



The **Regulation** and  
**Quality Improvement**  
Authority

# Three Year Review Programme 2009-12

informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)



# Foreword

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA encourages continuous improvement in the quality of health and social care services, through a programme of inspections and reviews.

This is RQIA's planned three year review programme covering the period 2009-12. The programme has been prepared on the basis of the work undertaken over the previous years and incorporates issues identified through consultation with service users, the public and other key stakeholders.

The review programme is an important strand of the work of RQIA and provides assurance to the public about the quality, safety and availability of health and social care services in Northern Ireland. The reviews will help to encourage continuous improvements in health and social care services and ensure the rights of service users are safeguarded.

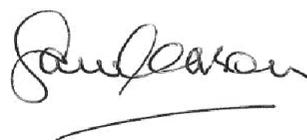
A robust and comprehensive planning approach has been used to ensure the programme covers relevant issues, in particular those which have been identified through consultation.

The publication of this programme will help RQIA to work in collaboration with other regulators and organisations which represent particular interests as well as the users of the services themselves.

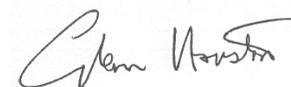
Whilst delivering this challenging programme, we will continue to examine our methods of review and make sure that we build on the learning from previous experience.

It is important that we provide assurance, where we can, that services are safe and of good quality. It is also important to highlight areas for improvement and to ensure that matters which require improvement are highlighted to the relevant organisations. We also acknowledge the commitment which the health and social care sector makes to engaging in this process.

Flexibility must underpin the programme as there will be times when we will need to respond to emerging events. Therefore, as continuous engagement with all of our stakeholders is vital, RQIA will keep the programme under review and will make sure that in addition to the planned programme, there will be capacity to respond to emerging needs.



**Dr Ian Carson**  
Chairman



**Glenn Houston**  
Chief Executive

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# 1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland and is an integral part of the new health and social care structures.

The vision of RQIA is to be a driving force for positive change in health and social care services in Northern Ireland.

This is accomplished by focusing on the delivery of a robust quality and regulatory framework which is fit for purpose. RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland; encourages continuous improvements in those services; and safeguards the rights of service users.

RQIA's Corporate Strategy 2009-12 highlights the key internal and external issues and challenges facing the organisation. This provides the context for the representation of RQIA's strategic priorities in the form of a strategic map (see Figure (a)), together with corresponding objectives and initiatives.

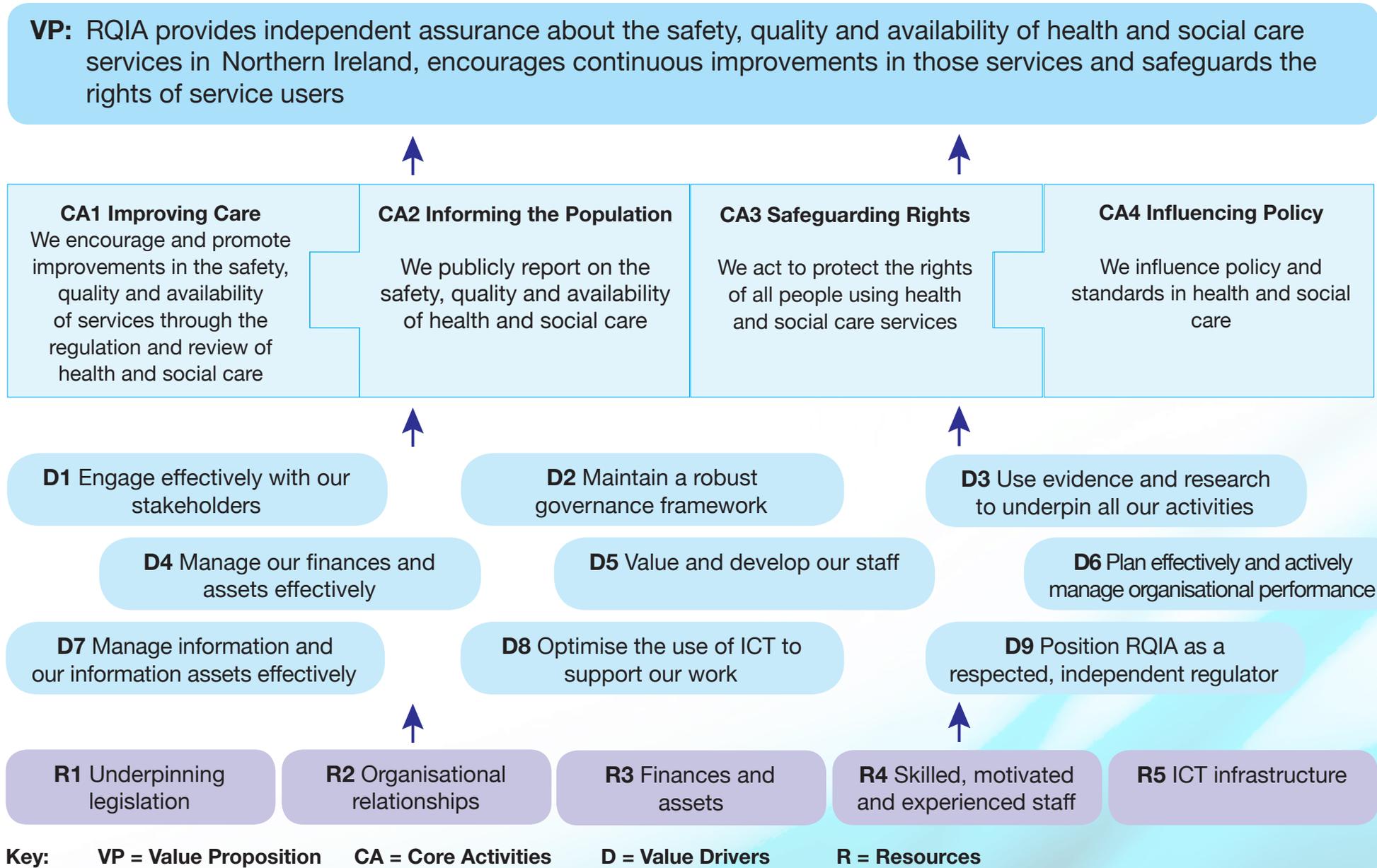
Four core activities have been identified. These are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy.

