



Department of
**Health, Social Services
and Public Safety**

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QUALITY 2020

**A 10-YEAR STRATEGY TO PROTECT AND IMPROVE QUALITY IN HEALTH AND
SOCIAL CARE IN NORTHERN IRELAND**

IMPLEMENTATION PLAN

May 2012

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1. BACKGROUND

1.1 Quality 2020 was officially launched on 17 November 2011 by Edwin Poots, Minister for Health, Social Services and Public Safety. The strategy had been in development for two years previously and involved input from a wide range of people including service users, carers, front-line staff involved in the delivery of health and social care, commissioners, planners and departmental policy officials and professionals. It has also been the subject of a 12-week public consultation.

1.2 The purpose of Quality 2020 is to create a strategic framework and plan of action that will protect and improve quality in health and social care over the next 10 years. It recognises that this will be a period of major challenges, including financial constraints, as well as opportunities and demands from various quarters. It is planned that it will be subject to review every 3 years to ensure that it remains fit for purpose.

1.3 Its vision is for the HSC **“to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”**. It highlights five strategic goals necessary to realise this vision:

- Transforming the culture;
- Strengthening the workforce;
- Measuring the improvement;
- Raising the standards; and
- Integrating the care.

1.4 This Implementation Plan which was approved by Minister Poots on 19 April 2012 should be read in conjunction with Quality 2020.

2. MANAGEMENT AND DELIVERY

2.1 It is obviously essential to have in place an effective and dynamic management structure to support the delivery of any long-term strategy such as Quality 2020, to maintain the integrity of its vision, strategic goals and associated objectives over the next 10 years. This delivery structure must be capable of ensuring that the implementation of the strategy is well managed; that the strategy is kept under review and remains fit for purpose in the context of a changing environment; and that the people served by HSC, and those employed in the system, are effectively involved in, and kept fully informed of, its progress.

2.2 The implementation of Quality 2020 embraces both a strategic 'agenda' and 'context' for quality improvement. Its implementation is not simply about a programme of new projects or strategic initiatives, important as they will be in driving forward necessary change and innovation. It is also about recognising and, where appropriate, endorsing the often self-initiated activity of HSC bodies across a multitude of quality improvement initiatives which they all undertake on an on-going basis in seeking to fulfil their Statutory Duty of Quality. The achievement, therefore, of Quality 2020's strategic goals, and thus its vision, will be the combined result of HSC organisations driving forward quality improvements in their own right, as well as engaging collectively in a series of projects strategically aimed at securing necessary change across all sectors. The strategy will build on and seek to support existing quality structures, initiatives, processes and functions already well established in HSC and delivering quality improvement, rather than displace or undermine them.

3. STRATEGY MANAGEMENT STRUCTURES

3.1 The management structure is made up of the **Quality 2020 Steering Group**, which will be supported by a **Quality 2020 Implementation Team**, and inputs annually from a **Quality Stakeholder Forum** and **Quality Professions Forum**. Implementation of Quality 2020 will be organised through 5 Work-streams designed to manage projects directed by the Steering Group towards achieving the 5 strategic goals and associated objectives set out in Quality 2020. It will also seek to support, monitor and endorse HSC services' quality initiatives and strategies, designed to contribute locally and regionally to the achievement of the same 5 strategic goals of Quality 2020.

Quality 2020 Steering Group

3.2 A Quality 2020 Steering Group, chaired by the Chief Medical Officer, will be responsible for overall management of Quality 2020 implementation, and will report on progress regularly, or as required, to the Permanent Secretary and Minister.

3.3 Its membership will include senior policy and professional officers from the Department and HSC bodies, representatives of voluntary sector and service users, and recognised external healthcare quality experts.

3.4 The following 11 nominees are proposed as members of the Steering Group:

- Chief Medical Officer, DHSSPS (Chair)
- Chief Nursing Officer, DHSSPS
- Under-Secretary, Healthcare Policy Group, DHSSPS
- Under-Secretary, Social Services Policy Group, DHSSPS
- Director, Safety, Quality & Standards Directorate, DHSSPS
- Chief Executive, Health and Social Care Board (HSC Board)
- Chief Executive, Public Health Agency (PHA)
- Chair of HSC Safety Forum Strategic Partnership Group
- HSC Trusts, Chief Executive Nominee
- Anne McGlone, Director Willowbank Project, Dungannon
- Stephen Thornton, Chief Executive, Health Foundation

3.5 The role of the Steering Group, which will meet 3 times annually (in January, May and September), will be as follows:

- To provide overall leadership and direction, through the **Quality 2020 Implementation Team**, to ensure that Quality 2020 can achieve its goals and objectives;
- To consider and approve all strategic plans for Quality 2020 Work-streams, triennial reviews, and any subsequent amendments to those plans proposed by the **Quality 2020 Implementation Team**;
- To approve all Quality 2020 Project Initiation Documents and any subsequent amendments to them;
- To consider and endorse, as appropriate, Quality 2020 project outputs, products and recommendations, and where appropriate commend action to the Department for its own action or that of HSC bodies;
- To identify and secure Quality 2020 resource requirements;
- To monitor, and where appropriate, endorse quality improvement initiatives taken by HSC bodies that are judged by the Steering Group to be in accordance with Quality 2020;
- To consider comments and proposals from the **Quality Stakeholder Forum** and agree actions that can sustain the integrity of Quality 2020;
- To consider comments and proposals from the **Quality Professions Forum** and agree actions that can sustain the integrity of Quality 2020.

