Quality 2020 Implementation Team

Monday 8 July 2013 at 2.00 – 4.00pm,
5th Floor meeting room, Linenhall Street, Belfast

NOTES

Present:
Carolyn Harper (Chair)
Claire Loughrey, NIMDTA
Charlie Martyn, SET
Olive MacLeod, NT (via teleconference)
Geoff Geddis, NIBTS
Tony Stevens, BT
Roisin Kelly, PHA
Fionnuala McAndrew, HSCB
Ian Sutherland, SET
Glynis Henry, NIPEC
Patricia Higgins, NISCC
Brenda Creaney, BT
Oriel Brown, PHA
Marian Murphy, WT
Jennifer Lamont, DHSSPS

Apologies:
Conrad Kirkwood, DHSSPS
Gavin Lavery, Safety Forum
Alan Corry Finn, WT
John Simpson, ST
Cathy Jack, BT
Michael Bloomfield, HSCB
David McManus, NIAS
Patrick Anderson, BSO
Pat Cullen, PHA
Oscar Donnelly, NT
Cecil Worthington, BT
Patricia Donnelly, BT
Linda Kelly, SET
Fiona Wright, ST
Karen Campbell, DHSSPS
Charlotte McArdle, CNO, DHSSPS
1. **Minutes of last meeting**
   The minutes of the meeting on 8 April 2013 were approved.

2. **Matters arising**
   The final TOR for Task 2 were issued by the Chief Medical Officer on 23 May 2013. Task 3 has now commenced.

3. **Feedback from last Steering Group meeting**
   Conrad Kirkwood provided an email update stating that the Stakeholder Forum will be discussed at a meeting in August between DHSSPS, RQIA and PCC with a view to organising a stakeholder event before the end of 2013.

   Social Care representation – this was discussed by Fionnuala McAndrew with all Directors of Social Services and it was agreed that all Directors would be included as members of the Implementation Team with the intention of having at least 1 to 2 representatives at each meeting.

   **Action:** Rosin Kelly to add all Directors of Social Services to the email group for the Implementation Team.

4. **Reports from Task Leads**
   **Task 1**
   The Safety Quality Alerts protocol has now been finalised, incorporating comments from DHSSPS. The Protocol will be refined on an on-going basis in light of experience with the process. The master copy will be maintained by Dr Harper’s office.

   **Task 2**
   The Report of the Task Group is complete and members were content with the draft letter and summary of the indicators and definitions which would issue to the service following the Steering Group approval. The Report would also be issued to enable stakeholders to understand the rationale for particular indicators. The letter will be amended to reflect that and the summary document will be finalised to go to Steering Group for approval.

   In relation to the next phase of the task, the Steering Group has approved the next phase of work as outlined in the Report from the Task Group. The membership of the task will be amended to reflect the focus of the next phase of work, including social care and mental health indicators in particular. Draft indicators from the next phase
should be sent to Dr Harper by 1 October 2013 for consideration at next Implementation Team meeting.

Members also discussed the need for clarity on the requirement to develop annual quality reports by smaller Arms Length Bodies. Following discussion, it was agreed that Steering Group should be asked to approve an action for DHSSPS to formally ask each Arms Length Body to produce an annual quality report and to bring that report to their Boards ideally by November 2013 and no later than January 2014. It was felt by members that the core business of non-Trust organisations was unique to them and that each organisation should therefore develop their own content and format for their report. Some may wish to contact relevant professional Directors or colleagues in HSCB or PHA for advice.

**Action:** Tony Stevens to prepare a short paper summarising the next phase of proposed indicators and send it to Dr Harper by 1 October 2013.

**Task 3**
The Task Group have held their first meeting and identified the need to learn from Social Care Reviews as well as the Francis Report. They also highlighted the need to ensure user engagement. Equally, there is a challenge for the Task Group to limit the scope of the task to the primary need to identify any material gaps in policy at this stage.

**Action:** Task leads to prepare a progress report for the next meeting and final report on stage 1 for the meeting on 13 January 2014.

**Task 4**
NIPEC are developing the attributes that leaders would be expected to display. Members also identified skills in maintaining personal resilience, engaging with staff, and interdisciplinary working, as key skills which should be reflected in the attributes. There was consensus on the need for some common core expectations of Trusts in developing leaders, with some flexibility in terms of how they achieved that. There was also broad consensus on the need to cover the 4 elements of:

1. Clarity on the attributes required
2. Access to good quality programmes which would enable individuals to develop the required attributes
3. An organised system within organisations to support require and challenge people as necessary, to develop leadership skills
4. On going support to existing leaders so that they maintain and further improve their skills; this may be through formal and informal mechanisms.

As the project leads have moved to new positions, Dr Harper will discuss the project lead arrangements with Charlotte McArdle. Brenda Creaney kindly offered to chair Task 4 if required.

**Action:** Dr Harper to discuss leadership of Task 4 with Charlotte McArdle.

**Task 5**
Dr Cathy Jack provided a progress report which recommended further development of the specification and operational costs required to develop and maintain an HSC e-learning system using an in house e-learning platform provided by the HSC leadership centre. The Task Group identified this option as the one which gave greatest flexibility, responsiveness, and local level control in terms of developing bespoke tailored content; it is also less expensive than commercial options.

The Task Group also sought approval to proceed with exploring the e-learning needs of other professional groups.

The Implementation Team agreed the proposed Phase 2 objectives i.e. to further develop the specification and operational costs of an in-house e-learning platform provided by the HSC leadership centre, and explore the e-learning needs of other professional groups. These recommendations will be put to the Steering Group for approval.

**Action:** Dr Harper to seek Steering Group approval and feedback to the task lead following Steering Group Meeting.

**Task 6**
As agreed at the last Steering Group meeting, the next stage of this task is for CMO to convene a meeting with CNO, Olive MacLeod, Pat Cullen and Carolyn Harper to discuss and agree a way to integrate the lessons learned from Task 6 and from experience to date in the arrangements to measure performance against the Patient
Experience standards. Dr Harper will raise this again with Conrad Kirkwood.

5. **Draft Commination plan**
   The communication plan developed by Kevin Dunbar was agreed subject to some minor amendments. It will now proceed to Steering Group for approval.

6. **Issues to be raised with the Steering Group**
   The following issues/items will be brought to Steering Group:
   - Task 2 – covering letter and summary document – for approval
   - Task 4 – identification of alternate leads
   - Task 5 – Task Group proposal to move to phase 2 – for approval
   - Task 6 – action by CMO – for completion
   - Draft Communication plan – for approval
   - Overall progress report – for noting.

7. **AOB**
   Dr Harper reported that interviews are being held on 9 July for the Q2020 Project Manager post.

8. **Date of next meetings**
   - Monday 14 October 2013, 2.00 – 4.00pm, Conference Room 4, Linenhall Street.
   - Monday 13 January 2014, 2.00 – 4.00pm, Conference Room 4, Linenhall Street.
   - Monday 14 April 2014, 2.00 – 4.00pm, Conference Room 4, Linenhall Street.
   - Monday 14 July 2014, 2.00 – 4.00pm, Conference Room 4, Linenhall Street.
   - Monday 13 October 2014, 2.00 – 4.00pm, Conference Room 4, Linenhall Street.