



Appendix 2 - Template for Information to be Compiled

Information to be compiled by Public Authorities under Section 3(1)(a) of the Rural Needs Act (NI) 2016.

(To be completed and included in public authorities' own annual reports and submitted to DAERA for inclusion in the Rural Needs Annual Monitoring Report).

Name of Public Authority:

Reporting Period: April 20 to March 20

Background

The Western Trust is committed to its reporting and monitoring obligations in accordance with Rural Needs Act (NI) (2016). The Trust has carried out the following activity to comply with and mainstream the duties.

- HSC Trusts have worked collaboratively to ensure the rural needs assessment template is user-friendly and relevant to HSC business. The key components of the template issued by DAERA have been used in compliance with the legislative obligations.
- The Directorate of Performance and Service Improvement is responsible for central co-ordination of the monitoring report on behalf of the Trust.
- Advice and guidance is available within the Trust for staff completing rural needs assessments.

The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (NI) 2016 and will have due regard to rural needs in the development of all our policy and public service delivery decisions. The Trust is mindful that the level of 'regard' due will depend on the circumstances and, in particular, on the relevance of rural needs to the decision or function in question. The greater the relevance and potential impact for people in rural needs, the greater the regard required by the duty. In the table below, the Trust has provided detail on those policies which were considered as having a bearing on rural needs and therefore subject to a rural needs assessment. In preparing this monitoring template the Trust considered policies in respect of the social and economic needs of persons in rural areas and for the majority, no rural needs were identified. Many of these policies are clinical or technical in nature and have no bearing on rural needs. In the interests of openness and transparency, the Trust has provided a hyperlink to S75 equality screenings of Trust policies: [Western Health & Social Care Trust Equality Screening Reports](#)

Pathfinder for Fermanagh and West Tyrone

- The Western Trust announced in July 2018 that it would be embarking on a Pathfinder initiative looking at Health and Social Care services across Fermanagh and West Tyrone.
- In delivering a series of briefings to staff, public representatives and groups at the South West Acute Hospital in July 2018, Western Trust Chief Executive, Dr Anne Kilgallen, said: “We see Pathfinder as creating a whole new conversation about Health and Social Care in Fermanagh and West Tyrone. It means taking a detailed honest look at what we’re doing and whether we can do it better.”
- In April, 2019, a health summit was held in Enniskillen, which provided an opportunity to present all the latest information on the Pathfinder project to a wide range of stakeholders. It was also a chance to discuss the next phase in the process and the turning of the tide from talk to action.
- The next phase in the Pathfinder process involves working with our newly appointed Experts by Experience – service users whose personal experience will be utilised through specific working groups made up of Western Trust staff and various other stakeholders and which are designed to help bring about change. Information on the Pathfinder initiative is available via:
<https://westerntrust.hscni.net/about-the-trust/pathfinder/>
- Monitoring information in this report will be included in the Trust’s Annual Report.

The following information should be compiled in respect of each policy, strategy and plan which has been developed, adopted, implemented or revised and each public service which has been designed or delivered by the public authority during the reporting period.

<p><i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016¹.</i></p>	<p><i>The rural policy area(s) which the activity relates to².</i></p>	<p><i>Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service³.</i></p>
<p>Mobile Telephone and Device Policy</p>	<p>Health and Social Care</p>	<p>This policy has been developed to ensure proper use of mobile telephones and devices by making Trust staff, service users and visitors aware of the statutory legal obligation and the organisation's definition on acceptable and unacceptable use.</p> <p>This policy has also been developed to make service users and visitors aware of the areas where the use of mobile phones and devices are restricted or limited. The Trust is aware that in particular for rural settings, network providers cannot guarantee 100% coverage or service.</p>
<p>WHSCCT Blood Component Transfusion Policy</p>	<p>Health and Social Care</p>	<p>The Policy aims to provide guidance for staff involved in any aspect of the blood transfusion process to ensure safe transfusion practice as well as appropriate blood component use. It draws on best practice arising from national, as well as requirements specified by regulatory bodies such as the Blood Safety and Quality Regulations. It provides guidance for transfusion of all Blood Components (Red Cells, Platelets, Fresh Frozen Plasma and Cryoprecipitate) regardless if the patient is being transfused in a hospital, home environment or out of hospital facility e.g. by the Rapid Response Nursing Team or Acute Care at Home Team.</p> <p>The policy has been written to standardise the care of the patient throughout the blood transfusion process, to ensure appropriateness of blood component transfusions, safe administration of transfusions and the correct management of any adverse events. Staff have mitigating actions in place should there be a lack of mobile network in a rural home setting where a person is receiving a Home Transfusion.</p>

<p>Diabetes Prevention Programme - HSC Regional Transformation Programme</p>	<p>Health and Social Care</p>	<p>This is a Regional Programme aimed at improving the participant's experience of care (including quality and satisfaction) and improving the general health and wellbeing of the population. The Transformation programme will support the implementation of the Diabetes Prevention Projects, determined by the Department for Health to be in line with the strategic vision of Health & Wellbeing: Delivering Together 2020.</p> <p>The recommendations of an expert panel tasked with producing proposals to remodel health and social care in Northern Ireland were published in a report entitled 'Systems, not Structures: Changing Health and Social Care'. This emphasised a need for a move away from hospital centred care to an integrated primary and community health and social care delivery model.</p> <p>Early identification of people at high risk of diabetes in primary care such as general practice where doctors can make a referral onto the Clinical Communications Gateway (CCG) system for participants to engage with the Diabetic Prevention Programme (DPP) that aims to delay or prevent the onset of T2DM. The DPP, offering a behaviour change interventions within the community setting is an example of a move to this approach.</p> <p>Services will be delivered at local centres as demand dictates. The opportunities for partnership working in the area of diabetes prevention are huge, with the potential to work with local councils and community planning partnerships in the delivery of behaviour change programmes and to link with existing work to support individuals to make healthy changes, for example Park Runs, Couch to 5k and Everybody Active 2020 Activities. Involvement of potential service users will be a key element in both the design and the delivery of the programme.</p>
--	-----------------------------------	---

NOTES

1. This information should normally be contained in section 1B of the RNIA Template completed in respect of the activity.
2. This information should normally be contained in section 2D of the RNIA Template completed in respect of the activity.
3. The information contained in sections 3D, 4A & 5B of the RNIA Template should be considered when completing this section.