These are:

- Improving care: we encourage and promote improvements in the safety and quality 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.

Achievement of these core activities, underpinned by identified value drivers and resources, will help to drive the delivery of the corporate strategy.

Figure (a) RQIA Strategic Map 2009-12



# 2 The Work Programmes of RQIA

RQIA carries out a number of programmes of work. These are registration and inspection of services subject to regulation; infection prevention/control and hygiene inspection; mental health and learning disability; and thematic reviews.

In March 2010, RQIA acquires the additional responsibility of carrying out a programme of inspections in relation to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

## 2.1 Inspections in the Regulated Sector

RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 and its supporting regulations.

Services regulated include: residential care homes; nursing homes; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools.

## 2.2 Infection Prevention/Control and Hygiene Inspections

Infection prevention/control and hygiene inspections are part of an overall programme of initiatives developed by the DHSSPS to help in the reduction of health care associated infections.

An RQIA programme of inspections focuses on: a review of cleanliness, environmental and personal hygiene; infection prevention and control; fabric of the estate; good housekeeping and clinical actions. A rolling programme of unannounced visits to health and social care organisations commenced in January 2009.

## 2.3 Mental Health and Learning Disability

On 1 April 2009 the functions of the former Mental Health Commission transferred to RQIA. Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, RQIA now undertakes a range of responsibilities for people with a mental illness and those with a learning disability.

These include: monitoring the care and services for people with mental ill health or a learning disability; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

## 2.4 Thematic Reviews

RQIA carries out a programme of thematic reviews of health and social care services in Northern Ireland. Specific reviews, for example in relation to blood safety, can be extended to include services provided by relevant independent sector providers.

Section 3 of this document describes the development and planned timing of the review programme for 2009-12. Brief descriptions of each planned review are set out in Section 4.

## 2.5 Inspections in relation to IR(ME)R

The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 came into force on 1 January 2001 and specify basic measures for the health protection of individuals against dangers of ionising radiation in relation to medical exposure.

The regulations impose duties on those responsible for administering ionising radiation to protect persons undergoing medical exposure whether as part of their own medical diagnosis or treatment, as part of occupational health surveillance, health screening, voluntary participation in research or medico-legal procedures.

The responsibility for the enforcement of IR(ME)R transfers to RQIA in March 2010 and RQIA will develop and implement a programme of planned inspections of facilities where ionising radiation is used.

# 3 Thematic Review Programme

## 3.1 Introduction

RQIA conducts a programme of thematic reviews to ensure that services reach the minimum standards contained within The Quality Standards for Health and Social Care, published by the DHSSPS in March 2006. In conducting reviews, RQIA uses a range of approaches including self-assessment, validation visits by panels of independent experts and the involvement of lay reviewers.

The thematic review programme includes both reviews on specific issues commissioned by the DHSSPS and reviews initiated by RQIA.

On completion of each review, a report of the findings and recommendations is provided to the Minister for Health, Social Services and Public Safety. Reports from each review are published and can be accessed on the RQIA website, [www.rqia.org.uk](http://www.rqia.org.uk).

The planned programme of thematic reviews has been developed using an overall health and social care assessment tool (see Figure (c)).

The tool was used to formulate a comprehensive review programme by ensuring that reviews were appropriately sourced and prioritised. It was also necessary to ensure that the overall programme was appropriately balanced across health and social care services.

## 3.2 Sourcing Potential Reviews

RQIA has a wide range of stakeholders and seeks to engage effectively with them to inform the direction and delivery of its work. During the consultation process on the RQIA Corporate Strategy views were sought on potential areas which could be subject to review by RQIA. A long list was developed and following shortlisting, 22 potential reviews were brought to the RQIA Board for more detailed consideration. A number of reviews have also been commissioned by the DHSSPS for inclusion in the programme.

