Strategic Implementation Plan Revised

Strategic Goals and Objectives

1	*TRANSFORMING THE CULTURE*	Objective 1: We will make achieving high quality the top priority at all levels in Health and Social Care.				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
1.1	The use of best practice and improvement methods will be promoted and adopted across the health and social care system.					
1.2	Staff and service users' awareness of their individual roles and responsibilities in ensuring high quality outcomes for health and social care will be maximised					
1.3	A culture of innovation and learning that creates more quality-focused attitudes and behaviours among HSC staff will be promoted					
1.4*	A new Q2020 Task has been set up to support staff involved in SAIs and other incidents.	A Trust Medical, Nursing	**Sep 2016 – Dec 2017**	**Objective 1:** Engage with staff, other regions and	**Complete:** Dec 16	● **Complete** A review of literature has been completed

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	Initial Statement of Task purpose/ objectives: To foster a culture of openness and learning by providing enhanced support to staff who are involved in investigations relating to a serious adverse incident, Coroner's case, Complaint or other stressful incidents. **Non-monetary deliverables** A formal and enhanced system to support staff who are involved in SAI, Coroner, Complaint or other equivalent investigations or stressful incidents.	and Social Care Director		countries, stakeholders, and key groups to identify examples of good practice relevant to this Task. Include consideration of Schwartz Rounds, 'buddying', preparation for Court.		which identifies examples of good practice internationally. Links have been established with a number of researchers in UK and USA who have considerable experience in the areas of Second Victims Members of the group have recently attended a Schwartz Round in the Point of Care Foundation Trust and also participated in a webinar relating to Schwartz rounds. BHSCT have plans to implement Schwartz rounds within the Children's Hospital over the next 2 years

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						initially.
				Objective 2: Agree a model(s) to test on a small scale. Test and refine the model(s) using quality improvement methods. Prepare a report including a recommended model for roll-out across the HSC.	**Dec 17**: 12 months from completion of objective 1	● **On track** A multi-disciplinary project team has been established and to date has had four meetings. Work plan and terms of reference have been agreed. A questionnaire has been drafted using exiting tools such as SVEST and MITSS to identify the current availability of support services to staff when an adverse or unexpected outcome has occurred. The intention is to hold follow up focus groups, for those staff who wish to take part, in order to co-design and co-produce a model of support for staff.

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						To date, the questionnaire has been distributed to Children's Hospital BHSCT and a high level analysis has taken place. Work is underway to hold focus groups in this area within the coming weeks. The distribution of the questionnaire and focus groups are also planned for the following staff groups over the coming months: • General practice and trainees • Community staff • Prison staff • NIAS Learning identified from the staff feedback

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						will be continuously incorporated going forward into other staffing groups..

*New actions added

2	*TRANSFORMING THE CULTURE*	Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.				
	ACTIONS	LEAD	START/ FINISH DATE	TASK OBJECTIVES	TIMESCALE & RAG STATUS	CURRENT POSITION
2.1	Best practice standards will be established for informing patients, clients and carers based on what has been successful elsewhere.					
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					
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					

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3	*STRENGTHENING THE WORKFORCE*	**Objective 3: We will provide the right education, training and support to deliver high quality service.**				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
3.1	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					
3.2	Regular feedback from staff and service users and carers will be sought alongside commissioned research on quality improvement.					

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3.3*	Improving patient safety through multi-disciplinary simulation and human factors training **Initial Statement of Task purpose/ objectives:** **Purpose:** To improve patient safety by providing staff with a safe simulated environment in which to focus on human factors such as communication, team-working and situational awareness. **Non-Monetary Deliverables:** 1. A network to provide support to those delivering simulation based training to HSC staff. 2. A quality assured faculty development programme to provide faculty to train staff and increase awareness of the impact of human	Mike Morrow & James Reid , NIMDTA Glynis Henry, CEC	June 2016 - Sep 2017	**Objective 1:**. Carry out and publish a scoping exercise across HSC to ascertain current levels of facilities, equipment and trained faculty with which to deliver simulation and human factors training. This will allow us to formulate a strategy to develop simulation based education across Northern Ireland.	**Complete** December 16	• **Complete:** The Scoping exercise on the current state of undergraduate medical, nursing and midwifery simulation-based education and human factors training facilities is finalised. • **On track:** Following the Project team meeting in March 17, further consideration is being given to include other simulation based education programmes relating to pharmacy. These will be incorporated into the scoping report prior to publication.

