Quality 2020 Steering Group

Minutes of meeting held in Castle Buildings on Monday 29th April 2013 at 10.00am

Attendees:

- Dr Michael McBride – Chief Medical Officer – Chair
- Fergal Bradley - DHSSPS
- Hugh McCaughey – HSC Safety Forum
- Stephen Thornton – Chairman, The Health Foundation
- Charlotte McArdle - Chief Nursing Officer , DHSSPS
- Dr Eddie Rooney – CEO, Public Health Agency
- Sean Holland – Chief Social Services Officer
- Catherine Daly - Healthcare Policy Group, DHSSPS
- Carolyn Harper – (items 6 – 13 on Agenda), Public Health Agency/HSCB & Co Chair of Management Group
- Oriel Brown – Public Health Authority (items 6 – 13 on Agenda)
- Conrad Kirkwood – DHSSPS
- Anne-Louise Thompson – Secretariat

Margaret Murphy - Patient Advocate and External Lead, WHO Patients for Patient Safety attended by teleconference

Apologies:

- Elaine Way – WHSCT
- Mary Hinds – Public Health Agency
- Pat Cullen – Public Health Agency
- John Compton – Chief Exec HSC Board

Action points from previous minutes

i. **Owner SQSD** – To circulate action points immediately after meeting and create an issues log

   **Cleared** – Issue log created and action points circulated

ii. **Owner - Management Group** – To amend the wording of the Terms of Reference to reflect the involvement of Social Care and the Community

   **Ongoing** – See minutes – Pending the appointment of a Project manager
iii. **Owner SQSD** - To revise the diagram on Strategic Goals to include a heading of Communication. Design to be reconsidered to be more integrated and show how streams will feed into each other.

*Ongoing – Diagram had been produced but further revisions have been requested*

iv. **Owner – Management Group/Implementation Team** - To consider a campaign or programme to raise awareness of Quality 2020

*Ongoing*

v. **Owner – SQSD** - To amend Governance Model to reflect discussion – Amendments made

*Cleared*

vi. **Owner – Implementation Team** - To carry out a scoping exercise regarding the standards.

*Ongoing – Now seeking permission from Steering Group to cease this activity – See minutes*

vii. **Owner – Management Group** - To produce a Core Concerns Log

*Cleared – Issued*

viii. **Owner – SQSD** - Paper on Protocol for the implementation of Safety Alerts to be issued to Grade 3s seeking approval

*Ongoing – Amendments made – for acceptance by Steering Group and then circulation in Department*

ix. **Owner – SQSD** - To issue paper on Literature review and changing culture to Grade 3s for information

*Cleared*

d. **Owner – Jo Bibby** - To provide more information on Schwartz method and in any staff training that had taken place in empowering then to challenge bad behaviours – Speaking truth to power

*Cleared*

xi. **Owner** - To update at next meeting on ways to empower both staff and patients to change culture

*Ongoing – Carolyn Harper to meet with Kings Fund later this week and update at next meeting*

xii. **Owner** - To reconsider funding available for Project Manager post as Grade advertised may not be appropriate

*Cleared – PHA has agreed they will provide any extra funding needed to cover possible change in grade*

xiii. **Owner – Management Group** - Language in documents to be revised to include references to patients and clients rather than just medical and ward based.

*Cleared*
Matters arising from previous minutes

1. Dr Michael McBride (CMO) opened the meeting and welcomed everyone in particular Stephen Thornton, Chairman of the Health Foundation. He commented on the very valuable support that the Safety Forum and the Trusts in Northern Ireland had received from the Health Foundation. He also thanked him for the generous input in terms of both resources and intelligent functions.

2. Stephen stated that he was looking forward to his meeting with Minister following the Steering Group meeting. He stated that he had tried to support the energy and enthusiasm Northern Ireland had for improving quality and he noted how Health and Social Care staff in Northern Ireland had not given up in their attempts to improve quality. He noted that whilst there had been much collaboration with Northern Ireland Health and Social Care staff in the past, over the last few years, involvement had decreased. He hoped to use his visit and meeting with Minister to increase awareness of some of the opportunities to get involved and strengthen links with the Health Foundation.