Quality Stakeholder Forum

3.6 The Quality Stakeholder Forum will meet once a year. Its membership will include a wide range of stakeholders including service users, carers, trade unionists, academics, HSC frontline staff and representatives from the independent and voluntary sector providers of health and social care services. It will be jointly chaired by the RQIA and PCC. Its secretariat will be provided by the Department (SQSD).

3.7 The Quality Stakeholder Forum will facilitate comment on the Annual Quality Reports to be provided by the Quality 2020 Steering Group and individual HSC bodies. Comments from the Forum on strategic progress and planning will not necessarily be by consensus or agreement but will reflect the diversity of its membership and will be taken account of by the Quality 2020 Implementation Team in its planning processes. Forum members can also input ideas or comments on the overall integrity and effectiveness of Quality 2020 over and above that reflected in the reports provided.

Quality Professions Forum

3.8 The Quality Professions Forum will meet once a year. Its membership will include a wide range of health and social care professionals including Chief Professionals in the Department along with senior clinicians/practitioners embracing all recognised professional groups (e.g. medical, nursing, pharmacy, dental, social work, psychology, allied health professionals, and others) nominated by Royal Colleges and relevant Professional Bodies. It will be jointly chaired by the RQIA and NISCC. Its secretariat will be provided by the Department (SQSD).

3.9 The Quality Professions Forum will facilitate comment on the Annual Quality Reports to be provided by the Quality 2020 Steering Group and individual HSC bodies. Comments from the Forum on strategic progress and planning will not necessarily be by consensus or agreement but will reflect the diversity of its membership and will be taken account of by the Quality 2020 Implementation Team in its planning processes. Forum members can also input ideas or comments on the overall integrity and effectiveness of Quality 2020 over and above that reflected in the reports provided.

Quality 2020 Implementation Team

3.10 The **Quality 2020 Implementation Team** with members drawn from all HSC bodies and the Department will meet quarterly. It will be led by a **Management Group** (meeting every 2 months) comprising the Director and Deputy Director of Safety,

Quality & Standards Directorate (SQSD) in the Department, the Director of Public Health/ Medical Director, PHA, the Director of Nursing and Allied Health Professions, PHA and the Director of Performance Management & Service Improvement, HSC Board. The **Quality 2020 Implementation Team** (and consequently the **Management Group**) will be co-chaired by the Director of Public Health/ Medical Director and the Director of Nursing and Allied Health Professions, PHA and it will report to the **Quality 2020 Steering Group** through the co-Chair of the **Implementation Team**.

3.11 It will be tasked with implementing all decisions and directions of the **Quality 2020 Steering Group** and ensuring that Quality 2020's implementation plans remain well focused, suitably resourced, dynamic, flexible, fit for purpose and delivering outputs in a timely and efficient manner. In particular, it will take account of, and interface effectively with, other key strategic initiatives, such as **Transforming Your Care**, in order to prevent avoidable conflicts of policy or processes and minimise any duplication of effort or inefficiency. In addition, the **Implementation Team** will ensure reports are made, through the Department's Director of Safety Quality and Standards, on any key inter-dependencies with **Transforming Your Care** that may arise, as part of the Whole Systems Planning arrangement established by the Department.

3.12 It will be responsible for ensuring that the strategy is implemented in line with implementation plans approved by the Quality 2020 Steering Group, on schedule and to the required standard, and will co-ordinate activity across 5 Work-streams each focused on one of the 5 strategic goals of Quality 2020. It will prepare, as required and directed, reports for the Quality 2020 Steering Group on implementation progress, including strategic and project planning updates, resource issues and project outcomes as well as information on quality improvement initiatives across HSC.

3.13 It will be responsible for identifying project leaders based on the primary focus of the project in terms of product. In other words, whether a project has a policy or operational focus will determine whether it is led by a Departmental official or a HSC official. In addition, it will seek to identify project leaders from across all HSC bodies

represented on the Quality 2020 Implementation Team who are best placed to provide the necessary expertise and leadership required for each project. It will assist project leaders in identifying and securing project team members appropriate to each project, and will ensure that all projects are organised in a manner that is inclusive, involving service users and HSC staff appropriately, making best use of available resources, seeking to build on already established quality structures and initiatives in HSC, and have due regard to availability of resources and service priorities at all times.