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	factors in patient safety.					
				Objective 2:- Establish a collaborative network linking both those interested in and trained in simulation and human factors. This network would be designed to encourage open discussion, provide support and share learning and best outcomes across institutional and professional boundaries.	**Complete** however activities of the network are ongoing	• **Complete:** A collaborative network linking both those interested in and trained in simulation and human factors has been established. Terms of reference of the network have been agreed. Progress as follows: ➢ Membership of the network committee currently includes representation from each of the five hospital Trusts, the Northern Ireland Ambulance Service, the director of the Clinical Skills Education Centre at Queen's University, the

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						Directors of Medical Education of each of the 5 hospital Trusts, NIMDTA simulation lead and the ADEPT simulation fellow. ➤ Work has been on-going to broaden membership of the network. Dr Gerry Gormley has replaced Prof Pascal McKeown at the undergraduate medicine (QUB) representative on the project team and Ms Angela Carrington has agreed to join the group as pharmacy representative on the project team

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						and NISHFN committee ➢ A distribution list has been developed which will continually be updated and work is underway to identify specialist interest groups within the network. ➢ The first inaugural conference of the NISHFN network took place on 14th October 2016 in Riddell Hall. The conference was oversubscribed and had attendance from over 120 delegates from a range of inter-professional backgrounds. ➢ The 2017 NISHFN Autumn

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						Conference is planned for October 2017 and initial planning for this event is underway. ➤ A newsletter which will be issued to network members regularly for onward wider dissemination has been developed. 2 editions have been published in Jan 17 and March 17 (copies included below). The purpose of the newsletter is to incorporate progress made within the network and share good practice regionally Work is underway on

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						the development of a NISHFN website. It is hoped the website will be relatively flexible. Local area leads will be identified and will have editorial rights for their specific section. It is hoped that the website will provide a good linkage to other relevant websites etc and act as a platform to share good practice and information regionally..
				Objective 3: Test, scale and make recommendations for the establishment of a multidisciplinary	**Sep 2017 (10 months)**	• **On track** • An inter-professional Project team has been established and to date have had three

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				simulation and human factors faculty development programme.	■	meetings. Work plan and terms of reference have been agreed. The next meeting of the group is scheduled for May 2016. • A reference group has been established to specifically look at progressing the faculty development programme. Membership includes inter-professional representation from Trusts, NIAS and QUB with an interest in Simulation-based education and Human Factors.

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						• The first area in faculty development which is being considered is the area of 'de-briefing'. The reference group are working to pilot 'de-briefing' within paediatrics services using an existing under-graduate inter-professional teaching programme facilitated by the CEC.
3.4*	A new quality 2020 task has been set up to strengthen our response to Adverse Incidents **Initial Statement of Task purpose/ objectives:**	Director of OPPC, SHSCT Assistant Director – Clinical	21 October 2016 – 31 October 2017	**Objective 1:** To capture the view of SHSCT staff on the Trust present incident management systems.	**Completed: November 2016**	**On track** A cultural questionnaire has been completed by approximately 760 staff members across

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	The purpose of the project is to review how adverse incidents are managed to identify how we can further develop and strengthen a culture of safety within the Southern Trust. **Task purpose:** To promote and build on the fundamental purpose of patient safety investigation, which is to learn and improve. To provide a foundation for continuous improvement in the way we identify, investigate and learn from adverse incidents in order to minimise avoidable harm in the future. **Non-monetary deliverables:** A standard framework to support key adverse incident governance processes	Social Care Governance SHSCT				all staff groups. Analysis of this information will inform project work streams/ interventions.
				Objective 2: To include the Patient	**Completed: November**	• Complete: Following an expression of