## 3.3 Prioritising Potential Reviews

Rationale documents, outlining the scope of each shortlisted review, were developed in order to facilitate informed decisions. The rationale documents were prepared by RQIA staff with knowledge and experience in the area of the potential review topic. A prioritisation exercise was then undertaken and potential reviews scored against the following criteria:

1. The issue is a recognised and/or national priority for safety and/or quality.
2. Variations in quality create a major risk for the population affected.
3. The issue is an area of significant or developing public concern.
4. The issue features strongly in complaints/litigation.
5. There are evidence-based standards against which the quality of service provision can be assessed.
6. An important outcome from previous RQIA review or previous investigation/inquiry.

7. A high proportion of the population is affected.
8. There is recognised inequality in how health and social care services are provided.
9. There is evidence of a possible variation in quality arising from existing data and/or existing reports.
10. The impact of the review will be maximised due to joint working with partner regulator(s).

Each prioritised review was then added to the overall programme under the following categories:

- clinical and social care governance (CSCG)
- mental health and learning disability (MHLD)
- primary care
- infection prevention/control and hygiene
- relevant inspection area

### 3.4 Balancing the Review Programme

The review programme was then examined to determine if it was balanced (see Figure (b)) in terms of:

- people - in respect of gender, age and ethnicity
- place - in respect of geography, areas of deprivation and different settings
- programme - in respect of Priorities for Action themes and programmes of care
- policy - in respect of legislation, Quality Standards for Health and Social Care and human rights

### 3.5 Benefits Realisation

As illustrated in Figure (c), Overall Health and Social Care Assessment Tool, it is planned that RQIA will further assess the benefits realised from its programme of activity by undertaking an analysis against the four core activities outlined in its corporate strategy, namely improving care, informing the population, safeguarding rights and influencing policy.

