



The **Regulation** and
Quality Improvement
Authority

Public Consultation on RQIA's Corporate Strategy 2009 - 2012 - Summary of Feedback

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Public Consultation on RQIA's Corporate Strategy 2009/10 - 2011/12 - Summary of Feedback

1. Background

1.1 Introduction

- 1.1.1. RQIA is the health and social care regulator for Northern Ireland: we monitor and inspect the safety, quality and availability of health and social care services. From 1 April 2009, RQIA assumed responsibility for the delivery of a range of functions for people with mental ill health or a learning disability, which were formerly carried out by the Mental Health Commission.
- 1.1.2. RQIA finalised its draft three year Corporate Strategy in May 2009 setting out our vision to be a driving force for positive change in health and personal social services in Northern Ireland. RQIA believes that it is important to listen to the views of service users, carers, members of the public and those who deliver services to ensure that our agreed Corporate Strategy has taken account of their views. In order to receive these views in relation to RQIA's draft Corporate Strategy a public consultation was held.
- 1.1.3. This consultation was a positive process and we would like to acknowledge the richness and diversity of the responses received. The feedback received went further than simply commenting on RQIA's Corporate Strategy and many useful and interesting comments were made that RQIA will consider and progress through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.

1.2 Development of the Strategy

- 1.2.1. The draft strategy was developed in consultation with stakeholders and guidance from our Board and staff.

We have identified four "core activities" which are critical to the success of RQIA and the delivery of the strategy:

- **Improving Care:** we encourage and promote improvements in the safety, quality and availability of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.

- **Influencing Policy:** we influence policy and standards in health and social care.

1.3 Consultation Process

1.3.1. The consultation exercise began on 22 May 2009 and lasted for a period of 13 weeks (including an additional week for late submissions) ending 21 August 2009. As part of the consultation RQIA used a number of methods to consult, these included:

- advertising in the Belfast Telegraph
- consultation documents made available on RQIA website and NICVA and ENGAGE websites/newsletters
- letters sent to Section 75 contacts and to all independent sector providers, Trusts, new Agencies, other regulators, DHSSPS, Assembly Health spokespeople and other stakeholders
- four public consultation events have taken place:
 - 27 July 2009 - Omagh
 - 30 July 2009 - Newry
 - 3 August 2009 - Belfast
 - 7 August 2009 - Londonderry

1.3.2. The aim of this consultation was to:

- gain feedback from a range of stakeholders
- ensure that the strategy captures RQIA's work adequately
- identify any areas of the strategy that could be strengthened, added or removed.

1.4 Consultation Feedback

1.4.1. The formal consultation focused on requesting feedback on the following areas:

- whether consultees agreed with the overall strategic direction for RQIA as presented in the Value Creation Map (Question 1)
- the suggestions or comments of consultees as to how we could improve our effectiveness in each of the four "core activities" i.e. CA1 - CA4 (Question 2)
- the top 3 areas for review that RQIA should prioritise over the next 3 years and the rationale for this (Question 3)
- the views of consultees on any specific area of our work on which they require information, and how they would like this information to be made available (Question 4). This question was asked to

feed the requirements analysis of the Corporate Information Management System (CIMS) project.

- any other comments or suggestions in relation to RQIA's Corporate Strategy (Question 5).
- views of consultees in relation to Equality Screening/Section 75 issues (Questions 6 and 7).

The focus of the workshops was on Consultation Questions 1, 2, 3 and 5 above.

1.4.2. In response to the consultation we have received 30 written submissions, 108 people attended the four consultation events and a further 20 senior staff within DHSSPS attended a consultation meeting.

1.4.3 A range of views are represented in the feedback we have received, these include views from:

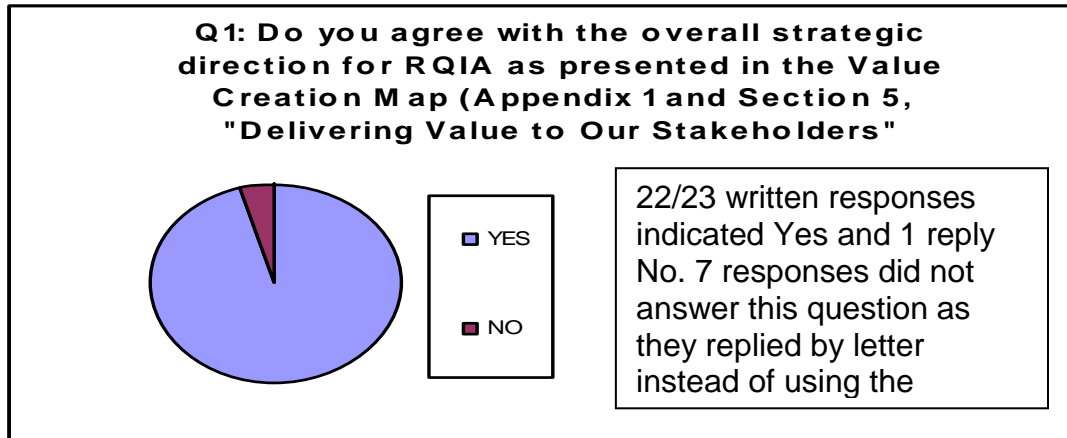
- HSC Trusts and agencies
- Independent sector providers
- Community and voluntary sector
- Universities
- Trade Unions
- Other regulators

1.4.4. All of the responses including the feedback from workshops have been analysed and presented in line with the questions as presented in the consultation feedback proforma. Where responses or feedback from the workshops was not presented according to the pro forma lay out we have included these comments where they seem appropriate. We have also created summaries of themes that have emerged rather than repeating the same issue a number of times. Two sections have been created for each question, detailing the areas that directly affect the content of the corporate strategy and those which may have implications for the operation of RQIA or which may give rise to improvement initiatives.

1.4.5. For each question we have outlined how we have or will take action in relation to the consultation feedback.

CONSULTATION QUESTIONS

2. Q1: Do you agree with the overall strategic direction for RQIA as presented in the Value Creation Map (Appendix 1 and Section 5, "Delivering Value to Our Stakeholders", page 6)?



2.1. There was a positive reply from 96% of the written responses to overall aim of the strategic direction presented in the Value Creation Map. Viewing the 'plan on a single page' is thought of as a clear way of showing our strategic direction.

