Regionally: Equality Manager (S and E Trust) in the interim until a Chair of Working Group is identified.  Locally: Anne Witherow, Assistant Director of Nursing, Governance, Quality and Performance.
Develop a plan based on the audit report's recommendations. This will link with the Trust's Patient and Public Involvement Strategy.	December 2008	Implementation plan is completed.	
Implement the plan in the Trust.	January 2009 – December 2010	More disabled people are involved in decision-making groups.	

## **APPENDIX 6**

### **Overview of current Consultation and Engagement Arrangements**

#### **1. Engagement with Users**

The Western Health and Social Care Trust is committed to maintain and develop existing systems of User Engagement and also to work with others to explore new models to increase the effectiveness of the engagement process. Examples of user engagement are provided below.

##### **1.1 Residents Meetings (Primary Care and Older People)**

All of the Trust's Residential Homes have regular 'Residents Meetings'.

##### **1.2 Older People's Network (Primary Care and Older People)**

The Western Trust works with the legacy Board officers to continue to support an Older People's Network. The Network involves a range of voluntary and community organisations who provide services in the Western area. The continued function of the Older People's Network is a critical element in our consultation and engagement processes for services in this area.

##### **1.3 User Groups and Forums (Adult Mental Health and Disability)**

The Physical and Sensory Disability Department maintains a considerable number of active User forums and groups which provide ongoing feedback on services. Consultation has proved useful as a means of openly sharing information impacting on service delivery and for parents/carers to flag up need and additional services required.

##### **1.4 Friends of Stradreagh and Western Learning Disability Action Group (Adult Mental Health and Disability)**

These meet regularly and discuss and provide feedback about services for Learning Disability.

### **1.5 Support for Mental Health Advocacy Groups (Adult Mental Health and Disability)**

The Western Trust continues to support Foyle Advocates and Heads Together, Advocacy Groups for Mental Health Users based in Derry and Omagh. Office accommodation is also provided for Service Users and Carer Groups in Clinic buildings at Gransha Hospital to provide advocacy services. There is an active Acute Care Forum at the Tyrone and Fermanagh Hospital involving Service Users and Carers regarding service delivery in acute admission wards.

### **1.6 Mother's Voice (Women and Children)**

Mothers Voice (Maternity Services Liaison Committee) meets regularly throughout the year. There are plans to re-establish the Maternity Services Liaison Committee in the Southern Sector. The Surestart Teenage Pregnancy Midwife will be involved to facilitate involvement from young mothers.

### **1.7 Care Coordination Project (Women and Children)**

The Care Coordination Project is currently being developed and staff have been working closely with the Paediatric Participation Network. They have looked at how best to develop more effective involvement by children, young people, who use the services, and their parents, to ensure that their views are listened to and included in the service planning and implementation. Parents who have been part of the pilot study are being consulted/interviewed by members of the project on their views of care coordination and how they believe this role has been of benefit to their child and family.

### **1.8 Service Users on Interview Panels (Women and Children)**

Mechanisms are being developed to ensure that Service Users can be involved on interview panels. The Directorate are working with Human Resources in developing this appropriately.

### **1.9 'I'll Go First' Pack (Women and Children)**

The Women and Children's Directorate has introduced a pack from the Children's Society titled 'I'll Go First'. This has been used as a basis to encourage children, who are using our residential respite services, to have an opportunity to make their views heard. These are all children with learning disability. Some of the children also have severe challenging behaviour and complex learning, physical and sensory disabilities with limited ability to communicate. This work has been further enhanced with the provision of a series of professional development days on improving communication with special needs children. It is particularly important that staff are receptive to information from our children when there may be a child protection concern.

'I'll Go First' is a communication tool that has been devised in a creative way, using photographs, pictures, etc., to ensure the children find it a fun activity. The tool is being used, primarily, by Respite Managers in Beltany House, Omagh and The Cottages, Derry. It has been successful in supporting staff to give the children an opportunity to have a say and to ensure that they get the best out of their stay in respite. The children's views are also taken into account at the Looked After Children (LAC) Review meetings.

### **1.10 Children's Advocacy Service (Women and Children)**

The Children's Mental Health and Disability Service have awarded the contract for an advocacy service to MENCAP. This is a one year pilot programme that aims to empower disabled children to have a say in decisions about their lives. It is open to all children and young people in the WHSCT area with a physical, sensory or learning disability. The advocacy service will establish a Users Reference Group to assist and inform the Trust on operational matters. MENCAP NI will provide ongoing training to Trust staff on user participation.