Figure (b) Balancing the Overall Health and Social Care Assessment

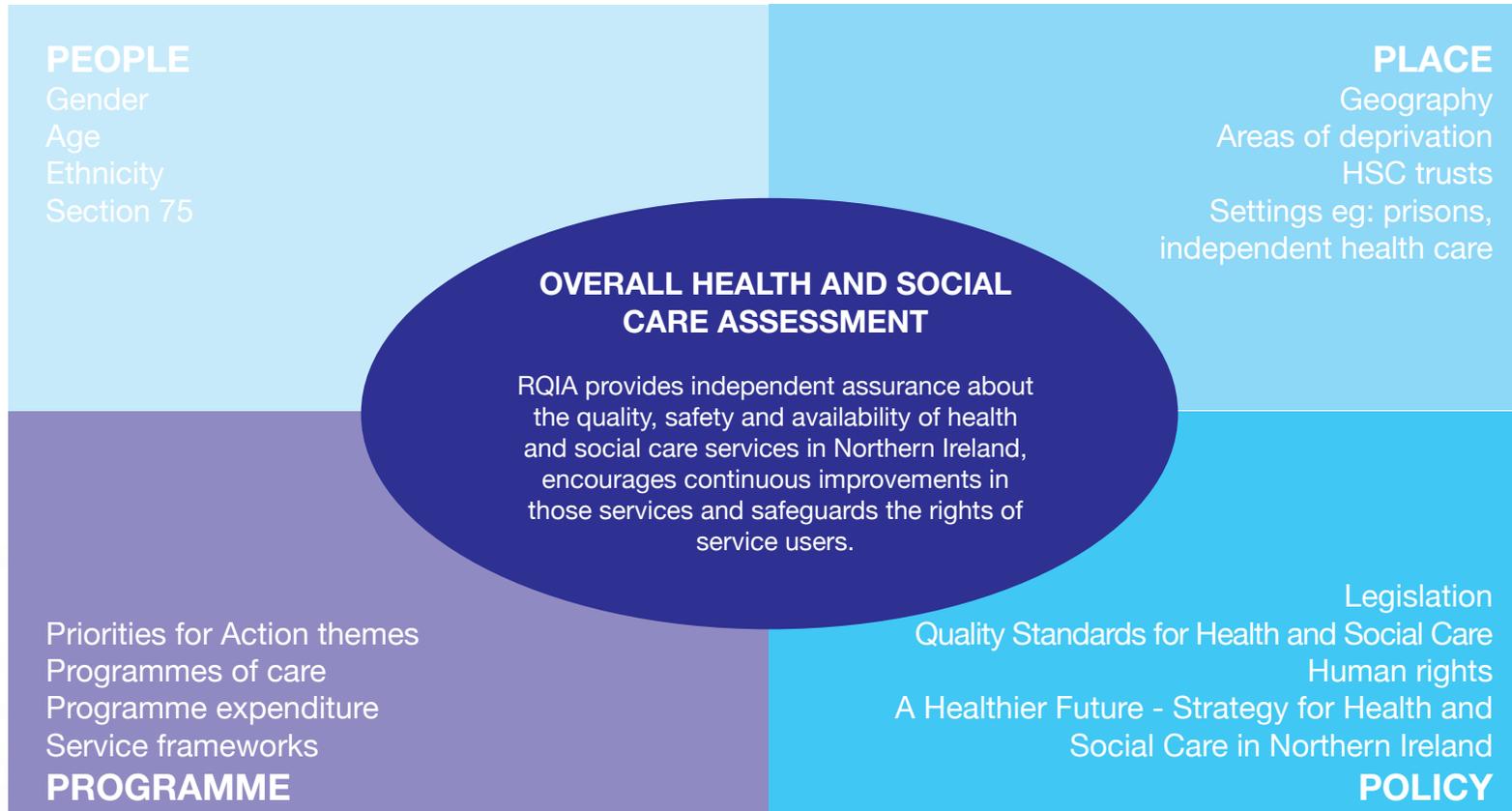
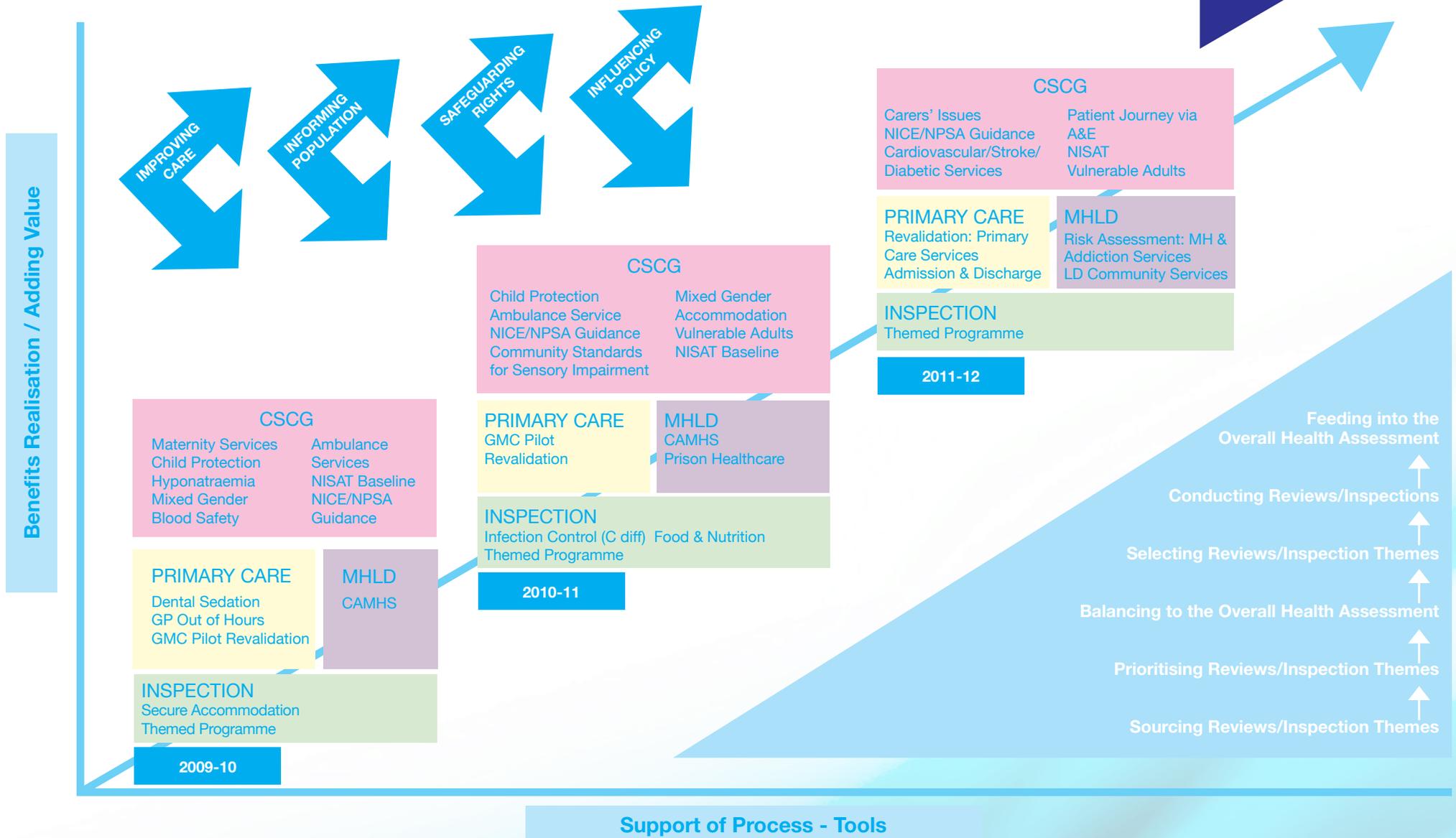


Figure (c) Overall Health and Social Care Assessment Tool

RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvements in those services and safeguards the rights of service users.