3.14 It will develop and apply a **Quality 2020 Engagement Strategy** that will ensure effective engagement and involvement of the public, service users, HSC staff at all levels and stages of the implementation process. It will develop and apply a **Quality 2020 Communications Strategy** to convince people of the problems and solutions to improving quality in health and social care. Finally, it will also consider appropriate Quality 2020 **Evaluation Processes** that need to be established on a continuous and/or discrete basis to enable the impact of the strategy to be monitored and assessed.

3.15 The membership of the Quality 2020 Implementation Team will include:

- Director of Public Health/Medical Director, PHA
- Director of Nursing and Allied Health Professions, PHA
- Director of Performance Management and Service Improvement, HSCB
- Director of Commissioning, HSCB
- Director, HSC Safety Forum
- Director, Safety Quality & Standards, DHSSPS
- Deputy Director, Safety Quality & Standards, DHSSPS
- 6 HSC Trust representatives
- BSO representative, and
- Special Agencies representatives

3.16 The secretariat of the **Quality 2020 Implementation Team** will be provided by the PHA and meetings will take place on a quarterly basis, or as required. The Chair of

the **Quality 2020 Steering Group** will attend these meetings (and those of the **Management Group**) as required. The Team may elect to form sub-groups to better manage workloads across and/or within Work-streams.

Work-streams

3.17 The 5 Work-streams will each encompass a range of projects over time designed to test, develop and implement new products, processes, policies or sub-strategies, all aimed at achieving each of the 5 strategic goals set out in paragraph 3.1 above. Projects will be designed to achieve the specific strategic objectives associated with each Goal as set out in Quality 2020.

3.18 Some projects (especially those in the early stages of the Implementation) will take the form of **scoping** studies or feasibility testing. Others (possibly informed by the outcomes of such scoping studies) will take more the form of **developmental** projects where defined products or reports are delivered; while others still will take the form of **implementation** projects – i.e. taking the products of developmental projects and turning them into live processes or systems in the HSC system. As a consequence, some projects will form a series or chain with ‘outputs’ from one becoming ‘inputs’ to another. Some other projects may run in parallel. It will undoubtedly be the case, from time to time, that projects in different Work-streams will have important linkages or overlaps connecting them that will need to be carefully identified and managed to avoid any unnecessary conflict or waste of resources. It will also likely be the case that the number and pace of projects in each Work-stream will differ at different times. At the outset of implementation, given the current climate where many pressures exist across the HSC, it is proposed that a small number of projects aimed at delivering key early outcomes will commence in the early years of the strategy to build confidence and secure support from across the HSC.

3.19 An initial list of defined projects has been identified which can hopefully commence during the first 3 years of the strategy. Clearly every project identified will

demand a resource capacity in order to deliver the desired outcome in a timely and cost effective manner. Given the very significant pressures on the HSC system in 2012/13 and the following 2 or 3 years it is proposed to limit the number of projects to be commenced in each year to no more than 5, as far as possible. It is intended that this initial restraint will reinforce the credibility in, and support for, the strategy among hard pressed HSC staff, while at the same time ensuring maximum focus on prioritisation of project outcomes in the early stages, enabling a momentum to be established and sustained that can, in time, be accelerated as resources become available.

3.20 The Work-streams and initial projects proposed during the first 2 years (with target years for commencement) are listed below as follows:

(1) Culture Work-stream

(1A) Improvement Methods	2013/14
(1B) Culture Benchmarking	2013/14
(1C) Service User Feedback	2013/14

(2) Workforce Work-stream

(2A) Quality Training	2013/14
(2B) Annual Quality Report	2012/13

(3) Measures Work-stream

(3A) Quality Measures	2012/13
(3B) Quality Research	2013/14

(4) Standards Work-stream

(4A) Standards Policy Framework	2012/13
(4B) Managing Safety Alerts	2012/13
(4C) Service Frameworks	2013/14