3. All SQSD action points cleared with exception of presentation by Ian Sutherland. This action point has been cleared as Hugh McCaughey explained the intention of the action point was actually to have Ian Sutherland’s involvement and the work of SCIE and NICE more integrated into Management Group and Implementation Team. CMO stated that the NICE and SCIE websites are also very informative.

4. CMO also stated that the pilots at ward level sent a strong message that was expected to be mirrored in Community Care. This was the intent in Action point 14 of the previous meetings minutes. He requested that the minutes be amended to reflect this.

Action point 17 – Owner SQSD - To amend the minutes of the previous meeting at point 3, action point 14 and also the concerns log.

5. Margaret Murphy commented on the Awareness Campaign mentioned at Action point 5 of the previous minutes. She was concerned that members of the public should have an opportunity for feedback. They should feel part of the process and not just feel that they are being given information after the fact. CMO concurred that the public sometimes feel lost in the consultation process.

6. Sean Holland stated that the Department had, on at least two occasions, conducted surveys and he asked if the results of these were known. He stated it would be beneficial of these could be linked into the proposed Awareness Campaign as they were widespread surveys.
7. Fergal Bradley also commented that there were a range of different areas from which information can be gathered regarding client/service user experience. He suggested that where the information is and who holds it be mapped. The campaign should be specifically Q2020 focussed and he felt it was important that staff were surveyed also.

8. Sean Holland stated that, if Trusts held Investors In People status, then interviews and surveys would have been carried out already. He asked if this information could be used.

9. Margaret Murphy stated that, when conducting the survey, the right questions need to be asked in order to gather the right information. In her experience, surveys don’t always allow you to gather the right information. She believes that it is important that any group being surveyed, needs to be involved at the outset and in the design stage to ensure it is fit for purpose.

10. There was some discussion around the merit of staff attitude surveys and the concern that they can be perceived as league tables. Both Stephen Thornton and Hugh McCaughey commented on the observation that hospitals where there is a positive staff attitude survey result are very often the same hospitals that have safety and quality at the top of their agenda. The reverse was also true in that the bottom 14 hospitals did not perform well in both staff attitude and safety and quality. CMO remarked how this link was consistent with research.

11. There was also discussion around the Department of Health (DOH) survey that is being carried out and Hugh McCaughey wondered if it would be possible to use this survey and either feed into it or at least use the information gained form it. Hugh was concerned that we ended up with league tables and benchmarks instead of meaningful information.

12. Stephen Thornton felt that this survey would be a better measure than that of the ‘friends and family’ test of asking whether you would recommend the facility/service you had experience of, to a friend or family member. He commented on how staff attitude surveys had a lot of credibility.

13. CMO commented on the introduction of an issues log. He stated that this would be a ‘mental whiteboard’ and that the group should regard it as a living document to update when necessary. The content of it will change and subject areas may drop off and on depending on priority.

14. Hugh McCaughey asked if the word ‘concerned’ could be removed from point 2 on the concerns log. CMO acknowledged this but did state that the Francis report may indeed, shape, influence and inform some of the work that Q2020 will carry out. Hugh McCaughey also stated that at issue 4. He felt this was an action point already noted in the action log. CMO explained that whilst there may be some specific action points allocated to certain themes, the issue log’s purpose was to remind the group of the outstanding issues to address.
15. Fergal Bradley asked if it would be wise to add the Winterbourne Report to the issues log as well Public Accounts Committee review of Safety and Quality. He also suggested that it would send a widespread signal of inclusion if someone from the Social Services side replaced Dr Carolyn Harper as chair of the Implementation Team at some point in the future.

**Action Point 18 – Owner DHSSPS – To amend the action log at point 2 to remove the word ‘concerned’**

16. Sean Holland felt that there may be practical issues with this as it is a new process and still growing but, in principle, Fergal was right.

17. Eddie Rooney suggested that the work needs should drive the people involved. He added that Management posts should be kept in review and that the Group should keep an open mind, but the focus should be letting the content drive the people involved.

18. CMO stated that discussion around this had already taken place at an earlier stage and accepted Fergal’s point. Management Group membership has already been extended to Social Care. CMO also stated that the positions of chairs and also of membership should be monitored and reviewed by Steering Group.