Overall HSC Assessment



# 4 Thematic Review Programme for 2009-12

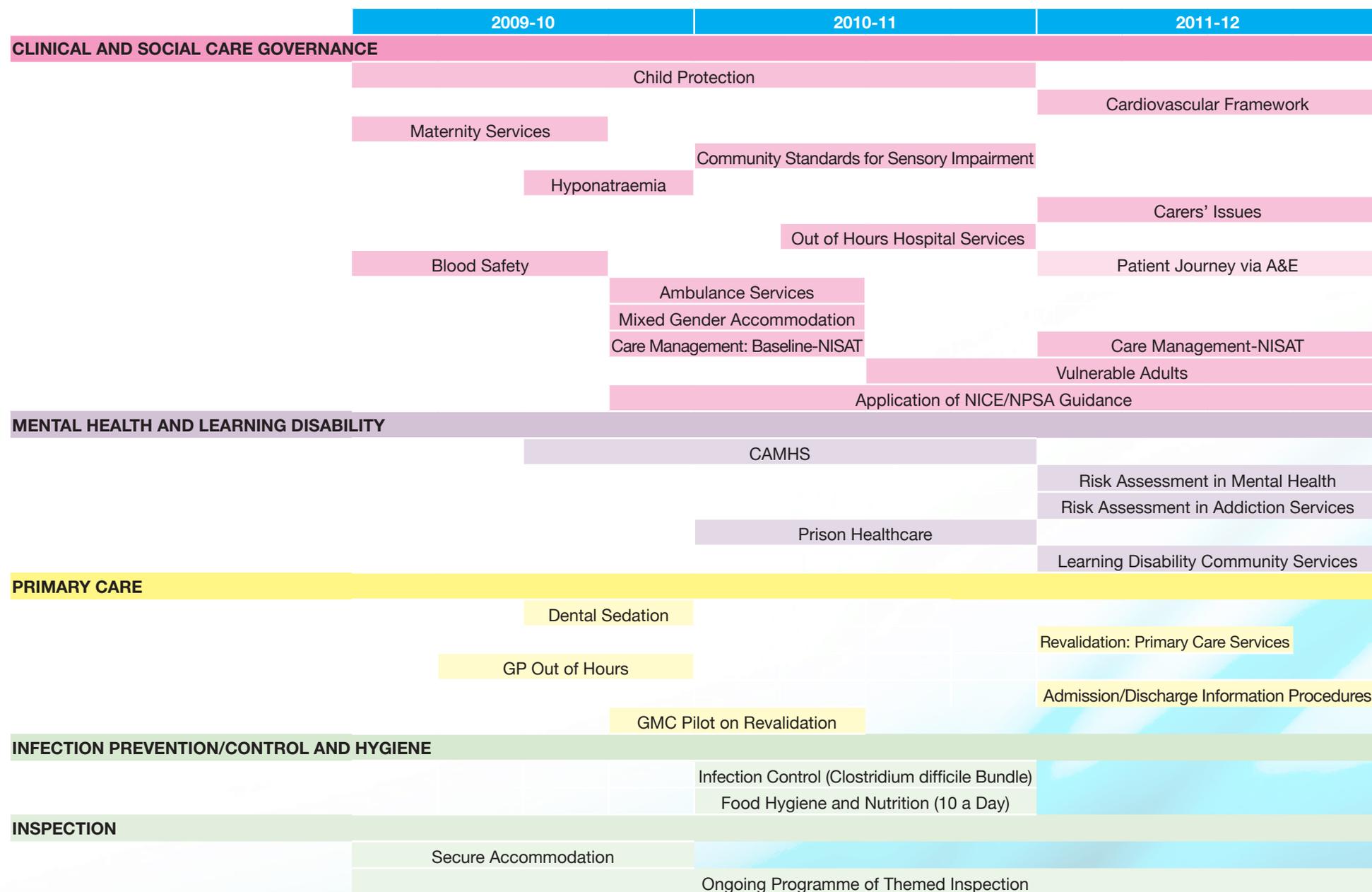
The programme covering the period 2009-12 is outlined at Figure (d).

## 4.1 Review Programme 2009-10

The following reviews are in the process of completion during 2009-10:

- Child protection
- Blood safety
- Intrapartum care (maternity services)
- Reducing the risk of hyponatraemia when administering intravenous infusions to children
- Intravenous sedation in general dental practice
- GP out of hours
- Pathways to secure accommodation for children and young people
- Secure accommodation

Figure (d) RQIA Review Programme 2009-12



## 4.2 Review Programme 2010-12

The following reviews will be completed during the period 2010-12:

### A. **Child Protection (to include Social Services: Out of Hours Provisions in Northern Ireland)**

**Commences: Quarter 1, 2009-10**

RQIA has been progressing an independent review of child protection throughout HSC trusts and the HSC Board in Northern Ireland with a primary focus on Our Children and Young People - Our Shared Responsibility, Overview Report, DHSSPS, December 2006.

One of the associated recommendations within the report stated that: "A comprehensive review of the out-of-hours duty system is undertaken and that the relevant expertise and experience is available to provide an effective and responsive child protection service."

As part of the ongoing child protection review, in 2010-11, RQIA plans to carry out a review of the implementation of this recommendation across all relevant HSC organisations. The aim of this review is to assess to what extent the above recommendation has been implemented and to assess the ability of the out of hours arrangements to provide an effective child protection response across Northern Ireland.

### B. **Child and Adolescent Mental Health Services (CAMHS)**

**Commences: Quarter 3, 2009-10**

In recent years the former Mental Health Commission had required trusts to report on incidents of children and young people under the age of 18 being admitted to adult wards for treatment of mental disorder. Whilst there have been some developments in the provision of acute mental health beds for adolescents across Northern Ireland, the trend of admissions of adolescents to adult wards remains a concern for RQIA.