2.2. Comments that relate directly to RQIA's Corporate Strategy

2.2.1. Value Creation Map

A number of respondents commented on the Value Creation Map (VCM), overall it was felt while it is "difficult to communicate the complexity of roles, responsibilities and functions"(WHSCT) of RQIA that the VCM was a "reasonable effort" (WHSCT), explains "clearly and concisely" (Extern) RQIA's purpose and mission and was helpful in "drawing together elements in an understandable format." (Positive Futures)

Respondents also commented that the value creation map and the "jargon" that accompanied it made the VCM difficult for people with whom RQIA engage to understand. One contributor suggested that "it is the type of document that may be appropriate for internal management use but will be largely unintelligible to RQIA stakeholders." (RCN) Many others suggested that the document be produced in plain English or easy read formats.

2.2.2. Value Creation Map (CA1-4)

Four respondents commented directly on the core activities 1-4, one response suggested that there was a "tension" between CA1, CA3 and CA2 and that while we all want "quality safe services" there is "equally a need for RQIA to be much clearer on availability issues".(NIPSA)

Another submission suggested that CA1 and CA3 were "the two main arches of the RQIA remit" (NIPEC) and that having CA2 and CA4 on the same line "clouds" the strategic direction of CA1 and CA3". (NIPEC)

Several respondents suggested that the word "vulnerable" should be removed from CA3 "as this implies that RQIA acts to protect the rights of certain groups of patients only." (RCN)

2.2.3. Public Participation

Three responses highlighted the need to remain focused on a "patient/client centred approach" (BSO) and ask that RQIA consult with users, including disabled individuals. (Disability Action) In addition to this one response suggested that "as well as relying on your performance framework you will no doubt be thinking about commissioning sources of evidence, including stakeholder perceptions, to enable you demonstrate your 'impact'." (Care Quality Commission)

2.2.4. Language

Five respondents commented on the use of language within the document, suggesting that there was too much "jargon" (Edenmore Residential Home) and that the draft strategy is written in "quite a complex way and may prove difficult for the reader to assimilate." (RCN)

One respondent points out that the "use of stakeholders is somewhat old fashioned and has mostly been replaced in GB by reference to public, users and providers." (University of Ulster)

2.2.5. Equality

Two respondents commented on the role of equality and human rights within the strategy, welcoming the document as "a robust well presented strategy which takes into account equality and human rights specifically in terms of s75 requirements"(BHSCT); while also recommending that that RQIA should consider " adding reference to new requirements under equality legislation" (BSO) within the core activities.

2.2.6. Independence/Financial Considerations

Two submissions question the independence of RQIA, while another believed that RQIA "should provide a cost effective service and have it services audited and held accountable." (RCGP)

RQIA's Response

We appreciate that the methodology used to develop the strategy is new and therefore unfamiliar to most audiences. In particular when first encountered the terminology associated with the Value Creation Map may be difficult to understand. We will therefore review two sections of the strategy - "Delivering Value to Our Stakeholders" and "Strategic Objectives and Initiatives" - to ensure that all terms have been explained and to consider if the concept of the map can be explained more simply.

In addition we will produce two further documents in plain English:

- 1. A revised and updated Information Leaflet (2007) explaining the role and function of RQIA; and***
- 2. A report setting out the programme of reviews and inspections for the period 2009 - 2012 as well as the process for selecting these.***

We acknowledge that there were concerns raised in relation to the weight allocated to the four core activities CA1-4. However we feel that all four core activities are relevant to and essential to the achievement of the Value Proposition and each has been afforded appropriate priority.

In relation to the need to be clearer on the issue of "availability", RQIA believe that we have given due weight to this in the Value Proposition and in the core activities. However, the wording of CA1 (Improving Care) will be revised to include the full phrase "safety, quality and availability of services" in line with the wording of the descriptor of this core activity.

We will remove the word "vulnerable" from CA3 - Safeguarding Rights - and it will now read "we act to protect the rights of all people using health and social care services".

The wording of the descriptor of CA3 will also be revised to read: "RQIA uses all its statutory powers and mandate under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Mental Health (Northern Ireland) Order 1986 and other associated legislation to protect the rights and interests of people using health and social care in Northern Ireland".

In terms of the issues raised in relation to public participation RQIA believe that these have been adequately addressed within the strategy in D1 (We engage effectively with our stakeholders) and D3 (We use evidence and research to underpin all our activities).

RQIA regards the term "stakeholder" as useful shorthand and would

RQIA's Response

define it as the people with whom we engage.

RQIA adopts an inclusive and rights based approach to all people and continues to meet its requirements under Section 75 of the Northern Ireland Act 1998. However, an initiative in relation to the preparation an Annual Progress Report on Section 75 of the NI Act 1998 and Section 49A of the Disability Discrimination Order (DDO) 2006 to the Equality Commission for Northern Ireland will be added to D2 (We maintain a robust governance framework). See also the response to Q2 - CA3 Safeguarding Rights.

As a Non Departmental Public Body RQIA is already subject to internal and external audit, we produce an Annual Report (including Final Accounts and a Statement of Internal Control) and have in place systems of internal control. This matter is adequately addressed in D2.1 (Met legislative requirements and best practice in relation to governance, risk management and independent assurance) and D4.1 (Aligned the financial and business planning processes of RQIA to ensure our resources are focused on strategic priorities and we achieve Value for Money).

2.3. Other comments made that relate to RQIA

- 2.3.1. A number of other views were presented in response to question one these mainly focused on operational areas of RQIA's work, such as the transfer of functions of the Mental Health Commission to RQIA and the importance of maintaining and strengthening this role within RQIA. Others suggest a need to continue to build partnerships and ask us to be clearer about the "broader political and financial influences upon the health and social care environment within which RQIA operates as a key determinant of its workload, direction and the demands placed upon it."(RCN)
- 2.3.2. RQIA were also asked to consider using a "system modelling approach" (NIPSA) to underpin regulatory work and to call for "more scrutiny of employers resources." One response also supported the rights bases approach taken by RQIA and suggested that more detail would be helpful. (Law Centre)

RQIA's Response

These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.

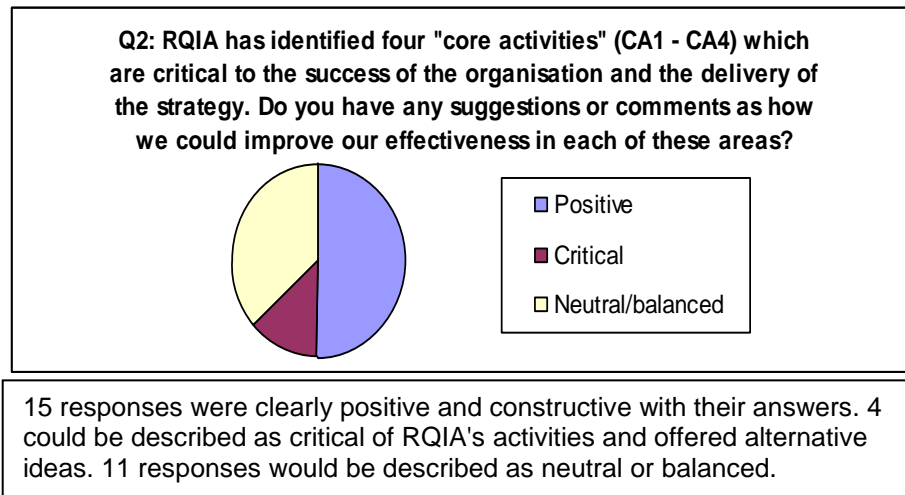
The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.