19. Hugh McCaughey suggested that it could be beneficial for Ian Sutherland to engage with Carolyn Harper so the work of SCIE and NICE could be better integrated into the work of the Management Group and the Implementation Team.

**Action Point 19 – Owner DHSSPS – To amend concerns log to include the Winterbourne Report and PAC review of Safety and Quality.**

20. Margaret Murphy raised the issue of silo mentality that had been logged as an issue at the previous meeting (issue 5 on the issue log). She stated that this silo mentality results in silo practice and that work packages should reinforce the integration of social care. She warned there is a danger that SAIs could increase if integration is not demonstrated.

21. CMO concurred and also added that if the work model is integrated health care, then Q2020 should follow the same path and be all embracing.

22. CMO stated that he wished the changes to the revised Governance Model to be noted. He stated that this document had been discussed at length and that he wished it to be signed off at Steering Group level and to revisit again in three meetings time. Any necessary changes could be made at that time. The Group agreed.
23. CMO opened discussion around the updated strategic diagram. The consensus of opinion was that the new diagram was difficult to read and that members preferred the former diagram. It was suggested that some changes be made to the former diagram to reflect the areas feeding into each other.

**Action point 21 – Owner DHSSPS – To revise Strategic Diagram and return to the format and style of the first draft with noted amendments.**

**Management Group/Implementation Team Update**

24. CMO introduced Carolyn Harper and Oriel Brown and asked for an update on the action points they owned from the previous meeting.

**Task 8 – Communication Plan**

25. Dr Harper stated that the language in the Terms of Reference had been altered to reflect the involvement of Social Care, however, without a Project Manager in post, this was proving difficult to progress. CMO asked for any timescales and Dr Harper replied that they hoped to advertise again in the next 3-4 weeks.

26. CMO projected that, even if this was the case, it could be as long as 3-4 months before there was someone in post. He felt that given the discussions at previous meetings, this could not be left that long. He suggested a discussion with SQSD to arrange an interim measure.

27. Charlotte McArdle asked if there should be another workstream and Carolyn offered that the Board had been much focussed on TYC and that the PHA was already stretched resourcewise.

28. Eddie Rooney stated that there were two main issues:

   a. It was important to get to the stage of a dedicated campaign
   b. Any opportunities that are available to get the message out should be maximised.

29. He also stated that a new strategic diagram would help get the message out but that communication should not be solely left to the Project Manager.

30. Fergal Bradley stated that there should be a ‘plan B’ and Charlotte McArdle concurred stating that the groundwork should continue so that when the newly appointed Project Manager was in place, they could lift and carry forward.

31. CMO asked the group to consider whether, in light of the important work that had already been done, which option would be more appropriate:-

   I. the groundwork be worked on until a suitable Project manager can be appointed,
II. - the communication be shelved until a Project Manager was appointed and they would then take the lead.

32. Carolyn Harper stated that there was a consultant still in place until the end of May that could perhaps be utilised. She suggested that a Communication Manager should be appointed to take forward.

33. Hugh McCaughey agreed that someone needed to take the lead on this area of work. He said that whilst he was not necessarily pushing for a campaign, he did feel that Q2020, and the work that was being done, was not being proactively promoted enough. He felt there was more that could be done and that more people should know about the strategy and even the strategic goals it laid out. He stated that he would like to see a Q2020 context in any event that HSC run as it should be an integral part. He challenged every leader in HSC to make it part of their role.

34. Fergal Bradley stated that he felt the 3-6 months it could take to get a Project Manager in place, was too long to wait considering the expectations of Minister and PAC and that there was merit in crafting the message now so that it could be developed by a Project Manager when in place. Fergal also stated we should look at what is already available in terms of communication responses, information officers, etc, and avail of any opportunities that may be available.

35. Carolyn Harper commented on how well established Transforming Your Care (TYC) was and that this could be attributed to the fact that the communication for this was managed by a communications resource and a detailed communication program. She asked Steering Group members to consider the resources they had available in their organisations for communication.

36. CMO asked that Dr Harper take the lead on this. He also added that TYC, may have a large profile but there was not enough action taken. The risk Q2020 faced was that it was a very good program but the potential was that no one would be aware of all the work being undertaken. Even staff in the Department needed reminding.

