

Welcome to the 3rd edition of



# SAT NEWS

December 2006  
Edition Three

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## THE CONSENSUS CONFERENCE

On the 11<sup>th</sup> October the project team hosted a conference in the Rosspark Hotel, Kells to gain consensus to pilot the current draft single assessment tool. Opening remarks were made by Christine Jendoubi, DHSSPSNI, who said of the conference, "The event was a great opportunity for the stakeholders, user representatives and wider HSPP to get a real look for the first time at what the SAT will look like and how it will operate in practice. People were very interested in how it has been designed and the practicalities for users and as the chair of the steering group I was pleased that it got broad approval from all there. Obviously there are still wrinkles to be ironed out and this is why the upcoming pilot stage is so important. We will be looking closely at people's experience of the SAT in practice and the issues this brings to light and try our best to resolve these in the most effective way for patients and practitioners alike."

Presentations aimed at promoting the ethos of single assessment and outlining the project aims and objectives, background policy, tool development methodology and an outline of pilot procedures, were given by the team. Over one hundred representatives nominated by members of the various project groups attended. Time was allocated for questions and answers, during which many interesting issues were raised. The conference culminated in a show of hands, with over ninety per cent of attendees in agreement to the piloting of the current draft tool.



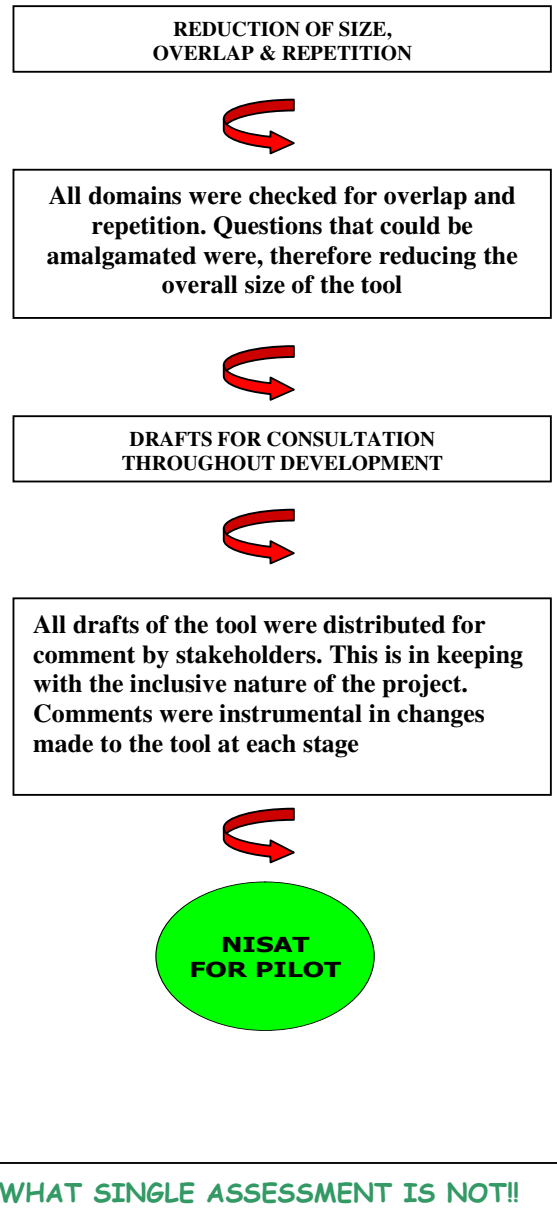
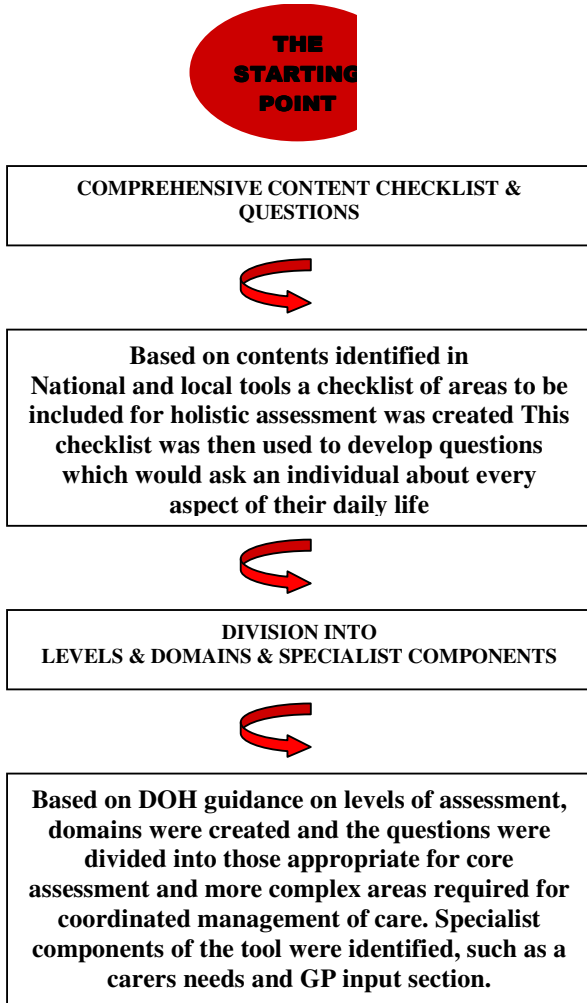
(Back from left) Mandy Jones, DHSSPSNI, Ray Martin, DHSSPSNI, Brendan McCormack, project lead, Brian Taylor, project lead, (front from left) Paul Slater, research associate, Bridget Murray, project team member, Joanne McConville, project worker, Christine Jendoubi, Dhsspsni, Sandra O'Hare, DHSSPSN