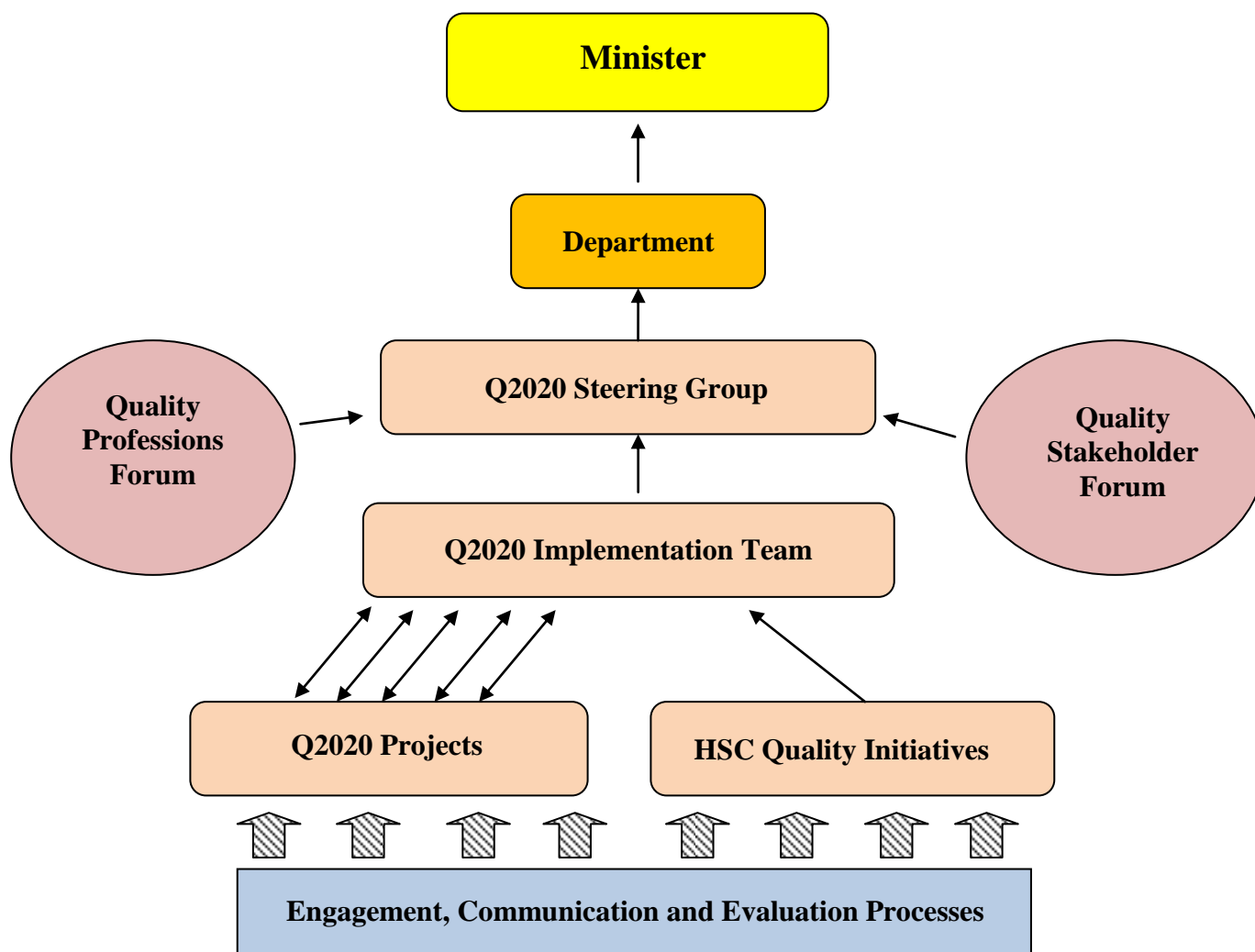
(5) Integration Work-stream

(5A) Quality Barriers 2013/14

(5B) Quality Teams 2014/15

3.21 Figure 1 below illustrates the links between the **Quality 2020 Steering Group**, the Quality Stakeholder Forum, the Quality Professions Forum, and the Quality 2020 Implementation Team.

Figure 1: Governance and Delivery Structure



Quality Work-streams Leadership

3.22 Each Work-stream will be led by a designated Quality Work-stream Co-ordinator from among the Quality 2020 Implementation Team members for a period to be agreed, but of no more than 2 years. They will play a pivotal role in co-ordinating activity within each Work-stream as well as between the different Work-streams. All Quality 2020 Implementation Team members, including Work-stream Co-ordinators, will provide leadership to HSC bodies on quality improvement and a focal contact point for HSC organisations to communicate information on their quality improvement initiatives seeking endorsement from the Quality 2020 Steering Group or raise strategic issues of concern. Such issues might include, among others, new ideas or proposals for Work-stream projects, concerns over quality issues requiring strategic consideration, and queries about the operation or plans of particular Work-streams.

3.23 The Work-stream Co-ordinator (changing every 2 years or as agreed) will be responsible for:

- leading the planning of projects within their designated Work-stream;
- monitoring the progress of projects;
- liaising with Project Leads and securing reports on progress;
- relaying information, guidance and directives to projects issued by the Quality 2020 Steering Group; and
- relaying reports on quality improvement initiatives across HSC and reporting accordingly to the Quality 2020 Steering Group.

Project Teams

3.24 Each project will have its own Project Team led by a Project Leader (identified through the Quality 2020 Implementation Team) who will report through the Work-stream Co-ordinator. The Project Leader will be responsible developing along with team members, a draft Terms of Reference incorporated in a Project Initiation Document (PID), based on the outline Purpose and Product provided (see Annexe 2), to

be approved by the Quality 2020 Steering Group. Project Teams should be small (preferably no more than 6-7 members).