*Action Point 22 – Owner Carolyn Harper – To collate the resources available for communication in each organisation represented at Steering Group.*

37. Stephen Thornton added that he felt if the material was grounded in evidence, then it would carry more weight. It was important that this was considered alongside a campaign with e.g. rebranding etc. He suggested that if people know there is an event or an opportunity, Q2020 should be staged.

38. Hugh McCaughey shared the thought that many people saw Q2020 linked with failure and he asked if the Health Foundation had done any work on this.

39. Stephen Thornton responded by stating that Q2020 needed to be seen as a process on which to build from the ground up. He also stated the importance of its scientific basis.
40. Stephen agreed with Fergal Bradley’s assessment that Q2020 should be mainstreamed into everything we do. Stephen went on to offer the assistance of Cathy Irving, Deputy Director of Public Affairs and Communications at the Health Foundation, and also any of the Health Foundation materials.

41. CMO stated that Charlotte McArdle would take the lead on this, getting a group together including the Health Foundation’s Cathy Irving, Carolyn Harper, Management Group and relevant departmental staff. CMO went on to say any opportunities there are to maximise the exposure for Q2020 should be taken. Engagement of the staff, public and department are needed to drive it forward.

*Action Point 23 – Owner Charlotte McArdle – To form a working group including Carolyn Harper and Cathy Irving (Health Foundation) and look at communication.*

42. Stephen Thornton added that even holding the Steering Group meetings was an opportunity to make people aware of the work being done. He mentioned the blog that Jo Bibby posted after her attendance at the last meeting and stated that when he returned to his office, he would be posting a blog on his visit here and urged others to issue some sort of internal communication on their participation and the work being undertaken.

43. Catherine Daly agreed and said she was encouraged by the positive strain in Jo Bibby’s blog.

44. CMO agreed and said that he was particularly struck by her reference to the ‘ground up’ approach that Q2020 had taken. He stated that this strategy had been two and a half years in the making, with consultations and engagement, and that it had captured all the issues that the public and staff wanted included. He commented that this strategy did not belong to the department, but to the public and staff who helped create it. CMO thanked Charlotte for taking on this important piece of work.

**Stakeholder Workshops**

45. Carolyn Harper informed the group that there were Stakeholder Workshops scheduled for October/November of this year. The issue of empowering staff would be discussed at these and there will be references to the Literature Review on Organisational Culture. The workshops will also inform on the progress of tasks and the work that has been done.

46. Sean Holland asked who the audience would be and Carolyn Harper stated that RQIA were taking the lead in this but there would be liaison with them to ensure the audience was correct.

47. Hugh McCaughey asked Stephen Thornton if the Health Foundation had undertaken any pieces of work around safety and quality being at the heart of the organisation.
48. Stephen stated that they had not done anything specific but it was important to capture how patients and staff feel. Whilst Patient experiences are important, patient outcomes should not be overlooked.

49. Carolyn added that the next phase was to look at “would you recommend this service to a friend/family member?” She will be meeting with Jocelyn Cornwell, The King’s Fund (Director, The Point of Care programme) to discuss issues next week. One of her aims is to get some information on how the resilience of staff in ensured given the very stressful environments they work in.

50. Dr Harper went on to give an update on the change of language being used and the requests that it be changed to be more inclusive in nature of the integrated nature of health and social care. She also updated on Task 6 (Ward Level Review) and said that the core part of this was patient experience. Patients needed to feel they could be honest and open about their experiences.

51. CMO said these concerns would be addressed later in the meeting in the update to Task 6.

Task 1- Safety Alerts Protocol

52. Dr Harper stated that the language had been changed as requested. She also assured Margaret Murphy regarding her concern over documenting the rationale for decision made. Dr Harper stated that all decision made regarding the Protocol had been documented and detailed. She went on to say that Internal Audit had examined their process and record keeping recently and were very content.

53. CMO stated that the Protocol would be accepted by the Steering Group but would be distributed to the Department for approval and sign off. The Steering Group will then ensure implementation.

54. The group agreed and also accepted that it would be reviewed annually. CMO thanked all for their contribution and added he had thought this would be a daunting piece of work, but he was impressed with the product.

Task 2 – Annual Quality Reports

55. The aim was to build on the information already available to boards and trusts. She went on to say that there needed to be a balance between understandability prioritising what clients/service users and board wanted.