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				and Service Users within the membership of project group.	**2016**	interest, 2 Service users have met with the project team and joined the working group. Service users attended second meeting of the project group in February 2017.
				Objective 3: To test a number of different methods to identify, capture and record Adverse Incidents with a view to scaling regionally.	**31st October 2017**	**On track** A Literature Review is to be completed to further inform project group.
				Objective 4: To test a number of approaches for communicating learning from Adverse	Throughout project lifecycle	● On track: To date 5 local directorate level projects have been identified which specifically focus on methods of sharing learning and their

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				Incidents.		effectiveness. For example: • Using PRIMO incident system methodology into team in maternity setting • Using Morbidity and Mortality Meetings to Share Learning from Incidents • Paediatric Safe Ward - Senior Leader Walks • Simulation Learning in the Acute Care Setting • Using learning from adverse incidents with teams to ensure Safer medications administration

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						in residential care settings ➤ Projects outline use Institute of Healthcare Improvement methodologies. ➤ Project leads to progress projects and feedback learning to the project group throughout project lifecycle. ➤ Projects will continue collecting data and present at June 2017 ➤ Additional areas to trial PRIMO are currently being identified.
				Objective 5: To introduce a challenge and scrutiny	**Timescale:** February –	**Progress:** • On track: Proposal for challenge and

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				function to the Trust Adverse Incident Process.	July 2017	scrutiny of AI processes to be presented at AI working group June 2017 for discussion. Proposal will focus on identification of trends and possible trigger points for directorate level action / review. Project team examine options for challenge including by incident theme on a rolling quarterly basis. Paper to be presented at June AI meeting for agreement
				Objective 6: To share learning throughout the Project with relevant regional governance structures	**TBC**	To be progressed August 2017

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				as appropriate.		

4	*STRENGTHENING THE WORKFORCE*	**Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.**				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
4.1	Staff will be actively supported through service change programmes					
4.2	Change champions will be trained and supported in the latest improvement techniques					
4.3	A renewed emphasis will be placed on generating robust and relevant research to support innovation and quality improvement building on links with local research organisations					

5	*MEASURING THE IMPROVEMENT*	**Objective 5: 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.**				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
5.1	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.					
5.2	Capacity and capability will be built up within the HSC to achieve the desired results					
5.3	Audit techniques to measure how standards are being met will be further developed					
5.4	Research and innovation will be encouraged					
5.5	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					

6	*RAISING THE STANDARDS*	Objective 6: We will establish a framework of clear evidence-based standards and best practice guidance.				
	ACTIONS	LEAD	START/ FINISH DATE	TASK OBJECTIVES	TIMESCALE & RAG STATUS	CURRENT POSITION
6.1	Information on national and international standards will be gathered and standards developed, where necessary, to deliver best practice					
6.2	A Web-based system will be established to allow easy access to information on quality					
6.3*	Pilot a model for the development of Always Events as a quality improvement task **Initial Statement of Task purpose/ objective:** Highlight the aspects of the patient experience that are so important to patients and families that healthcare providers should always get them right – 'Always Events'. **Non-monetary deliverables** A regional refined model for the	Mary McElroy, Patient Experience lead and Client Experience Working Group	Oct 2016 - Sep 2017	**Objective 1:** Carry out a scoping exercise to ascertain areas of good practice around the development of Always Events regionally, nationally and internationally linking with Staff, Patients and Clients.	**Complete**: Jan 17	● **Complete:** A scoping exercise has been undertaken and is currently being finalised which reviews a range of good practice processes used within the UK relating to always events. Members have participated in a number of NHS England webinars relating to the setting

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	ACTIONS	LEAD	START/ FINISH DATE	TASK OBJECTIVES	TIMESCALE & RAG STATUS	CURRENT POSITION
	development of Always Events for implementation throughout the HSC					up and successful implementation of Always Events..
				Objective 2: Agree a model(s) to test on a small scale of Always Events. Test and refine the model using quality improvement methods. Prepare a report including a recommended model for roll-out across the HSC.	**Sep 2017 (9 months form completion of objective 1)**	● **On track:** The task has been discussed at the Regional Patient and Client Experience Working Group. Two areas have been identified to pilot using the 'Always Event' methodologies. This includes: ● Respect & Attitude – will be taken forward by SHSCT and NIAS. ● Pain Management – will be piloted by SEHSCT. A meeting has taken place with the relevant leads and work is underway to carry out

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						a scoping exercise around the particular areas to identify a baseline. A Point of Care project team and work plan are currently being established to take forward the work within each local area.