3.25 The Department will endeavour to ensure that resources are made available to support the projects and general strategy implementation. The Department will also look to all HSC bodies for secretariat input and other support to facilitate the project/s within each Work-stream.

3.26 To ensure a consistent approach each Project Team must:

- operate in accordance with an agreed Project Initiation Document (PID);
- be able to demonstrate active involvement by service users and carers in accordance with Personal & Public Involvement (PPI) principles and the Quality 2020 Engagement Strategy to be developed;
- take account of existing policies, procedures, information systems, initiatives and protocols concerning Quality and build upon their strengths and achievements;
- provide recommendations, in relation to completed products, and on how these are to be implemented, where relevant;
- where project output requires actions to be taken within HSC services, provide recommendations on how, and by whom, implementation might best be led and monitored;
- where the completed project product requires financial investment the report should be presented as an Outline Business Case, demonstrate value for money, and options for implementation; and
- be as inclusive as possible and reflect the design principles and values of the Quality 2020.

Implementation Guiding Principles

3.27 In taking forward the work of implementation it will be important that some overarching principles and objectives will need to be followed and pursued to maximise

success. The Quality 2020 Implementation Plan is expected to be most successful in all respects if the following is realised:

- developing of a communications strategy to convince people of the problems and potential solutions to improving quality;
- rationalising, developing and investing in data collection and feedback systems to support quality improvement;
- being bold and clear about goals and objectives;
- being realistic with ambitions, especially in the short term, and avoid being focused on projects as the only means of delivering change;
- seeking to fully understand organisational cultures and the capacity to change;
- developing an engagement strategy that seeks to involve all staff and users individually rather than groups;
- working to ensure the right kind of leadership is used, that suits the circumstance, to maximise positive change;
- incentivising participation creatively by maximising the carrot and minimising the rod;
- planning for sustainability at the beginning, middle, and end; and
- being alert to the unintended or unwanted side-effects of change.

3.28 An outline of the purpose and product of each project is shown at Annex 2.

4. HOW TO READ THE IMPLEMENTATION PLAN

4.1 The detailed Implementation Plan is set out in Annexe 1. It sets out the strategic goals and objectives and is designed to provide a 3 year vista up to the first triennial review.

Strategic Goals and Objectives

4.2 It explains how the Work-streams reflect the five strategic goals, namely:

- Culture;
- Workforce;
- Measures;
- Standards; and
- Integration.

4.3 Each Work-stream has two objectives and each objective has a number of outcomes. In the *Culture* Work-stream example set out below the first objective has five related outcomes.

1. Strategic Goals & Objectives

ACTIONS	PROJECT	DURATION	START	LEAD	OBJECTIVES
TRANSFORMING THE CULTURE					
Objective 1: We will make achieving high quality the top priority at all levels in health and social care.					
No:	Description				
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)			
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements				
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care	(1A) Improvement Methods Project	1 year	June 2012	PHA 1.3, 1.2, 1.5

4.4 In order to deliver each of the five outcomes, the *Culture Work*-stream will need to utilise the expertise of a number of project teams. In this particular example, these will include the Improvements Methods Project (1A) and the Culture Benchmarking Project (1B).

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.						
No:	Description:					
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)				
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements					
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised					
1.5	A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted	(1B) Culture Benchmarking project	1 year	May 2012	PHA	1.5, 1.4

4.5 This section also sets out the expected duration of the work of the projects, the anticipated start dates and the responsible lead organisation and identifies the other strategic objectives this action contributes to.

1.Strategic Goals & Objectives

	ACTIONS	PROJECT	DURATION	START	LEAD	OBJECTIVES
TRANSFORMING THE CULTURE						
Objective 1: We will make achieving high quality the top priority at all levels in health and social care.						
No:	Description:					
1.1	The delivery of high quality services will be central to the commissioning process	Contingent on (1B)				
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements					
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2012	PHA	1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles					

Project Team Timelines

4.6 A range of project teams have been identified, to date, to deliver Quality 2020 over the first 3 years. Only a small number will start in 2012/13. Some are reliant on the outputs of others and cannot therefore commence until these outputs have been delivered. Some have not yet been defined but will be identified as a consequence of another project in due course, while some others will require further refinement in terms of purpose, timing and leadership. This Implementation Plan recognises the pressures that face the HSC in the context of important initiatives such as Transforming Your Care and the Quality Improvement Cost Reduction programmes and proposes initially that numbers of projects commenced each year are kept to a manageable number (4-6) with momentum building gradually after the first year. The pace of project initiation and their composition, therefore, will need to reflect available resources and capacity across the HSC.

4.7 The Director, Safety, Quality and Standards Directorate will provide regular Departmental updates on the Quality 2020 interface issues through the Whole System Planning arrangements where it impacts on the transformation agenda (e.g. TYC).