3. Q2: RQIA has identified four "core activities" (CA1 - CA4) which are critical to the success of the organisation and the delivery of the strategy.

Do you have any suggestions or comments as to how we could improve our effectiveness in each of these areas?

CA1: Improving Care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care

Fig. 2



3.1 Comments that relate directly to RQIAs Corporate Strategy

3.1.1. Lay involvement

Four responses highlighted the role of lay involvement in CA1, one suggested that within the new health and social care structures it is important that RQIA "develop and promote lay involvement" (Newry and Mourne District Council) in our work. They also stressed the "importance of local knowledge and input for effective review success". Others suggest that we "design initiatives to achieve more diverse groups of people carrying out inspections and reviews to reflect the profile of service users" (BSO) and that we should consider "involving people with a learning disability as lay inspectors in the process" (Orchard House). A further suggestion was that the document should be clearer about the meaning of lay involvement asking for a "clear distinction between staff and volunteers throughout the strategy." (Volunteer Development Agency)

3.1.2. Stakeholders/Public

Three responses comment on the role of stakeholders within the strategy and recommend that RQIA "devote time and resources to developing its external relationships so that the organisation is viewed a partner by stakeholders." (RCN) One response comments that consultation with stakeholders "is not explicit within" (Extern) RQIAs

core objectives, while also noting that it is mentioned within the framework under CA2.

3.1.3. Communication Strategy

One respondent suggested that a "review of the communication strategy" (BHSCT) within the organisation would be helpful.

3.1.4. Monitoring

One respondent states that "while the strategy outlines the RQIA's objective to complete a prioritised and focused programme of service reviews and inspections it offers little detail on how this programme will be developed, monitored and implemented." (Law Centre)

RQIA's Response

RQIA acknowledge that the promotion of lay involvement is an important aspect of our work, we will continue to develop and implement this as part of our public participation strategy and other initiatives as outlined in CA1.2 (Improved local and national methods for the inspection and review of services) and D1 (We engage effectively with our stakeholders).

RQIA recognises the importance of active engagement with its stakeholders and working in strategic partnerships (D1.2). This has therefore been identified as a key Value Driver within the corporate strategy (D1).

D1.1 (Developed effective communication methods to meet the complex and varied needs of the Northern Ireland public) highlights RQIA's intention to "develop and implement a new Communication Strategy".

See the responses to Q1 and Q3 in relation to the development and publication of information in relation to a prioritised programme of reviews and the process for selecting them.

3.2 Other comments made that relate to RQIA

3.2.1. Reviewers

Two organisations suggest that RQIA take into consideration the selection of reviewers and ask that "reviewers who are undertaking high level reviews are of sufficient seniority in their own organisation to be aware of, and understand current best practice in the relevant topic area and also have an understanding of strategic issues/developments in order for them to consider how this impacts on the organisation

being reviewed." (SEHSCT) Another comment agrees with this view and raises the issue of "credibility" (RCN) and suggest that this is important so that "stakeholders can have full confidence in the findings and recommendations put forward as a result of inspections." (RCN)

3.2.2. Focus of RQIA feedback

Three responses commented on the information provided by RQIA in relation to feedback, overall the respondents felt that there was currently too much focus on "identifying areas of non-compliance as opposed to also recognising and 'celebrating best practice'." (SEHSCT) They suggested that RQIA "find ways to share and promote the best practice that it encounters during the course of its business." (RCN)

The other suggestion that related to RQIA feedback related to the "timeliness of issuing of reports" and highlighted that "on some occasions reports have been received 6-8 months+, with Trusts then being given a relatively short time to develop and submit an action plan". (SEHSCT)

3.2.3. Resources

Three respondents commented on the importance of taking into consideration the importance of resources in the inspection and review activity of RQIA. One view suggests that "RQIA must demand that care providers manage their resources and equip their staff with knowledge, skills and time required to adequately meet" (Reminiscence Network Northern Ireland) the needs of people in their care. The other two comments suggest that RQIA consider the impact of recommendations that are made following inspection and review activity take consideration of the "resource implications" (WHSCT) suggesting that there is a "reality check" (WHSCT) and question how RQIA can "ensure that improvements are made, especially if those improvements are dependent on extra resources, either money or time". (Volunteer Development Agency)

3.2.4. Accessibility of information / RQIA

Three respondents commented directly on the accessibility of information about RQIA and its work. One response commented "without the public being fully aware of the role of the RQIA and fully understanding it, it is not clear how the public will appreciate that safety and quality of service has improved." (Shankill (Lurgan) Community Projects Ltd.) Further comments suggested that RQIA offer better signposting to providers in relation to certain conditions and that when publishing reports that "information is made more accessible through working with section 75 representative groups to ensure appropriate methods of engagement are employed." (BHSCT)

3.2.5. Other comments received in response to this question were of a more operational nature and included the potential for staff training, considering the NICE guidelines as an audit tool, the amount of paperwork that is required from RQIA, the role that RQIA have in the appointment of Part II and Part IV psychiatrists to authorise detention of individuals under the Mental Health Order and the RQIA New methodology for Inspection. Comments were also received asking for more clarity in relation to the standards RQIA uses. (Volunteer Development Agency)

| RQIA's Response |
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| <p><i>These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.</i></p> <p><i>The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.</i></p> |

4. Q2: RQIA has identified four "core activities" (CA1 - CA4) which are critical to the success of the organisation and the delivery of the strategy.