These concerns were further informed by the review into the death of Danny McCartan and the recommendations of the Bamford Review, the regional strategy for the development of mental health and learning disability services.

As a result of this continued trend, RQIA considered that a review of the quality and availability of Child and Adolescent Mental Health Services (CAMHS) would provide a useful assessment to inform future developments within the service. During 2009 RQIA assessed a range of review topics related to the provision of mental health and learning disability services against RQIA's prioritisation criteria. The CAMHS review was assessed as the top priority within this group of review topics.

Planning for the review commenced in September 2009, with a view to completion during 2010.

### **C. The Northern Ireland Ambulance Service (NIAS) Trust**

**Commences: Quarter 4, 2009-10**

In recent years there have been significant developments in the delivery of ambulance services, with a growing emphasis on pre-hospital care and treatment. Initiatives such as paramedic delivered thrombolysis, use of rapid response vehicles and clinical prioritisation have been introduced to ensure that there is a rapid and high quality response to emergency calls.

NIAS has been reviewed on two previous occasions by RQIA as part of the clinical and social care governance programme in relation to performance against the HSC quality standards. RQIA has not carried out a specific thematic review in relation to ambulance services.

In 2010, RQIA plans to carry out a review of NIAS which will focus on clinical governance arrangements in relation to the delivery of emergency response services.

### **D. Mixed Gender Accommodation in Hospitals**

**Commences: Quarter 4, 2009-10**

Mixed gender accommodation in hospitals is where male and female patients have to share sleeping accommodation, toilets or washing facilities. The Department of Health (DOH) defines single-sex accommodation as separate sleeping areas for men and women, segregated bathroom and toilet facilities for men and women and, in those trusts providing mental health services, safe facilities for the mentally ill.

Single-sex accommodation can be provided in single-sex wards or combinations of single rooms and single-sex bays in mixed wards. Mixed gender ward accommodation is a recognised concern for some patients for personal and cultural reasons. In Northern Ireland the policy aim is to provide single rooms for all patients in new acute hospitals and major hospital refurbishments, which will facilitate greater privacy and dignity for patients.

The DHSSPS has commissioned RQIA to carry out a review of the current position across all trusts in relation to the provision of mixed gender accommodation. This is planned to take place in 2010 and will include both acute and mental health facilities.

### **E. Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT)**

**Commences: Quarter 4, 2009-10**

In 2009, the Minister launched NISAT, which is a new tool for the assessment of the health and social care needs of older people in Northern Ireland. The aim is to standardise and streamline assessment and care planning processes to simplify access to community care services for older people. NISAT is currently being piloted in a range of settings prior to being rolled out across Northern Ireland.

The DHSSPS has commissioned RQIA to carry out a review of the impact of NISAT on care assessment and planning arrangements. It is planned that a baseline position in trusts will be established in 2010, prior to the full implementation of NISAT, with an RQIA review of the arrangements to take place in 2012.

## **F. Application of Guidance from NICE and NPSA**

**Commences: Quarter 4, 2009-10**

On 1 July 2006 the DHSSPS agreed a formal link with the National Institute for Health and Clinical Excellence (NICE). NICE guidance, published from 1 July 2006, is reviewed for its applicability to Northern Ireland and, when endorsed, issued for implementation across HSC organisations. The DHSSPS also issues advice by circular, following patient safety alerts from the National Patient Safety Agency (NPSA).

RQIA has been previously commissioned by the DHSSPS to carry out reviews of the implementation of NPSA patient safety alerts on issues such as blood safety. It is anticipated that RQIA will also be involved in reviewing implementation processes for NICE guidance.

In 2010, following further discussion with the DHSSPS, RQIA aims to commence a planned programme of reviews in relation to NICE and NPSA guidance. This will include a review of the governance arrangements through which the HSC organisations can ensure that the guidance is effectively disseminated and how its implementation is monitored.

## **G. Governance Structures to Support Revalidation of Doctors in Secondary Care (GMC Pilot on Revalidation)**

**Commences: Quarter 4, 2009-10**

New arrangements to implement a programme of revalidation of all doctors in the United Kingdom are being established by the General Medical Council (GMC). The GMC has established a number of pilots to test different aspects of the new system. Health care regulators from across the UK have met with the GMC in relation to the role of regulators in supporting the new arrangements. RQIA has agreed to carry out a pilot review of the governance structures in secondary care organisations which will underpin revalidation. Discussions are taking place with regard to the review being carried out in partnership with other health care regulators in Scotland and Wales.

RQIA is planning to carry out the review in 2010-11 and will use self assessment tools developed by the NHS Revalidation Support Team to assess the quality of appraisal and clinical governance.

## H. Community Standards for Sensory Impairment

**Commences: Quarter 1, 2010-11**

In June 2005, the Social Services Inspectorate (SSI) published Challenge and Change: an inspection of social work and related services for adults with sensory loss. The report set out a series of recommendations to improve services. Actions to take forward these recommendations have been led by the Regional Steering Group for Sensory Impairment.

RQIA is planning to carry out a review in 2010-11 of current HSC services in the community for adults with sensory impairment, in light of the recommendations made by SSI in 2005.