4.8 A more detailed programme plan will be established and maintained at the outset of the implementation process. This plan is not static. As implementation progresses the need to establish new, or to close, or to refine existing projects will become apparent.

4.9 As set out in Section 3 above, each Project Team will work to specific Terms of Reference setting out its purpose, scope, constraints and deliverables.

5. REVIEW & MONITORING

Programme Management

5.1 The Quality 2020 Implementation Team will receive **quarterly** reports from individual Project Leaders through the relevant Work-stream Co-ordinator.

5.2 These progress reports (and Exception Reports, where they arise) will be delivered 2 weeks prior to Quality 2020 Steering Group meetings which will have notified set dates.

Quality Stakeholder Forum

5.3 The Quality Stakeholder Forum members will receive reports, for comment, from the Quality 2020 Steering Group, prepared by the Quality 2020 Implementation Team, 2 weeks in advance of Forum meetings.

Quality Professions Forum

5.4 The Quality Professions Forum members will receive reports, for comment, from the Quality 2020 Steering Group, prepared by the Quality 2020 Implementation Team, 2 weeks in advance of Forum meetings.

The Regulation & Quality Improvement Authority (RQIA) and the Patient & Client Council (PCC)

5.4 RQIA and PCC will provide a quality assurance role to overall strategy implementation. Other than jointly chairing the Quality Stakeholder Forum and Quality Professions Forum, they will not participate in formal decision-making at Steering Group or management level, but can participate at individual project level, where appropriate, or when invited to contribute to issues under discussion at any level by the Chair of the Quality 2020 Steering Group.

ANNEXE 1: IMPLEMENTATION PLAN

1. Strategic Goals & Objectives

ACTIONS	PROJECT	DURATION	START	LEAD	OBJECTIVES
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TRANSFORMING THE CULTURE

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

No:	Description:				
1.1	The delivery of high quality services will be central to the commissioning process				
1.2	A consistent regional definition of what constitutes high quality in every service will be established and accountability for its delivery made part of governance arrangements				
1.3	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.	(1A) Improvement Methods Project	1 year	June 2013	PHA 1.3, 1.2, 1.5
1.4	Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised				
1.5	A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted	(1B) Culture Benchmarking Project	1 year	May 2013	PHA 1.5, 1.4

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

No:	Description:				
2.1	Best practice standards will be established for informing patients, clients and carers based on what has been successful elsewhere.				

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
2.2	Regular patient and client surveys as well as other creative approaches to getting feedback, such as 'patient/client narratives' will be conducted in collaboration with the PCC	(1C) Service User Feedback Project	1 year	September 2013	PHA	2.2, 2.3, 3.6
2.3	Effective and meaningful partnerships to support shared decision-making for HSC staff, patients, clients and carers will be created, including the voluntary and independent sectors.					
2.4	Patients, clients and carers will be involved in the design and delivery of education and training to all staff working in health and social care					
2.5	The needs and values of individuals and their families will always be taken into account					

STRENGTHENING THE WORKFORCE

Objective 3: We will provide the right education, training and support to deliver high quality service.

No:	Description:					
3.1	Opportunities for continuous learning by staff will be resourced and planned in order to continuously improve quality.					
3.2	Increased knowledge and skills in the principles of PPI will be promoted among all HSC staff.					
3.3	Arrangements will be made to involve service users and carers more effectively in the training and development of staff.					
3.4	A customised Healthcare Quality training package for all staff working in health and social care (with mandatory levels of attainment dependent on job responsibilities) will be developed, with possible links to regulation and dovetailed with existing and emerging training and development strategies across HSC	(2A) Quality Training Project	1 year	June 2013	HSC Trusts	3.4, 3.1, 3.2, 3.5
3.5	Better use will be made of multi-disciplinary team working and shared opportunities for learning and development in the HSC					

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
3.6	Regular feedback from staff and service users and carers will be sought alongside commissioned research on quality improvement.					

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

No:	Description:					
4.1	Top management teams will be expressly accountable for quality improvement within their organisations					
4.2	Each HSC organisation will produce an annual quality report and be responsible for making improvements year-on-year.	(2B) Annual Quality Report Project	6 months	June 2012	HSC Board	4.2, 4.1
4.3	Staff will be actively supported through service change programmes					
4.4	Change champions will be trained and supported in the latest improvement techniques					
4.5	A renewed emphasis will be placed on generating robust and relevant research to support innovation and quality improvement building on links with local research organizations					

MEASURING THE IMPROVEMENT

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

No:	Description:					
5.1	Devise a set of outcome measures, with quality indicators, focused on safety, effectiveness and patient/client experience	(3A) Quality Measures Project	1 year	June 2012	PHA	4.2, 5.1, 5.3
5.2	Agree a set of effective quality performance targets, involving service users to drive improvement					
5.3	Monitor quality improvement year-on-year and compare our performance with the rest of the UK, the Republic of Ireland and internationally.					