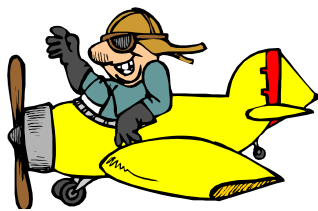


Paul Slater delivers his talk on the piloting process to attendees

### HOW DID WE DEVELOP THE TOOL?

Over the past six months the project team, in collaboration with the various project groups, developed the draft tool to take through the piloting phase. This diagram illustrates the process used in development





**The Pilot takes off!!**

When training has been completed and ethical approval granted, the piloting phase can begin in earnest. The project team aim to give the green light to assessors to begin carrying out assessments using the draft tool. This phase will last for 5-6 months, with a mid-point review at the end of March.

The pilot aims to;

**Test the validity and reliability of the instrument**

In order to do this, each pilot Trust will select 35 individuals and ask them to participate in the project. 2 assessors working independently will then use the draft tool to assess this individual within a 48hour period or during a timeframe where the individual's health and social care needs do not change. These paired assessments will then be analyzed for reliability and validity

**Test NISAT within current process**

Each pilot Trust has chosen a process strand to look at through assessment of additional individuals. For example, Down Lisburn will look at application to IT systems and Craigavon & Banbridge will explore the use of NISAT when assessing those with dementia.

**Test the usability of NISAT**

Comments on the usability of the instrument from assessors will be captured at monthly focus groups and feed-back sheets. Project team members will also visit selected individuals who have been assessed to collect their views on their experiences during the assessment process

Results from all testing will contribute to the final draft of NISAT in December 07.



**Which are the five pilot sites?**

The project team traveled to each Trust early in 2006 and invited any interested Trusts to give a presentation and information for consideration to become a pilot site. Criteria were set and the sites were chosen by the Steering group. The five sites were also chosen to reflect changes through RPA.

They are;

- South & East Belfast
- Craigavon & Banbridge
- Down, Lisburn
- Homefirst
- The Western Board and Trusts.

**What is Validity?**

NISAT will be tested for validity through the piloting process. I.e. it will accurately assess what it claims to assess.

**What is Reliability?**

Generally speaking, this refers to the trust that can be placed on a tool. Reliability is the degree of agreement between different raters (or assessors) using the same assessment tool at the same time on the same person.