## I. Prison Healthcare

**Commences: Quarter 1, 2010-11**

Responsibility for health care in prisons transferred from the Northern Ireland Prison Service to the South Eastern HSC Trust in 2009. RQIA intends to conduct a baseline review of health care provision in places of detention across Northern Ireland in 2010-11.

In 2009, RQIA was appointed by the UK government as a National Preventive Mechanism (NPM) under the Optional Protocol to the UN Convention Against Torture (OPCAT). NPMs are designed to prevent torture and inhuman and degrading treatment or punishment by applying direct observation techniques leading to independent and expert analysis of the detention systems.

## J. Follow-up Review in relation to Clostridium difficile

**Commences: Quarter 1, 2010-11**

In 2010-11, RQIA is planning to carry out a review of the implementation of the recommendations of the RQIA reports published in 2008, following an outbreak of Clostridium difficile in the Northern HSC Trust area. The review will take into account the subsequent Guidelines and Audit Implementation Network (GAIN) guidance in relation to the admission and discharge of patients with Clostridium difficile.

## K. Food Hygiene and Nutrition in Acute Hospitals

**Commences: Quarter 1, 2010-11**

Food hygiene and nutritional care has been a focus within hospitals since the publication of nutritional care guidelines by the Council of Europe in 2003. This prompted the introduction by the DHSSPS in 2007 of the Nursing Care Standards for Patient Food in Hospitals: Get Your 10 a Day. The standards are designed to provide a framework where patients, relatives and carers can work with healthcare professionals to provide and improve the nutritional care of patients during their stay in hospital.

In 2010 the RQIA intends to carry out a review of the standards for food hygiene and nutritional care with the aim of assessing the extent to which the relevant standards have been introduced and achieved throughout hospitals in Northern Ireland.

## L. Out of Hours Acute Hospital Services

**Commences: Quarter 2, 2010-11**

During recent years HSC trusts have put in place measures to ensure compliance with the European Working Time Directive, which reduces the working hours of junior doctors. There have also been changes in the way diagnostic and treatment services are provided at night and weekends reflecting developments in medical practice and changing hospital profiles.

In 2010-11 RQIA is planning to carry out a review of the systems in place to ensure the safety and quality of care in hospitals at night and during the weekend period.

## M. Vulnerable Adults

**Commences: Quarter 3, 2010-11**

In July 2009 guidance and standards regarding the protection of vulnerable adults were published. These are contained in The Protocol for the Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults (2009).

In addition, significant changes in the arrangements for reporting of individuals thought to be a threat to vulnerable people came into force in October 2009, through enactment of Article 47 of The Safeguarding Vulnerable Groups (NI) Order 2007 and the requirements to report appropriate concerns to the Independent Safeguarding Authority (ISA) when these become known. This is in addition to the already established legislation governing the recruitment and selection of staff to work with vulnerable groups.

During the period 2010-12, RQIA plans to carry out a review of the implementation of The Protocol for the Joint Investigation of alleged or suspected Cases of Abuse of Vulnerable Adults (2009) across relevant HSC services. This review will also evaluate the correctness and adequacy of recruitment and selection processes as well as ensuring robust reporting arrangements to the ISA are in place when concerns are apparent.

## N. Implementation of the Cardiovascular Disease Service Framework

**Commences: Quarter 1, 2011-12**

A Cardiovascular Disease Service Framework for Northern Ireland was published in June 2009. The framework is the first in a programme designed to set clear quality standards for specific services delivered by HSC organisations. The cardiovascular disease framework sets out 45 standards covering primary prevention, treatment, rehabilitation and palliative care. The framework focuses not only on heart disease, cerebrovascular disease and peripheral vascular disease but also includes standards for diabetes and renal disease in respect of their relationships with cardiovascular disease.

In 2011-12, RQIA plans to carry out a review of the implementation of the Cardiovascular Disease Service Framework across all HSC organisations. The aim of the review will be to assess the extent to which the service quality standards have been achieved across Northern Ireland. The review will pilot approaches to assist in designing a programme of reviews of future service frameworks.

## O. Carers' Issues

### Commences: Quarter 1, 2011-12

In June 2008, the DHSSPS published standards for adult social care support services for carers. The standards are applicable to all HSC organisations, regulated services and practitioners who commission, plan or provide social care services to support carers in all adult programmes of care. The standards state that they are to be used by RQIA as part of its regulatory regime and in its clinical and social care governance reviews of social care support services.

In 2011-12 RQIA plans to carry out a review of the implementation of the DHSSPS Standards for Adult Social Care Support Services for Carers across relevant HSC services.

## P. The Patient Journey through the Accident and Emergency (A&E) Department

### Commences: Quarter 1, 2011-12

The 2009-10 Priorities for Action for HSC services in Northern Ireland set out a requirement for a continuing programme of reform through all parts of the emergency care pathway with a sustained enhancement of patient experience in all A&E departments. From April 2009, 95 per cent of patients attending any A&E department should be either treated and discharged home, or admitted within four hours of their arrival in the department.

In November 2008, the DHSSPS published a set of standards, Improving the Patient and Client Experience, which were developed in conjunction with Northern Ireland Practice and Education Council and the Royal College of Nurses. The standards cover the areas of respect, attitude, behaviour, communication and privacy and dignity. The DHSSPS has asked RQIA to ensure that these standards are actively monitored and continual improvement made as part of its system of regulation and improvement.