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
5.4	Publish a regional annual quality report.					
Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.						
No:	Description:					
6.1	A set of improvement methods and techniques for use in the HSC will be agreed and HSC staff will be trained and resourced to use them.					
6.2	Capacity and capability will be built up within the HSC to achieve the desired results					
6.3	Audit techniques to measure how standards are being met will be further developed					
6.4	Research and innovation will be encouraged	(3B) Quality Research Project	2 years	September 2013	PHA	4.5, 6.3, 6.4
6.5	Benchmarking with other health and social care organisations outside Northern Ireland will be conducted to ensure that there is up-to-date information available on best practice					

RAISING THE STANDARDS

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance

No:	Description:					
7.1	Information on national and international standards will be gathered and standards developed, where necessary, to deliver best practice					
7.2	A coherent regional framework for standards and guidelines will be established	(4A) Standards Policy Framework Project	2 years	June 2012	DHSSPS	2.1, 7.1, 7.2
7.3	A Web-based system will be established to allow easy access to information on quality					

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards						
No:	Description:					
8.1	An advisory group, representative of HSC organisations and including service user and carer representation, will be set up to harmonise processes in relation to the application of standards					
8.2	A new structure will be created for drafting and agreeing standards and guidelines that gives meaningful inclusion to those affected by them					
8.3	A performance management mechanism will be put in place to ensure standards are achieved by means of audit and compliance measurement within set timescales	(4B) Managing Safety Alerts	6mths	June 2012	PHA	8.3
8.4	An incentives mechanism will be created to better ensure compliance with quality standards in all health and social care settings					
8.5	The use of Service Frameworks will be extended	(4C) Service Frameworks Project	6 mths	Apr 2013	DHSSPS	8.5
8.6	Surveys of the public will be conducted to seek feedback on compliance with standards					

INTEGRATING THE CARE

Objective 9: We will develop integrated pathways of care for individuals.						
No:	Description:					
9.1	More effective and secure information systems will be established to record and share information across HSC structural and professional boundaries (and with other relevant Departments and agencies as appropriate)					
9.2	Service users will be given a greater role in, and responsibility for, information transfer (e.g. patient held records, patient smart cards, etc)					
9.3	Barriers to integrated multidisciplinary and multi-sectoral working will be identified and removed	(5A) Quality Barriers Project	2 years	September 2014	HSC Board	9.3

ACTIONS		PROJECT	DURATION	START	LEAD	OBJECTIVES
9.4	Establish annual targets for use of personal care plans.					
Objective 10: we will make better use of multi-disciplinary team working and shared opportunities for learning and development in the HSC and with external partners.						
No:	Description:					
10.1	All disciplines should contribute to a single assessment through a shared assessment framework – NI Single Assessment Tool, and for children, Understanding the Needs of Children in Northern Ireland (UNOCINI)					
10.2	More integrated treatment/care teams will be established with innovative management approaches	(5B) Quality Teams Project	2 years	January 2014	HSC Board	10.2, 10.3, 10.4
10.3	Universities will further develop inter-professional education at undergraduate and post-graduate levels in health and social care					
10.4	MDT pre-registration and post-registration training will be revised to encourage use of multi-disciplinary training					

ANNEXE 2: PROJECT TEAMS - OUTLINE OF PURPOSE AND PRODUCT

Name:	(1A) Improvement Methods Project
Work-stream:	Culture
Strategic Objective 1:	We will make achieving high quality the top priority at all levels in health and social care.
Project lead:	PHA
Starting:	June 2013
Anticipated duration:	1 year
Purpose & Product:	To identify, evaluate and promote available quality improvement methodologies for application across all HSC services. This should include methodologies appropriate to health and social care settings and the ease of application and cost effectiveness.
Feeding into:	
Contingent on:	N/A
Contributing to:	
Strategic Objectives:	1.2, 1.3 and 1.5

Name:	(1B) Culture Benchmarking Project
Work-stream:	Culture
Strategic Objective 1:	We will make achieving high quality the top priority at all levels in health and social care.
Project lead:	PHA
Starting:	May 2013
Anticipated duration:	1 year
Purpose & Product:	<p>Stage 1: to identify suitable tools for measuring and assessing culture in the HSC operational environment;</p> <p>Stage 2: to establish a benchmark across HSC services and scope the development of a HSC Quality culture change programme.</p>
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	1.4 and 1.5

Name:	(1C) Service User Feedback Project
Work-stream:	Culture
Strategic Objective 2:	We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.
Project lead:	PHA
Starting:	September 2013
Anticipated duration:	1 year
Purpose & Product:	To identify cost effective methods and sources of information that can be used to measure and report service user views and assessment of quality (safety, standards and patient/client experience) drawing on existing sources, such as complaints, compliments, surveys, etc.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	2.2, 2.3 and 3.6