56. Outcome measures should be included where available. She urged caution in respect of letting a drive in one particular area have a detrimental effect in another. She stated that these reports should draw on what is most readily available and that the pilot running in the Western trust should be looked at in order to gather information. She added that further work was needed in the area of Social Care and that Health inequalities should be reported on.
57. The datasets from the year 12/13 were being used and this should enable a report to be ready for September 13.

58. CMO commented that although there was still development work to be done in the community area, this was good progress. These reports would be a comprehensive measurement of the information that was already available. He acknowledged that this was only phase one and that further phases would enhance and develop further.

59. Charlotte McArdle agreed that this was a very valuable piece of work but that she was concerned about was the justification for ‘why we measure what we measure’. She would like to see a declaration on each statement that gives reason for using the chosen indicators. She asked if there was any way to integrate the datasets that are used so that the information reported would be across Health and Social Care.

60. This issue had previously been debated but a decision had been taken not to integrate. Sean Holland offered a part explanation of this by saying that there were some areas that would not be across Health and Social Care e.g. Child Protection issues. There would be more interaction with PSNI and Criminal Justice system than Health.

61. Stephen Thornton commented on how he felt that a common set of guidelines can result in people leaning on them. Some local freedom should be given and locally owned indicators. He said that the audience for these reports should also be considered. They should be written from a public audience perspective as they will be in the public domain.

62. Stephen reminded the Group to add some perspective when examining statistics and results of audits and reports. He said it was important to remember that just because the stats didn’t look favourable it didn’t mean the picture was a bleak one and that quality and safety were not being prioritised. It could mean that there was work being done to improve quality and that this was uncovering issues that needed addressed. Stephen urged caution in what was imported from these reports and statistics.

63. Catherine Daly asked if there was any work ongoing in developing outcome measures.

64. Carolyn Harper responded saying that section 16 details the broad aims, rationale and resoluteness. She also accepted the help offered by Catherine Daly on behalf of the department in gathering any information.

65. Margaret Murphy raised concern around some of the content of the report. She was concerned that it was giving too much weight to ‘good news’ and not enough balance with the issues identified needing improvement. She stated that whilst she appreciated it was important to demonstrate improvement, shortcomings and areas that could be worked on should be recognised.
66. She felt that a better wording for “Would you recommend this service...” would be to ask instead, what 3 things would you change and what 3 things would you wish to remain. CMO agreed that this should be broadened out.

67. Carolyn Harper clarified Margaret’s first point by saying that if the Trust met the target, they did not need to explain how. If they didn’t meet the target, then there would be further investigation.

68. Sean Holland raised the point there should be more options in this question as it depended on what service you had availed of as to whether you would recommend it.

69. Hugh McCaughey commented on how he felt this was an excellent piece of work. He asked how this was going to be tested before rolling out to organisations. He was concerned that some organisations had been missed e.g. Primary care. He felt that if it was rolled out at this stage, it gave the impression that when the report talked of experiences of Client/Service user, this was whilst an inpatient. Hugh also raised the issue of including Public Health issues. He wanted to move towards being able to demonstrate improvements rather than just having a set of quality indicators by which to measure. He felt that, post Francis, the client/service user impact was very important and we should be moving towards a caring, companionate quality service.

70. CMO wanted to ensure complete ownership and asked what information the Board Directors look at.

71. Carolyn Harper stated that it was appropriate for this to come before the Steering Group before going out to teams. She cautioned that some of the outcomes discussed were ambitious for stage one and that some would be more appropriate to note for phase two.

72. CMO accepted this and said the he felt the group were broadly content with the direction and the ideas and discussions would be taken on board to enhance phase two. – to be noted as issues

Task 3 – Standards Catalogue

73. There was some lack of clarity on this task. CMO advised he would contact Dr Harper directly regarding this issue and discuss.

Action Point 24 – Owner Carolyn Harper – To meet with CMO and discuss completion and value of the Standards Catalogue

Task 4 – Professional Leadership Development

74. CMO moved onto Task 4 and stated that was anticipated that the terms of reference would be circulated in the next few days.