In 2011-12, RQIA plans to carry out a review of patient experience in attending A&E departments using the standards set out in Improving the Patient and Client Experience.

## **Q. Risk Assessment in Mental Health and Risk Assessment in Addiction Services**

**Commences: Quarter 1, 2011-12**

On 17 July 2009, the DHSSPS Serious Adverse Incidents (SAIs) Review Group drew to the attention of the HSC commissioners and service providers their concerns at the number of cases of suicide of individuals with dual diagnosis of mental disorder and substance misuse. It was noted that many of the trusts' review reports into these incidents highlighted the issue of non-attendance at appointments and/or disengagement from services. These concerns have been borne out by the recent review of SAIs by the Mental Health and Learning Disability (MHL) team within RQIA, with a significant correlation of non-attendance and disengagement cited as a difficulty in the management of such cases.

The DHSSPS recently published and launched Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services (21 September 2009). This followed publication of the RQIA review of Risk Assessment and Risk Management in Adult Mental Health Services in 2008. This guidance has a specific addendum related to risk assessment and management in substance misuse services.

Following dissemination of the above guidance, the DHSSPS has asked RQIA to complete a commissioned review of its implementation. Given the trends identified through DHSSPS Serious Adverse Incident reporting and those identified by the MHL team it has been decided that RQIA will carry out a further parallel review of risk assessment and risk management in addiction services in the year 2011-12.

## **R. Community Services for Learning Disability**

**Commences: Quarter 1, 2011-12**

Learning disability community services are currently provided across a variety of settings and by a number of statutory, private, independent and voluntary agencies. The Bamford Review of Mental Health and Learning Disability Services sets out guiding principles for the development of community services. These promote person-centred and needs-led approaches to service provision.

The Northern Ireland Programme for Government (2008-11) states that: "By 2013, anyone with a learning disability is promptly and suitably treated in the community and no-one remains unnecessarily in hospital."

This presents community services with the challenge of developing services tailored to meet the needs of hospitalised individuals and service users who require assessment and/or treatment, some of whom present with severe challenging behaviours.

The DHSSPS is also currently developing a service framework for learning disability services. However, this may not be published or ready for assessment within the timescales outlined above.

In 2011-12, RQIA plans to carry out a review of the quality and availability of community services for those individuals with a learning disability against a range of agreed standards. The review will pilot approaches to assist in designing a programme of reviews of future service frameworks.

**S. Governance Structures to Support Revalidation of Doctors in Primary Care**

**Commences: Quarter 1, 2011-12**

RQIA carried out a review of the arrangements to support primary care medical appraisal in Northern Ireland in 2008. In 2011-12, it is planned to carry out a further review to examine the governance structures to support revalidation of doctors in primary care.

**T. Acute Hospital Admission and Discharge Procedures**

**Commences: Quarter 1, 2011-12**

Key stakeholders in primary and secondary care in Northern Ireland raised concerns about the quality of communication between practitioners in each sector. They felt specifically that the standard of immediate discharge information from secondary to primary care was deficient in content, structure and production, which constituted a significant patient safety concern. RQIA and GAIN held a joint workshop to elicit further information and views on this subject and to begin to formulate an action plan to address any identified problems.

Following the workshop a regional group was established by GAIN and RQIA, with primary and secondary care representatives from relevant disciplines, to define a standard discharge dataset for use in Northern Ireland. This has been completed and a GAIN guideline is being written.

Following completion of the GAIN guideline, a regional group will examine the implementation process and, as part of its review programme, RQIA will review the implementation and use of the guideline and dataset across all HSC trusts.

# 5 Conclusion

## 5.1 Management of the Review Programme

The review programme will be facilitated using a project management approach and each review will have a director assigned as sponsor. In conducting the reviews a range of methodologies will be applied, culminating in a process whereby benefits from each review are realised to ensure the four core activities within the Corporate Strategy are delivered. This will facilitate RQIA's aim of providing independent assurance about the quality, safety and availability of health and social care services in Northern Ireland; encouraging continuous improvements in those services; and safeguarding the rights of service users.

## 5.2 Other Considerations

In conclusion, it is important to note that RQIA has, in the past, been commissioned by the DHSSPS to carry out specific reviews in response to emerging events. It is anticipated that the organisation will be commissioned to undertake further reviews of this nature. This, when it occurs, will result in the review programme being re-examined at that point to determine the impact upon timescales for the remainder of the programme.

Each review will involve specialist expertise drawn from within and outside Northern Ireland and will also rely on the appropriate use of lay reviewers who have experience and/or interest in a particular service area.

RQIA is also committed to continuing to work in partnership with other regulators and with organisations which exist to represent the views of service users.

Flexibility must underpin the review programme as the availability of reviewers and other professionals may have a potential impact on timescales. RQIA will keep the programme under review on a six monthly basis.

This coherent and responsive strategic approach underpinned by active performance management at all levels, aligned to resource allocation and financial management within the organisation, will help to ensure that the programme is delivered and benefits realised.





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