CA2: *Informing the Population:* *we publicly report on the safety, quality and availability of health and social care*

4.1. Comments that relate directly to RQIA's Corporate Strategy

4.1.1. Accessing Information

Scope for making a reference to meeting the information and communication needs of diverse population, more beneficial to locate this point in CA2 than D1 was raised by the Business Service Organisation. "KPQ's - A question should be added on how RQIA will make all its information accessible to disabled people." (Disability Action)

4.1.2. Primary Care involvement

"Used our information to provide an overall assessment of the state of health and social care in Northern Ireland" - does RQIA intend to include primary care and, in particular, General Practice? It is impossible to do this without reference to general practice, this requires clarification. (Royal College of General Practitioners)

4.1.3. Survey of Information

Should the point on "A survey to assess the extent to which people are using our information about the safety, quality and availability of health and social care", (currently listed as a KPI) not be an 'Initiative to Achieve Strategic Objectives' and the outcomes of the survey listed as a 'Key Performance Indicator'? (Extern)

RQIA's Response

RQIA believes that issues of the accessibility of information to diverse groups are implicit within the Key Performance Question in CA2.1 (Made available our Register of Regulated Establishments and Agencies, our programme of work and all inspection and review reports in easy, accessible and available formats) i.e. How relevant and accessible is our information about the safety, quality and availability of health and social care?, and that there is an interdependence within the VCM between CA2 (Informing the Population) and D1 (We engage effectively with our stakeholders).

RQIA will include information obtained from our work in the area of primary care and specifically Family Practitioner Services.

RQIA accepts that "A survey to assess the extent to which people are using our information about the safety, quality and availability of health and social care" should be listed as an "Initiative to Achieve Strategic Objectives" and the KPI should relate to the outcomes of this survey.

4.2. Other comments made that relate to RQIA

4.2.1. Public bodies have a duty to be open and transparent, no reference as to how public can raise safety and quality concerns. Public don't know RQIA, needs our profile to be in media more. Public should be aware of stringent nature of inspections. (NIPEC & Edenmore Residential Home)

4.2.2. Before handing its functions to RQIA, the Mental Health Commission had called for a separate Mental Health and Learning Disability Annual Report to be published. We believe this to be a good idea; however if it is decided not to pursue this course we would reiterate that RQIA must report in detail each year on mental health. (RCP)

4.2.3. Rating Systems

Western HSC Trust makes a request that RQIA does not create league tables or apply star ratings, whilst the university of Ulster asks "Will any score or rating be given to establishments, groupings of services or by trust?"

4.2.4. Media

Western HSC Trust also make the point, "Media - often report the negative aspects of performance - need to 'manage' this better. Therefore important that RQIA deliver balanced inspection reports. This is also supported by L'Arche Belfast "Good News Motivates, Bad

News Paralyzes: The great news stories should be at the heart of the reporting to the public if we are to restore real trust in our health and social care policies, practices and possibilities. Give people back the possibility of authentic choice, autonomy and responsibility both at personal and community level and focus on the million things that can go right instead of the one thing that could go wrong!"

4.2.5 Access, format and distribution of information and reports

Eight responses were made in a written submission or recorded at the public meetings, recommending that RQIA leaflets are placed across public areas, GP practices, hospital, day centres, libraries, local public display boards. Positive, shorter and more accessible reports for public to understand RQIA's impact, different formats required for different audiences. Present quarterly reports in newsletter format for a broader audience. An opportunity for establishments and agencies to publish responses to RQIA reports through the web-based register.

| RQIA's Response |
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| <p><i>These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.</i></p> <p><i>The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.</i></p> |

5. Q2: RQIA has identified four "core activities" (CA1 - CA4) which are critical to the success of the organisation and the delivery of the strategy.

CA3: Safeguarding Rights: we act to protect the rights of all vulnerable people using health and social services

5.1. Comments that relate directly to RQIA's Corporate Strategy

5.1.2. Vulnerable People

Vulnerable people, of those who responded to this question 14 commented directly on the inclusion of vulnerable people in CA3. A number of responses were supportive of identifying vulnerable people, however a number of others questioned the appropriateness of including the word vulnerable as "from this descriptor as it implies that RQIA is only interested in protecting the rights of specific patient and client groups, such as people with a learning disability or those with mental health problems." (RCN) others support this by suggesting that vulnerable is a "narrow concept" (Disability Action)

Other responses ask how RQIA will address the promotion of rights as "no reference is made with regard to addressing issues which will arise out of the assessment, nor any initiatives to actively promote the protection of rights." (Newry and Mourne District Council)

RQIA's Response

See response to Q1 in relation to use of the word "vulnerable" i.e.:

We will remove the word vulnerable from CA3 - Safeguarding Rights - and it will now read "we act to protect the rights of all people using health and social care services".

The wording of the descriptor of CA3 will also be revised to read: "RQIA uses all its statutory powers and mandate under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Mental Health (Northern Ireland) Order 1986 and other associated legislation to protect the rights and interests of people using health and social care in Northern Ireland".

RQIA will adopt a rights based approach which will apply to all those who use health and social care services in Northern Ireland. This will be integral to all aspects of our work and where RQIA has a specific concern we will seek to address this by making comment and recommendations for action to be taken. We will review CA3 (Safeguarding Rights) and in particular CA3.1 (Ensured all RQIA work takes account of the principles and legislative basis of Human Rights

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| RQIA's Response |
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| <i>and Equality) to ensure that it is fully reflective of a rights based approach.</i> |
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5.2. Other comments made that relate to RQIA

5.2.1. Other comments related to general information and operational issues, including the meaningful involvement of people with learning disabilities, the need to consider children and young people in the course of RQIA's work and the need to consider section 75 groups.

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| RQIA's Response |
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| <i>These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward under the auspices of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.</i> |
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| <i>The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.</i> |
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6. Q2: RQIA has identified four "core activities" (CA1 - CA4) which are critical to the success of the organisation and the delivery of the strategy.

CA4: *Influencing Policy: we influence policy and standards in health and social care*

6.1. Comments that relate directly to RQIA's Corporate Strategy

6.1.1. How will RQIA influence policy?

Eight respondents commented directly on how RQIA will influence policy, six responses welcomed the inclusion of core activity which aims to influence policy. One respondent simply asked "How?" (WHSCT) while others sought clarity on the "role of RQIA in influencing government departments in resourcing organisations in order to meet new legislative requirements?" (Volunteer Development Agency) One asked how the "development and improvement of regional Standards" (CA4) will be "measured in the annual summary" (RCGP)

Six responses offered suggestions as to how RQIA could influence policy. One suggested that this could be achieved by "discharging its duties effectively, communicating appropriately with its stakeholders and by being equally vigilant in recognising and sharing best practice as in highlighting shortcomings and failings." (RCN)

Others suggested mechanisms via which to influence policy makers including engaging with the DHSSPS, Assembly Health Committee, Commissioning and provider bodies as well as engaging with policy forums and networks in Northern Ireland; (University of Ulster) and benchmarking information (Positive Futures) using an evidence based approach to identify inconsistencies (Shankill (Lurgan) Community Project Ltd.) While one response suggested that RQIA consult with the Home office.