Name:	(2A) Quality Training Project
Work-stream:	Workforce
Strategic objective 3:	We will provide the right education, training and support to deliver high quality service.
Project lead:	HSC Trusts
Starting:	June 2013
Anticipated duration:	1 year
Purpose & Product:	A report (and business case if appropriate) that tests feasibility and cost effectiveness of devising a Quality 'passport' training and development package aimed at establishing robust links between the status of, and the role of, HSC staff with required levels of knowledge and skills in quality improvement and protection.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic Objectives:	3.1, 3.2, 3.4, 3.5, 4.1 and 4.2

Name: (2B) Annual Quality Reports Project

Work-stream: Workforce

Strategic objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

Project lead: HSC Board

Starting: June 2012

Anticipated duration: 6 months

Purpose & Product: Stage 1: to devise a template for use by all HSC organisations to report annually on quality within the organisation in a form that is, in part, generically prescribed by the Department in a manner that is relevant to the role and function of each organisation, while also providing each organisation with an opportunity to report on its own initiatives taken to protect and improve quality in accordance with the principles, values and goals of Quality 2020.

Stage 2: a timetable for the introduction of Quality Reports in 2013/14.

Feeding into:

Contingent on:

Contributing to:

Strategic objectives: 4.1 and 4.2

Name: (3A) Quality Measures Project

Work-stream: Measures

Strategic objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/ client experience.

Project lead: PHA

Starting: June 2012

Anticipated duration: 1 year

Purpose & Product: To produce a set of strategic quality measures embracing the three quality dimensions (safety, standards and patient/ client experience) across health and social care with a strong focus on outcomes, and a timetable for commencement in 2013/14, or as soon as possible thereafter, taking account of similar developments in the UK and internationally.

Feeding into:

Contingent on:

Contributing to:

Strategic objectives: 4.2, 5.1 and 5.3

Name:	(3B) Quality Research Project
Work-stream:	Measures
Strategic objective 6:	We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.
Project lead:	PHA
Starting:	September 2013
Anticipated duration:	2 years
Purpose & Product:	A scoping exercise to identify areas for research in HSC taking account of existing as well as systematic reviews of international research in the area of quality improvement with a view to developing a local NI research programme/agenda.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	4.5, 6.3 and 6.4

Name:	(4A) Standards Policy Framework Project
Work-stream:	Standards
Strategic objective 7:	We will establish a framework of clear evidence-based standards and best practice guidance.
Project lead:	DHSSPS
Starting:	June 2012
Anticipated duration:	2 years
Purpose & Product:	Devise a coherent and robust policy framework to review existing standards and how they are developed, applied and regulated within HSC including the identification of gaps in standards, establishing the role of service frameworks, and maximising compliance with standards.
Feeding into:	
Contingent on:	
Contributing to;	8.5
Strategic objectives:	2.1, 7.1 and 7.2

Name:	(4B) Managing Safety Alerts Project
Work-stream:	Standards
Strategic objective 8:	We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.
Project lead:	PHA
Starting:	June 2012
Anticipated duration:	6 months
Purpose & Product:	To review, design and implement a HSC service-wide mechanism capable of efficiently and effectively disseminating safety alerts or guidance issued in various forms by DHSSPS and monitoring and reporting on subsequent compliance by relevant HSC bodies to DHSSPS through established accountability processes.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	8.3

Name:	(4C) Service Frameworks Project
Work-stream:	Standards
Strategic objective 8:	We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.
Project lead:	DHSSPS
Starting:	April 2013
Anticipated duration:	6 months
Purpose & Product:	<p>Stage 1: to produce a new prioritised list of topics for the Service Frameworks Programme to cover the next 3 – 5 years;</p> <p>Stage 2: to review existing Service Frameworks over next 3 – 5 years.</p>
Feeding into:	
Contingent on:	7.2
Contributing to:	
Strategic objectives:	8.5

Name:	(5A) Quality Barriers Project
Work-stream:	Integration
Strategic objective 9:	We will develop integrated pathways of care for individuals.
Project lead:	HSC Board
Starting:	September 2014
Anticipated duration:	2 years
Purpose & Product:	A scoping study of barriers (structural, professional, functional, other) to integrated working and the identification of options for overcoming these.
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	9.3

Name:	(5B) Quality Teams Project
Work-stream:	Integration
Strategic objective 10:	We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.
Project lead:	HSC Board
Starting:	January 2014
Anticipated duration:	2 years
Purpose & Product:	<p>Stage 1: To research, identify and describe acknowledged and potential barriers to effective integrated working and services delivery in HSC, whether organisational, structural, professional, informational or policy in origins, which is manifest particularly in the performance of teams.</p> <p>Stage 2: To develop a change strategy to overcome or remove barriers to effective integrated working and service delivery at team level.</p>
Feeding into:	
Contingent on:	
Contributing to:	
Strategic objectives:	10.2, 10.3 and 10.4

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