7	*RAISING THE STANDARDS*	Objective 7: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
7.1	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					
7.2	A new structure will be created for drafting and agreeing standards and guidelines that gives meaningful inclusion to those affected by them					
7.3	An incentive mechanism will be created to better ensure compliance with quality standards in all health and social care settings					
7.4	The use of Service Frameworks will be extended					
7.5	Surveys of the public will be conducted to seek feedback on compliance with standards					
7.6*	Development of a HSC Standard for Safe Interventional Procedures based on the NatSSIPS to reduce the	PHA Safety Forum (to	Aug 2016 - TBC	**Objective 1:** To analyse existing SAIs in which any of	**April 2017**	● **On track:** Work is underway to analyse the causative factors surrounding the

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	reoccurrence of the 3 main categories of Never Events **Initial Statement of Task purpose/ objectives:** To develop a tool to specifically focus on reducing the reoccurrence of the three main categories of Never Events: • Wrong site surgery • Wrong implant/prosthesis • Retained foreign object post-procedure The tool should establish a new HSC standard that is based on the National Safety Standards for Invasive Procedures (NatSSIPs). NatSSIPs) were published in September 2015 to support NHS organisations in providing safer care and to reduce the	be agreed)		the three main categories of Never Events have occurred and to identify underlying causative factors.		existing SAIs which relate to: • Wrong site surgery • Wrong implant / prosthesis • Retained foreign object post-procedure One year of data analysed and discussed at Q2020 Tasks meeting in Feb 2017. Another year of data being analysed currently.

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	number of patient safety incidents related to invasive procedures in which surgical Never Events can occur. The NatSSIPs cover all clinical areas in which invasive procedures are undertaken, not just Theatres.

NatSSIPs bring together national and local learning from the analysis of Never Events, Serious Incidents and near misses through a set of recommendations designed to help provide safer care for patients undergoing invasive procedures where there is the potential for a surgical Never Event to occur. NatSSIPs does not in any way replace the existing WHO surgical checklist, but rather enhances it by looking at additional factors such as the need for education and training. The set of standards go beyond specific Never Events and encompass the | | | | | |

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	patient journey from admission to a procedural area, during performance of the procedure, and through to discharge from the area. **Non-Monetary Deliverables:** Reducing the reoccurrence of the three main categories of Never Events					
				Objective 2: Using the analysis above, to engage lead staff and review the existing local standards (LocSSIPs) to protect against the three main categories of Never Events in order to determine what revisions might be necessary to improve safety and	**Apr 2017**	• **On track:** Meeting of multidisciplinary team from one Trust agreed for late March. Feeling for informal discussion is that all necessary processes to prevent harm are in place but the compliance is unknown. Meeting of multidisciplinary team scheduled for March has been postponed and rearranged for

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				harmonise with NatSSIPs.		April. Discussion at meeting will be around appropriate measures to use to ensure safety from the three harms is in place or identify gaps.
				Objective 3: Pilot the revised standards in appropriate surgical units across the region including Day Procedures. Use QI methodology (front-line involvement and PDSAs) to review, modify and test further revisions and agreed regional standards.	**Sep 2017**	
				Objective 4: Seek approval for	**TBA**	

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				introduction of revised standards through normal Governance arrangements and launch new standards.		
				Objective 5: Continually review the Never Events list to consider the addition of further Never Events to the new HSC standard.	**TBA**	
7.7*	**Regional Mortality and Morbidity Review System** **Initial Statement of Task purpose:-** To ensure that all deaths in hospital are accurately recorded, reviewed, monitored and analysed.	Fergal Bradley, DoH	October 2014 - April 2017	**Objective 1:-** To enhance and improve Death Certification processes, provide increased scrutiny, and identify learning, for all deaths in hospitals in Northern Ireland.		**On Track** The Regional Mortality & Morbidity Review System is in live use by teams in all HSC hospitals in Northern Ireland and is fully operational. A large