RQIA's Response

RQIA believe that the issue of how RQIA will demonstrate its influence on policy has been adequately addressed in the Key Performance Indicator for CA4.1 which states that an "Annual summary of RQIA's impact on policy, standards and guidelines" will be produced.

RQIA acknowledges the need to recognise and share best practice. To this end Inspection Reports highlight examples of best practice. RQIA are actively working towards making these reports available on-line in order to share information and learning. As part of the New Methodology of Inspection providers are asked to complete a self assessment which asks providers to highlight any areas of good practice subject to validation by RQIA.

6.2. Other comments made that relate to RQIA

Other comments received in response to this question highlight the importance of continuing to "keep the public informed on the process established with DHSSPS (CA4.1) to review legislation and standards and also any progress made on such reviews. (Arbour House, Cedar Foundation) It was also felt that the continued sharing of good practice is welcomed.

RQIA's Response

These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.

The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.

7. Q3: RQIA is developing a programme of focussed reviews to take place over the next 3 years.

What are the top 3 areas for review that RQIA should prioritise and why?

- 7.1. Northern Ireland Practice and Education Council**
Standardisation and accuracy of patient record keeping within institutions.
Timely Discharge Planning.
HCAI - with specific focus on hand hygiene.
- 7.2. Edenmore Residential Home**
Transparency - Level playing field - Financing of improvements within the service.
- 7.3. Parkinson's Disease Society**
NICE guidelines for evidence-based good practice for Parkinson's services.
Lack of leadership for neurology services for people with Parkinsons.
Major shortfalls in knowledge and skills needed to care for people with Parkinsons.
- 7.4. Reminiscence Network Northern Ireland**
One of the reviews should be focused on dementia care provision.
- 7.5. Western HSC Trust**
Nursing/Locum agencies - we need to be assured that staff are appropriately vetted.
Interface areas e.g. Primary Care/Acute/Secondary Care.
Patient/Client experience.
Learning Disability Community Services.
- 7.6. St Julians Omagh**
Reducing paperwork - review of what needs to be reported.
Standardised Inspections - Inspectors all following same standards.
Standards template of policies.
Improve awareness of RQIA and communication with the public.
- 7.7. South Eastern HSC Trust**
Consider how patients are engaged with during review processes.
- 7.8. Haypark Homes Ltd**
Residents Welfare - highest standards possible - more personal time to be spent with residents.
- 7.9. Volunteer Development Agency**
Thematic approaches were identified in which different services 'dovetail'. A good example 'communication between residential care

home, ambulance service and hospital A&E departments or family social services and foster carers.

The regulation of volunteer involvement and management should be at the same level as given to paid staff.

A required standard is set for organisations which involve volunteers.

7.10. Royal College of Nursing NI

Evaluate and improve the experiences of service users in terms of dignity and experience, i.e. hygiene, nutrition, ways of communicating with service users.

The extent to which users experience a seamless service

Review of the impact of staffing levels and skill mix on the quality of health and social care provision in relation to c.diff.

Scoping the independent sector and publishing regular and reliable information about its workforce, e.g. registered nurses.

7.11. Royal College of General Practitioners

RQIA should identify areas of high quality and actively promote this to encourage dissemination.

7.12. University of Ulster

Assessing impact of integration of health and social care. Recent evidence re mental health beds that integrated working not being effective.

Progress with personalisation/individual budgets in adult social care, N Ireland lagging behind.

Early childhood care as services much underdeveloped compared to GB and now split in N. Ireland.

Impact of commissioner/provider split on standards/quality of services.

7.13. The Royal College of Psychiatrists

An overarching issue is that RQIA should provide necessary funding to ensure that its regulatory duties in relation to the Mental Health Order are rigorously executed.

NICE Guidelines being implemented in mental health.

Are the most severely mentally ill and learning disabled being offered treatment and care in the least restrictive setting?

Are trusts ensuring that staff are facilitated with training in new skills and given the opportunity to use them? i.e. mental health

7.14. Arbour House, Cedar Foundation

Applicable standards for small homes

Availability of appropriate support services for people with learning disabilities, i.e. Respite

Co-ordination between different agencies

Many services are finding it challenging to meet standards if they don't have correct information from referring professional.

- 7.15. **Care Quality Commission**
Being clear that you have the necessary resource to go beyond 'simply' reporting findings to facilitate and bringing about meaningful change.
Ensuring coverage of the review to as many locations as possible to align with your regulatory assessments to 'incentivise' necessary change.
- 7.16. **Belfast HSC Trust**
Follow up visits to reviews would be welcome for example, hyponatraemia.
Implementation of NICE guidance in Northern Ireland.
Compliance with NPSA alerts issued to date (especially nos 18-22).
Extending the IPC tool for unannounced hygiene inspections to incorporate food and other elements that were included in the PEAT assessment tool.
- 7.17. **L'Arche Belfast**
Evidence that health and social care is being offered in such a way that everyone involved experiences their own value, dignity and wellbeing.
- 7.18. **Shankill (Lurgan) Community Projects Ltd**
A review of the standard, accessibility and costs of training to comply with the standards. Review exemplars of good/poor performance.
- 7.19. **Belfast Central Mission**
Fitness of registered person - not all managers have appropriate management training and skills.
Programme of activities and events - ensure resident's social needs are met.
- 7.20. **Orchard House**
Staffing levels and actual availability of nurses, assisting homes so as recruitment is easier.
- 7.21. **Positive Futures**
Review of how RQIA interfaces with other agencies such as SP, establishing a 'pass porting' system which minimises potential for duplication.
Review of how 'users of services' and in particular people with learning disability are meaningfully involved in the monitoring of service quality.
How people with a learning disability are afforded opportunities to make 'real' choices including decision making about their lives, how they wish to live, with home etc.
- 7.22. **Rutledge Joblink**
Allocation of resources between trusts, I have noticed a massive disparity between resources available for certain clients.