### **1.11 Service User Task Group (Women and Children)**

Senior staff continue to place emphasis on practitioners recording parents/carers and children/young people's views in the UNOCINI (Understanding the Needs of Children in Northern Ireland) Assessment process. Parents/carers and children/young people

are encouraged to attend and participate in any meetings convened in relation to our intervention and, where appropriate, we encourage the use of advocates. A Service User Task Group has been established and is ongoing in relation to promoting good practice in this area.

### **1.12 Engagement with User Groups and Voluntary Sector (Acute)**

The Directorate has ongoing contact with local and regional user group networks relating to particular specialties. For example, Cardiac User Groups, Renal Patients and Diabetes UK. There has been very useful collaboration with Chest, Heart and Stroke Group in relation to the development of respiratory services at Altnagelvin Hospital.

### **1.13 Community Liaison For a (Acute/Planning and Performance Management)**

The New Hospitals for the South West Project has a committed approach to public involvement in the development of the new hospitals.

Four Community Fora were established in 2006 and have regularly met since then. For each work programme (acute hospital in Fermanagh and the new hospital in Omagh) there is a Community Liaison Forum and a Community Design Forum. More recently, the Patient Environment and Arts Committee has been established which includes both staff and community representatives, as well as input from art professionals from Fermanagh District Council and the Arts Council NI.

Significant consideration has been given to try and make sure that all Section 75 categories are included in the membership of these groups. In particular, the Trust has ensured that there is good uptake by representatives from Disability Advocacy Groups. Across all Forums, approximately seventy-three people are involved.

The Fora have have provided invaluable feedback and input to the development of both programmes of work.

This is an excellent example of ongoing involvement of the community in the planning stages of two multi million pound projects, which will be providing significant services for the people of Tyrone and Fermanagh.

## **2. Engagement with Carers**

### **2.1 Carers and Direct Payment Steering Group (Trust wide)**

This is a Trust led group leading on the Carers agenda across all Programmes of Care. Their main role, currently, is to take forward the Trust's Carers Strategy. Members include Trust representatives from Mental Health, Older People's, Adult Learning Disability, Adult Physical Disability, Children's Disability Services and Carers Support Coordinators. Carers' representatives, related to each Programme of Care, are also members.

### **2.2 Carers Newsletter**

The newsletter is sent to all carers in the Trust area. The newsletter provides information on relevant conferences, training, benefits, and landmark legal decisions in relation to carers and employment, Trust's Carers Strategy, new projects and programmes of work.

### **2.3 Carers Fora (Trust wide)**

The Trust's Carer Support Officers have established a Carers Forum in a number of areas across the Western Trust. Introductory Forum meetings took place in Fermanagh, Omagh, Castlederg, Strabane, L'derry and Limavady. All carers in those areas were invited. Once established, the meetings will take place throughout the year and will help to facilitate two-way communication between the Trust and carers.

### **2.4 'Participation Practice Workbook' (Women and Children)**

The workbook has been circulated to staff as part of a consultation process. The workbook will be used to promote the participation of children, parents and carers who attend LAC Reviews. It will also propose standards and principles to promote greater participation for those who attend Review meetings



## **2.5 Feedback Monitoring Form (Women and Children)**

A new monitoring form has been devised to capture feedback from families after the completion of Family Group Conference. This feedback is critically important in terms of monitoring the effectiveness of the service and to inform future planning.

## **3. Formal Consultation**

### **3.1 Equality Impact Assessment Processes**

When providing support on equality screening the Equality and Human Rights Unit assists managers in identifying how they will engage with stakeholders/users/carers/staff/Section 75 groups when developing the policy/decision. When EQIAs are identified as being needed the Unit provides support to conduct them in a manner that is mindful of the good practice guidance outlined in the Trust's Equality Scheme.

### **3.2 'Guide to Public Involvement and User Engagement'**

This staff guide was developed by the legacy WHSSB with input from all legacy Trusts. It is a useful aid to HSC organisations in the west when dealing with the issues and challenges associated with public involvement and user engagement.

### **3.3 User Engagement Protocol**

The protocol provides a useful planning tool for staff developing User engagement or consultation.

### **3.4 Service Level Agreement with Community Development Networks**

This has been maintained by the legacy Board and has proved invaluable in supporting community engagement in a variety of consultations involving both Commissioners and the Trust. Consultations are facilitated by Community Networks whose members include people with a disability and children and young people. The involvement of the five Community Development Networks has been critical in ensuring that Section 75 and harder to reach groups were involved in the consultations.

### **3.5 Trust Consultee Database**

The Equality and Human Rights Unit is responsible for updating the consultee database on a regular basis.