75. Charlotte McArdle commented that NIPEC (Northern Ireland Practice Education Council), the NIMDTA (Northern Ireland Medical and Dental Training Authority) and also HR colleagues, could
have some input into this programme in making sure the right skills required are matched with the right roles.

**Task 5 – E-Learning Platform**

76. CMO stated that it appeared to provide the functionality needed. This task was about developing the content and making the package bespoke to Northern Ireland. The overall framework could be worked on with one group but the principles would apply to all. He made the point that mandatory training is not always clinical, and tends to take a lower priority.

77. Hugh McCaughey advised that clinical training was given directly. He also stated that Skills for Health may be able to help as they may have some progress already made.

78. CMO stated that there were other packages available and that Carolyn Harper should contact Sam Gallagher in Business Development Directorate

**Action Point 25 – Owner Carolyn Harper – To meet with Sam Gallagher (Business Development Directorate) to discuss material already available re the E-Learning Package**

**Task 6 – Ward Level Review**

79. Carolyn Harper stated that it gave a good sense of the patient experience. There had been some comments by participants that it was quite time consuming to complete and it was felt this was a barrier. The point was made that investing in programs like this are vital to improvement. She stated that for medical staff, the activities in their job plan should allow them to make this part of their every day work.

80. CMO commented that this was ongoing training of junior doctors and for those established doctors; this should be seen as part of their appraisal. He continued saying it was a more practical approach to ensuring that doctors were improving in the areas of quality and safety. It was also useful in improving practices and experience. CMO did make reference to feelings on how long the survey took and stated he personally felt that the two hours that had been estimated to complete, was not excessive.

81. Hugh McCaughey stated that he felt the paper captured the essence of the task although he did express concerns around the amount of time it took to complete. He added that the feedback he had received was that the exercise was paper intensive and bureaucratic but if these comments are reflected upon, and then it may be possible to modify the process. He went on to say that he agreed with the principles, but wondered if it could be streamlined.

82. Charlotte McArdle commented that she felt it was a lot of extra work. She used the examples of ward sisters as they have management of the ward to perform, delivering hands on care, audits etc. She felt it would be difficult to get a commitment from them to this every week.
83. Carolyn Harper also stated that staff felt it was “something else to do” and perhaps it could be amalgamated into another piece of quality monitoring. She felt that six week was not a long enough time frame to evaluate properly.

84. CMO asked if this could should be part of a rolling programme and felt that there was not enough information available to be able to ascertain the next steps needed. He appreciated the extra work and wanted to ensure that time was made available. The response needed to be carefully thought out as if it was handled sensitively, it would create more opposition to it. He was concerned that if it was made mandatory, it would simply become a tick box exercise. AP – CMO to meet with Medical engagement and patient experience

Action Point 26 – Owner CMO – To meet with Medical engagement and patient experience to discuss next steps and response to Ward Level review.

85. Charlotte McArdle asked if there was a possibility of perhaps reducing the frequency of completion to monthly -

86. CMO agreed that it may not be needed every week but he would like to see all main areas covered and completed packages made available.

87. Hugh McCaughey suggested that the Trusts pool their current practices of measuring quality at ward level. The aim was to develop a tool that would give an indication as to how a ward was working.

88. Carolyn Harper assured him that the group had looked at what the trusts already in place.

89. In an attempt to look at this in closer detail, CMO offered to meet with Charlotte McArdle and Carolyn Harper separately to discuss

Action Point 27 – Owner Charlotte McArdle and Carolyn Harper – To meet with CMO to discuss quality measuring tools across the Trusts

AOB

90. CMO thanked Stephen Thornton for his attendance and valuable input. He asked if it would be possible to avail of some critical feedback regarding the meeting and its content. He stated that this was a relatively new programme but he would welcome some critique.

91. Mr Thornton obliged and made the following points:-
   a. - He was aware that there seemed to be a common sense of purpose among the attendees and sensed this was not just ‘talk’. He was encouraged that as well as discussion, there were plans and evaluations
b. - He was also encouraged by the efforts being made to integrate Social Care from the outset and not letting the Hospitals roll out the programme and Social Care simply follow suit, which was often the case in NHS. He was impressed that there was genuine involvement from the start.

c. - He commented that there was very little in the way of a forward plan from the Francis report. He urged some caution that the report’s recommendations should not simply just be followed, but rather there should be striving for more involvement from the client/service user. He felt that the Francis report was written form the perspective of an elderly patient who had been wronged. This was not the case and care or services provided should be jointly planned and executed.