During the four public consultation meetings the following suggestions were made:

7.23. **Belfast Roadshow**

- Agency staff
- Funding
- Mental Health in prisons
- Protection of Vulnerable Adults
- Quality
- How RQIA can measure the quality of Health & Social Services
- nutrition
- hygiene
- dignity
- Can RQIA streamline inspection process? i.e. for day care & nursing home
- Role of RQIA in monitoring Trusts/employers to ensure staff have access to training
- Standards for voluntary sector for vulnerable adults
- Chronic disease
- GP services - NH sector
- Resources? Inappropriate transfers to hospital
- Who decides on inappropriate transfers via ambulance service - particularly late at night from hospital
- Discharge and readmission of older people
- Volunteers to require support that is the same as employees
- Methodology behind inspections
- Self assessments as a means for ongoing self assessment after the inspector has gone
- Star ratings in NHS
- RQIA to look at how inspectors perform
- Feedback on the inspector following day of inspection? Form to be returned to RQIA
- RQIA should vary inspectors with facilities
- initial governance reviews undertaken prior to new trusts may be useful to undertake again
- Technology agenda / medical devices
- Standardisation of inspectors & approach
- Accountability balance across medical & surgical services
- Mis- and missed diagnosis
- RIT standards

7.24. **Londonderry Roadshow**

- Whole Patient Pathway - need to consider interface - patient journey.
- Mental health and learning disability
- Nursing agencies / locum agencies
- Discharge procedure
- Acute / primary care interface.
- Falls

- Medication errors:
- Prescribing
- Administration
- Dispensing

7.25. Newry Roadshow

- Pay rates for domiciliary staff across NI
- Dovetails areas of commonality in legislation
- Availability of advocacy
- Training
- Communication processes
- Elective and emergency care services
- Consistency of approach.
- Funding considerations v improvement.
- New methodology - guidance please.
- Describe types of inspections and what is expected

7.26. Omagh Roadshow

- Partnership working
- Infection control / hygiene
- Review - Range of services available to clients e.g. behavioural therapy for client / lack of Dentists.
- Hospital Discharge Policy
- Reducing paperwork
- Reportable events in agencies - half yearly report.
- Centralised policies and procedures (templates - consistency / standardisation).

| RQIA's Response |
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| <p><i>RQIA has established a process for selecting the reviews. Both the written and verbal suggestions from the public consultation were added to a list of reviews identified by RQIA and requests made by the DHSSPSNI. Over 100 suggestions were shortlisted by eliminating reviews already commenced, planned, or similar to other suggestions. The final list of 54 was reduced further by considering the priority of the suggestion against nine criteria; the final 22 suggestions for reviews are being explored further with a rational document being produced for each review before a prioritising process followed by a balancing process will take place.</i></p> |
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| <p><i>A report will be developed setting out the programme of reviews and inspections for the period 2009 - 2012 as well as being built into RQIA's annual Business Plan.</i></p> |
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8. Q4: Is there any specific area of our work which you require information on and how would you like this information to be made available?

8.1. Context

8.1.1. This question was included as part of the consultation in order to assist with defining the information requirements of RQIA's Corporate Information Management Information System (CIMS) project.

8.2. Responses

8.2.1. Several requested access to on-line documents, for example a directory of nursing and care homes. Not all RQIA documents available on website, more access to all documents and publications on internet. Reminiscence Network Northern Ireland members would like to access reports on facility visits online.

8.2.2. "As part of the communication of the forward programme for RQIA reviews, it would be helpful if Trusts could be provided with details of the standards/ measures which they are being reviewed against. This has already happened in relation to many reviews e.g. HPSS Quality Standards etc but in the case of hygiene inspections Trusts were not issued with a copy of the inspection proforma. Sharing this allows Trusts to be more proactive, internally audited and promote a continuous quality improvement approach." (SEHSCT)

8.2.3. Royal College of Nursing (RCN) Northern Ireland is interested in receiving information about all aspects of the work of RQIA and would expect to receive both printed and electronic copies of all its inspection reports and all other publications, whether they relate directly to nursing or not. RCN would expect to receive copies of all reports unabridged, as suggested above, believe that RQIA should also consider ways to disseminate its findings in ways that the public and, from the RCN's point of view, its individual nurse and health care assistant members would find more accessible.

8.2.4. The Royal College of General Practitioners are interested in how RQIA intends to engage with general practice and seek the views of the profession. Its intentions in relation to general practice are not stated in this document. The college would wish to engage with them in this respect.

8.2.5. Royal College of Psychiatrists NI Division would like to see clear annual reporting on mental health and learning disability, including use of the Mental Health Order, as well as on service availability, service monitoring, and service standards.

8.2.6. "We currently are inspected through one of our services, but are able to use this process along with the quality standards to inform the

processes we will be adopting as part of our improvement strategy across our services." Extern, Newtownabbey.

- 8.2.7. We welcome the inclusion of OOH Social work service in the RQIA list of priority areas. The corporate strategy should provide clear details as to how social work or social care employers will be held account for their practice in relation to the NISCC codes of practice. We strongly feel that an additional priority area should be the audit of procedures and practice for the protection of vulnerable adults. (BASW)
- 8.2.8. We feel that a review of standards in care provided by small homes is necessary to ensure that the sustainability as well as the quality of services is assured. We also feel it would be important for RQIA to keep the public informed on the process established with DHSSPS (CA4.1) to review legislation and standards and also any progress made on such reviews. (Cedar Foundation)

8.3. Healthy Risk Management

- 8.3.1. Appropriate and Adequate Staff Support, Training and Development. Equal, Informative and transformative 2 way partnership between regulation and implementation of Health and Social Care Policy. Influencing Regulation such that it is informed by and expresses the possibility we aspire to and the reality in which we currently find ourselves. A rationalised, robust and transparent system of quality assurance that honours the many and often complex aspects of the life of the 'vulnerable person' and meets the needs of the various stakeholders involved. (L'Arche)
- 8.3.2. One area that requires further clarification is in relation to the mandatory training that providers are requested to have. Given that RQIA have an overall view of the sector, and are therefore best placed to identify good/poor training, it would be useful for RQIA to provide a list of accredited training providers who's training fulfils RQIA requirements. As the work of the organisation develops, it would be useful to establish an area on the RQIA website which could be accessed only by those who are registered with the RQIA and through which important key messages could be communicated for example when policy changes take place or key documents are updated e.g. Regional policy on protection of vulnerable adults. (Shankill (Lurgan) Community Projects Ltd.)

RQIA's Response

A project is currently underway to investigate the feasibility of introducing a Corporate Information Management System within the RQIA. It is envisaged that the potential system will help to manage information within the organisation and allow for electronic publishing. The relevant feedback from the public consultation has been recorded and will be considered during the design phase of the project.

This feedback will also be considered as part of the development of RQIA's new Communications Strategy and as already noted as part of the project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.