**Are we "cherry picking" clients due to method of selection?**

No. The sampling process for the pilot study has been carefully considered to ensure that we achieve a broad sample of the population of older people who might be assessed as well as needing to have particular areas where we 'focus in'. The project team will ensure that the sample will include a broad range of health and social care needs

**How will Trusts not included in the pilot be involved?**

The Stakeholder Group will continue to meet at appropriate intervals throughout the Project in order to ensure involvement of all Health and Social

Services Trusts and Boards, and also the key professional groups and other relevant organisations. Trusts and Boards have been encouraged to consider setting up their own internal "SAT Implementation Groups" and mechanisms for coordination within Board areas and new Trust boundaries now in shadow form as part of the Review of Public Administration. It is anticipated that the membership of these various groups will be reviewed following the changes inherent in RPA. From the establishment of the new Trusts, there will be a pilot site within each Trust.

***If you have any further questions on the piloting process, please contact the project team. A full explanatory document is available on request***

#### Training the Assessors.



Members of the project team have visited the five pilot Trusts to carry out assessor training before the pilot starts. The training ran over one and a half days. The first day concentrated on the background of single assessment and how the tool was developed. An in-depth explanation of all components was also given, with attendees creating case histories and discussing a completed example. The second day explained the piloting process and the practicalities of carrying out the assessments. The project team attempted to make the experience as painless and light-hearted as possible with best pupils even winning a box of chocolates if they listened carefully!!

The positive feedback and excellent participation was very encouraging for the team as we realize that this is another new concept amongst many in your day to day work. To all who volunteered and to those who were coerced, your comments and time commitment throughout the pilot will be invaluable in the development of the tool.



#### The Creative Key Project

Throughout this project, the team has looked for creative ways to engage older people, both users and carers and those who carry out assessments in order to capture their views and experiences on the process. The Creative Key Project is an innovative and exciting way to promote participation and inclusion with its primary aim for the participants to enjoy creating and using dance, art and movement as a creative tool to relate relevant life experiences. Older people with different levels of health and social care needs will be invited to participate in workshops facilitated by an artist, dancer and musician. Various techniques will be used to generate ideas and conversation, such as use of photographs, paintings and composition of music. Three workshops, held over 4-6 weeks, will run from December 06 to September 07. The project team will then work with the artists to evaluate the outcomes of the project.

The findings from the Creative Key Project will influence tool development and guide good assessment practices in the implementation phase of NISAT.

***Anyone who would like more information, or who would like to attend as an observer should contact the project team. Bring along your dancing shoes as all who attend will be asked to participate***



## **ASK YOUR QUESTION**

*In each newsletter the project team will answer any questions you may have. Please feel free to send questions for future editions*

**Here are a few recently asked questions;**

### **Do we promote client held records?**

Yes we do. We are very keen about client-held records. However, it is beyond the remit of this project to develop such a system. However, we will ensure that the NISAT is consistent with best practice in individualized, holistic assessment and that it is adaptable for client held records when these are developed by individual Trusts.

### **If we ask people what they need it will lead to more unmet needs for services?**

NISAT will seek to support good professional practice in engaging with service users in discussing their health and social care needs, and the normal professional processes of discussing the best way to meet those needs, including services available from the public purse where appropriate. Unmet needs will be recorded in accordance with current good practice, so as to inform planning and development of services.

### **How much room is there for fundamental change following the piloting process?**

Changes following the pilot will largely be 'refinements' rather than fundamental changes. The working methods adopted on this project have resulted in extensive collaboration with a broad range of key stakeholders from across the HPSS, voluntary and independent sectors. Based on the feedback we have had through these processes and at the consensus conference in September, we are confident that the underpinning values, structures and broad processes have been established. The pilot process will test this out and also identify where refinements, changes, amendments and additions are needed.

### **When should trusts consider the implementation phase?**

At the outset of the project we identified the need for Trusts to consider establishing a 'Trust implementation group' and advised each Trust accordingly. Many Trusts have been considering the implications of NISAT through established groups from the outset, whilst others are beginning to establish such groups. What is important is that Trusts have a system in place for discussing NISAT and its implementation by the time the pilot study is complete. At that stage we move into the third and final stage of the project when we will be liaising closely with Trusts and Department on preparing for implementation.



**THE PROJECT TEAM NEEDS YOUR HELP TO NAME THE SINGLE ASSESSMENT TOOL. ALL SUGESTIONS WILL BE GRATEFULLY RECEIVED!**