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	Non-Monetary Deliverables: - Greater identification of learning from patient deaths. - Increased and improved scrutiny and review of all hospital deaths in Northern Ireland. - Greater assurance that deaths in hospital are appropriately referred to the Coroner or reported as SAIs. - More accurate statistics on hospital based deaths and causes of death. - Standardisation of skills base for doctors in relation to Death Certification.			Target • The RM&MRS to be fully implemented and operational across all HSC Trusts by April 2017. • By April 2018 80% of all deaths in hospital recorded on RM&MRS and considered at an M&M meeting within 12 weeks. To increase to 90% by Year 2 onwards.	**April 2017** **April 2018**	number of teams have also had M&M meetings to consider these deaths. There are over 150 M&M teams using the system with less than 10 still to go on due to issues with Mental Health & Learning Disability locations. While the system is operational, some work is still ongoing to deliver some elements and provide some enhancements.
				Objective 2:- To improve the quality of Medical Certificates of Cause of Death (MCCDs).		**On track** The system is designed as such that deaths are not

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				Target • By April 2017 all MCCDs on RM&MRS to be reviewed by a consultant. • By April 2018 75% of MCCDs recorded to be error free. 85% from Year 2 onwards.	**April 2017** **April 2018**	discussed at an M&M meeting until the initial record of death (including MCCD) has been reviewed by a consultant. This means that all MCCDs are reviewed by a consultant. The design of the system ensures that MCCDs are completed more accurately through use of mandatory fields, drop-down lists and the requirement for certifying doctors to complete all necessary components before issue. Audits of MCCDs completed on

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						the system will be carried out to ensure that this objective has been met.
				Objective 3:- To provide a RM&MR system that is accessible, available, and acceptable. *Target* • RM&MRS to be available 99.5% of scheduled uptime • By April 2017 to provide 24/7 network and application support for the RM&MRS.	**April 2017**	**On track** RM&MRS sits within the Electronic Care Record (ECR) system and falls within its agreed scheduled uptime arrangements as well as its network and application support. So far it is meeting these objectives. A user survey is currently being designed to gather views on the accessibility and

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				• By April 2018 75% of users surveyed agree that system is accessible and functional.	**April 2018**	functionality of the system. It is hoped that this survey will be conducted in the Autumn.
				Objective 4:- To provide a flexible RM&MR system that will facilitate system developments in the future. *Target* • To provide a RM&MRS that has the potential to be rolled out into further settings. • Establishment of a formal change control process by	**April 2017**	**On track.** RM&MRS has been developed within the Electronic Care Record (ECR) system. ECR is in use across a number of healthcare settings including GP practices. This will allow a potential roll-out of the system into community settings once established in hospitals. A formal change control process has

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				April 2017.		not yet been established as there is some work still ongoing in delivering the full original specification. Once these elements are complete a formal change control mechanism will be put in place.

8	_INTEGRATING THE CARE_	Objective 8: We will develop integrated pathways of care for individuals.				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
8.1	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)					
8.2	Service users will be given a greater role in, and responsibility for, information transfer (e.g. patient/client held records, patient/client smart cards, etc)					
8.3	Barriers to integrated multidisciplinary and multi-sectoral working will be identified and removed					
8.4	Establish annual targets for use of personal care plans					

9	*INTEGRATING THE CARE*	Objective 9: We will make better use of multi-disciplinary team working and shared opportunities for learning and development in the HSC and with external partners.				
	ACTIONS	**LEAD**	**START/ FINISH DATE**	**TASK OBJECTIVES**	**TIMESCALE & RAG STATUS**	**CURRENT POSITION**
9.1	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)					
9.2	More integrated treatment/care teams will be established with innovative management approaches					
9.3	Universities will further develop inter-professional education at undergraduate and post-graduate levels in health and social care					
9.4	MDT pre-registration and post-registration training will be revised to encourage use of multi-disciplinary training					