9. Q5: Do you have any other comments or suggestions you would like to make in relation to RQIA's Corporate Strategy?

9.1. Comments that relate directly to RQIA's Corporate Strategy

- 9.1.1. KPIs need to have performance percentages, no indication of percentage improvements, need more organisational performance targets, ie 95% of inspection reports issued within two weeks.
- 9.1.2. Homes are asked to provide their self assessments in 'plain English' however terms such as 'value proposition and value drivers' are not accessible to many people.
- 9.1.3. Finally, the consultation was welcomed, and it would be useful to have a summary of all the issues raised at the public consultation events and how they will be address within the Corporate Strategy.

| RQIA's Response |
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| <p>The Key Performance Indicators (KPIs) identified in the strategy represent an initial step in the development of a performance management framework. RQIA recognises the need to further develop these KPIs as a tool to enable us to learn, assist decision-making and improve future performance. They will therefore be kept under continuous review.</p> <p><i>See response to Q1 in relation to issues in relation to "plain English" and jargon.</i></p> <p><i>This document provides a summary of the feedback received through the consultation process and provides a clear indication of how RQIA will address this feedback within the revised Corporate Strategy.</i></p> |

9.2. Other comments made that relate to RQIA

- 9.2.1. The plan appears to have a very strong bias towards internal management issues with little detail on the actual work programme. This would lead RQIA to become bogged down in bureaucracy.
- 9.2.2. Reminiscence Network NI welcomes the emphasis on staff training and wishes RQIA staff to become more knowledgeable about the reminiscence and life story work.
- 9.2.3. RQIA should become a conduit for sharing good practice.
- 9.2.4. RQIA tends to adopt new affiliates for each review, Trust and RQIA should meet 2-3 times a year, and also in a forum with all 5 Trusts to

share learning. A separate but similar request was to meet with staff reps in a partnership forum.

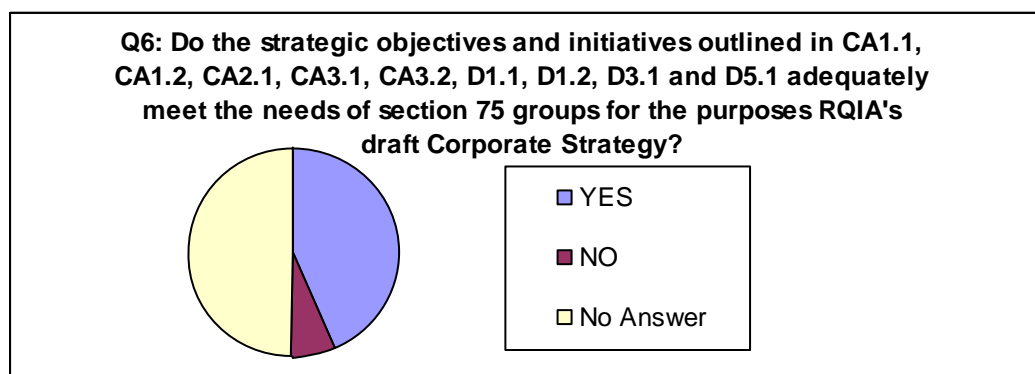
- 9.2.5. Request for definition: 'staff' does this apply to paid and unpaid workers? The respondent requests standards to monitor volunteer management activity, to ensure volunteers are not in positions/roles they shouldn't be in.
- 9.2.6. No mention in the documentation of the anticipated Mental Health and capacity legislation, expected in 2011.
- 9.2.7. Request to work directly with disabled people - initiate a disabled peoples advisory group.
- 9.2.8. Request for RQIA to explain if user involvement will extend to GB model of user or 'experts by experience' involvement in inspection teams.
- 9.2.9. A note of caution, not to forget about Psychiatric services in the community and care for those in prison too.
- 9.2.10. RQIA's focus is inspection for improvement. The lived experience of some individuals involved in the inspections and the tone of the resultant reports can feel more like inspection for performance management.

| RQIA's Response |
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| <p><i>These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.</i></p> <p><i>The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.</i></p> |

10. Q6: Do the strategic objectives and initiatives outlined in CA1.1, CA1.2, CA2.1, CA3.1, CA3.2, D1.1, D1.2, D3.1 and D5.1 adequately meet the needs of section 75 groups for the purposes RQIA's draft Corporate Strategy?

If "No", please comment below:

Fig. 3



10.1. Comments that relate directly to RQIA's Corporate Strategy

10.1.1. There was a low response rate to this question, however a number of important comments were made. There was overall support of the rights based approach that RQIA have adopted and a recognition that RQIA has included "positive strategic objectives such as Accessibility audits" (SEHSCT) however two responses suggest that "equality issues are not strongly mainstreamed in strategic objectives and initiatives." (University of Ulster) Another response suggested that in relation to Value driver D1 RQIA consider including provider organisations are also considered as stakeholders and highlight the role of the Patient Client Council.

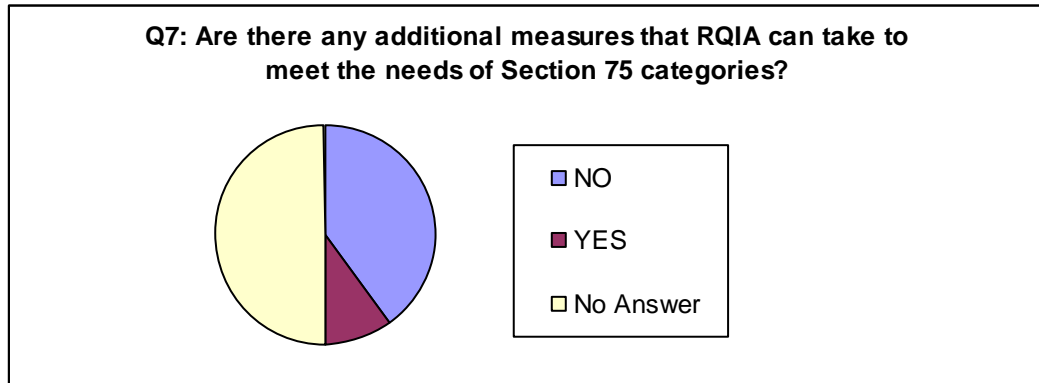
10.1.2. Another response asserts that "it is our view that CA2 and CA3 do not incorporate a rights based approach to subjects and therefore potentially dodges issues around resourcing." (NIPSA)

| RQIA's Response |
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| <p><i>RQIA will continue to follow due process in relation to section 75 of the Northern Ireland Act 1998.</i></p> <p><i>RQIA define stakeholders as all those with whom RQIA engage, this includes the Patient Client Council and all health and social care bodies in Northern Ireland.</i></p> <p><i>See the response to Q1 in relation to the use of the term "vulnerable" and RQIA's intention to adopt a rights based approach to all people who use health and social care services across Northern Ireland.</i></p> |

11. Q7: Are there any additional measures that RQIA can take to meet the needs of Section 75 categories?
 If "Yes", please comment below:

11.1. Other comments made that relate to RQIA

Fig. 4



11.1.2. There was a low response to this question, comments highlighted the prominence of Parkinson's disease within the older population and commented on the lack of awareness quoted in research that " 48% of people within residential care feel that staff do not fully understand Parkinson's and how it effects them." (Parkinson's Disease Society)
 The need to ensure that key documents are available in a range of formats and RQIA "fully include people with a learning disability in all aspects of review and inspection functions"(Positive Futures)

RQIA's Response

These comments may have implications for the operation of RQIA or may give rise to improvement initiatives. The formulation of RQIA's response to this category of feedback will be taken forward as part of a separate project to be led by Dr David Stewart, Director of Service Improvement/Medical Director.