92. - CMO added that the Q2020 strategy is a solid base for Health and Social Care in Northern Ireland to improve through and whilst he stated that the department were formulating a response to the Francis report, it would not be immediate. The Department would seek to have a period of mature reflection and not produce a response that could be seen as simply kneejerk if not considered properly.

93. - In closing, CMO thanked all for their attendance and input.
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<td>Conrad Kirkwood</td>
<td>To obtain presentation from Ian Sutherland re the work of SCIE and NICE</td>
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<td>1</td>
<td>8th Feb 2013</td>
<td>Conrad Kirkwood</td>
<td>To obtain presentation from Ian Sutherland re the work of SCIE and NICE</td>
<td>Carolyn Harper to meet with Ian Sutherland and integrate work of SCIE and NICE into Management group and Implementation Team</td>
</tr>
<tr>
<td>2</td>
<td>8th Feb 2013</td>
<td>DHSSPS</td>
<td>To circulate actions points immediately after meetings and create issue log</td>
<td>Action points circulated</td>
</tr>
<tr>
<td>3</td>
<td>8th Feb 2013</td>
<td>Management Group</td>
<td>To amend the wording of the Terms of Reference to reflect the involvement of Social Care and the Community</td>
<td>See Action Point ??</td>
</tr>
<tr>
<td>4</td>
<td>8th Feb 2013</td>
<td>DHSSPS</td>
<td>To revise the diagram on Strategic Goals to include a heading of Communication. Design to be reconsidered to be more integrated and show how streams will feed into each other.</td>
<td>Diagram to be revised again</td>
</tr>
<tr>
<td>5</td>
<td>8th Feb 2013</td>
<td>Management Group/Implementation Team</td>
<td>To consider a campaign or programme to raise awareness of Quality 2020</td>
<td>Replaced with Action point 24</td>
</tr>
<tr>
<td>6</td>
<td>8th Feb 2013</td>
<td>DHSSPS</td>
<td>To amend Governance Model to reflect discussion</td>
<td>Permission sought form Steering Group to cease this activity</td>
</tr>
<tr>
<td>7</td>
<td>8th Feb 2013</td>
<td>Implementation Team</td>
<td>To carry out a scoping exercise regarding the standards.</td>
<td></td>
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<tr>
<td>8</td>
<td>8th Feb 2013</td>
<td>Management Group</td>
<td>To produce a Core Concerns Log</td>
<td>Issued</td>
</tr>
<tr>
<td>9</td>
<td>8th Feb 2013</td>
<td>DHSSPS</td>
<td>Paper on Protocol for the implementation of Safety Alerts to be issued to Grade 3s seeking approval</td>
<td>Amendments made. For acceptance by Steering group and then to be circulated to Grade 3s</td>
</tr>
<tr>
<td>10</td>
<td>8th Feb 2013</td>
<td>DHSSPS</td>
<td>To issue paper on Literature review and changing culture to Grade 3s for information</td>
<td>Issued</td>
</tr>
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<td>Originator</td>
<td>Description</td>
<td>Status</td>
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<td>11</td>
<td>8th Feb 2013</td>
<td>Jo Bibby</td>
<td>To provide more information on Schwartz method and in any staff training that had taken place in empowering then to challenge bad behaviours – Speaking truth to power</td>
<td>Emailed 15th Feb 2012 to members (Cleared 15th Feb)</td>
</tr>
<tr>
<td>12</td>
<td>8th Feb 2013</td>
<td>Management Group</td>
<td>To update at next meeting on ways to empower both staff and service users/clients to change culture</td>
<td>Carolyn Harper to visit Kings fund and update at next meeting (Ongoing)</td>
</tr>
<tr>
<td>13</td>
<td>8th Feb 2013</td>
<td>DHSSPS and Management Group</td>
<td>To reconsider funding available for Project Manager post as Grade advertised may not be appropriate</td>
<td>PHA has agreed they will provide any extra funding needed to cover possible change in grade (Cleared 29th April)</td>
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