The outcomes of this project will be taken forward as part of RQIA's Quality Strategy, through the identification of initiatives in the annual business planning cycle and as part of our change and improvement processes.

Appendix 1

Organisations represented at RQIA Corporate Strategy Consultation events.

Advanced Community Care
Age Concern Help the Aged
Alzheimer's Society
Ard Cuan House
Ashbrook Care Home
Barrhall
BASW NI
Belfast Health and Social Care Trust
Benbradagh
BMA(NI)
Board of Social Witness
Broadways Private Nursing Home
Brookhill House
CAUSE (NI) Ltd
City Hospital
Community Paediatrics
Copperfields Private Nursing Home
Corkhill Care Centre
Corriewood Private Clinic
DHSSPS
Drumlane House
Dunlady House Ltd.
Edenmore Residential Home
Everyday Care Services
Extra Care
First Housing Aid and Support Services
Foyle Home Support Service - Alzheimer's Society
Gillaroo Lodge Nursing Home
Gillbrooke
Glen Caring
Glenmachen Tower House
Glenside
Golan View
Granard Residential Home
Hollygate Lodge Retirement Home
Homecare Independent Living (NI)
Jark Healthcare
L'Arche Belfast
Lakeland Community Care Ltd.
Lee Bank
Lucas Love Healthcare
Marriot House
Members of the general public
Mind Wise

Moneydarragh Flexicare
Mount Fern House
Mount Zion Community Care
Mountfern House
Mountview Residential Home
Mourne Stimulus Day Centre
Moyle TLC
MS Society
Mullaghboy Nursing Home
N.I.A.M.H
Naroon House
Newry Day Opportunities
NIACRO
North & West Housing
North and West Housing / Brookhill House
NSPCC
Older People's Advocate, office
Our Lady's Home
Parkside Private Nursing Home
Partnership Care West
Patient Client Support Services Department
Phoenix Nursing Agency Ltd
Presbyterian Board of Social Witness
Presbyterian Church in Ireland
Prospects
Provincial Care Service Agency
Queens University Belfast
Ratheane Private Nursing Home
Rathmourne Domiciliary Care Agency
Rathowen Nursing Home
RCN Northern Ireland
Rodgers Community Care
Rose Lodge
Roughan House Residential Home
Sanville P.N.H.
Seafort House
Shannagh Private Nursing Home
Slieveleague Residential Home
Southern Area Hospice Services
Southern Health and Social Care Trust
Springlawn Group
Sunnyside House
The British Red Cross
The Firs Residential, Day Care and Home Care Services
Therapeutic Needs LAC
University of Ulster
Volunteer Development Agency
Waterside Health and Care Centre
Western Health and Social Care Trust
Wheatfield Private Nursing Home

Appendix 2

EVALUATION FEEDBACK RESULTS FROM RQIA's DRAFT CORPORATE STRATEGY WORKSHOPS 2009

| What is your overall assessment of the event? | | | | | |
|---|------------|------------|------------|------------|-------|
| Very Good | | | | Very Poor | TOTAL |
| 5 out of 5 | 4 out of 5 | 3 out of 5 | 2 out of 5 | 1 out of 5 | |
| 43 | 25 | 5 | 0 | 0 | 73 |

Any comments regarding access

I feel it would be effective to have more interaction between RQIA and each section. Very helpful and informative. As well as informing about the strategy, it succeeded in being a very successful PR event for the RQIA.

Very good - felt very much that views were being heard and would be taken into consideration in the formation of final strategy.

A good, effective day - an opportunity to hear other care provider's comments.

Easy to access.

Very informative.

Having opportunity to give opinions.

Receiving feedback for future development of process important.

Do you have any further comments or suggestions?

Document could have been sent out to be read in advance of the consultation event.

Regular consultations of this kind.

Good to see an open forum!

Very informative conference.

Excellent event and very informative.

Further consultation that involves all the employees. We are not only looking into right of the public but we need to look into the standards of our makers to maintain high standards of care.

Informative day that was made better by the participation of key RQIA members.

Useful / informative.

Opportunity for more of these events over the next 3 years.

Very worthwhile - thank you

Perhaps allow more time for groupwork.

Facilitated well.

Would like feedback once RQIA have evaluated all events.

Short, snappy and to the point. Did not drag issues out. Still a bit of jargon e.g. Value Creation Map etc.

I believe a more partnership approach regarding inspections would pay dividends and remove the them v us mentality. Train the provider, causes prevention and improves the quality.

Paperwork / recruitment.

Concerns regarding paperwork expected. Concerns regarding template for policy standards.

Appendix 3

Organisations who submitted written responses.

Health and Social Care Business Service Organisation (BSC)
Newry & Mourne District Council
Northern Ireland Practitioner & Education Council (NIPEC)
Edenmore Residential Home
Parkinson's Disease Society
Reminiscence Network Northern Ireland
Western Health and Social Care Trust (WHSCT)
St Julians Omagh
South Eastern Health and Social Care Trust
Haypark Homes Ltd
Volunteer Development Agency (VDA)
Royal College of Nursing Northern Ireland (RCN)
Royal College of General Practitioners (RCGP)
Law Centre
Disability Action
University of Ulster
The Royal College of Psychiatrists NI Div. (RCP)
Extern
British Association of Social Workers (BASW)
Arbour House, Cedar Foundation
Care Quality Commission (CQC)
Belfast Health & Social Care Trust (BHSCT)
L'Arche Belfast
Shankill (Lurgan) Community Projects Ltd
Kirk House, Belfast Central Mission
Probation Board for NI
Orchard House
Positive Futures
Rutledge Joblink
Northern Ireland Public Service Alliance (NIPSA)