Quality 2020 Steering Group

Minutes of the meeting held in Castle Buildings on Friday 29 May 2015 @ 10am

Attendees

Dr Michael McBride – Chief Medical Officer - Chair
Hugh McCaughey – CEO SEHSCT
Dr Eddie Rooney – CEO Public Health Agency
Charlotte McArdle – Chief Nursing Officer
Elaine Way – WHSCT
Ann McGlone – Willowbank Community
Fergal Bradley – DHSSPS
Brian Godfrey - DHSSPS
Conrad Kirkwood – DHSSPS
Donna Ruddy - DHSSPS
Gillian Hynes – DHSSPS
Jennifer Lamont - DHSSPS
Anne-Louise Thompson – Secretariat

The following attendees were present for Agenda items 10 – 16:
Mary Hinds – Director of Nursing and Allied Health Professionals - PHA
Dr Carolyn Harper – Chair of Q2020 Implementation Team – PHA/HSCB
Lisa Moore - Q2020 Project Manager - PHA

Apologies
Valerie Watts – CEO HSCB
Sean Holland – OSS
Deborah McNeilly – DHSSPS

1. Welcome and introduction

1.1 CMO welcomed all attendees and apologies were noted. There was some discussion regarding the volume, arrangement and communication of papers for the meeting. This was based on feedback from the PAs of several Steering Group members. As Chair of the Steering Group, Dr McBride sought agreement that all papers for inclusion in future meetings must be provided prior to a cut off date (most likely one week in advance of the meeting). Safety Policy Branch will also ensure that papers are numbered and titled in a clear manner to enable ease of printing for all Steering Group members.
2. **Minutes of the previous meeting**

2.1 The minutes of the previous meeting on 30 January 2015 were agreed and accepted.

3. **Action Points**

**Action Point 1** – SQSD - To diary the review of the Terms of Reference of the Stakeholder Forum for August 2015. - Cleared

**Action Point 2** - SQSD - To publish Paper 9 (Stakeholder Event Feedback) - Cleared

**Action Point 3** – Dr McBride and Fergal Bradley - To meet to discuss the requirements of the role of Chair of the Stakeholder Forum – Cleared – Dr McBride stated that Patricia Gordon of the MS Society, has accepted the appointment of Chair of the Stakeholder Forum.

**Action point 4** – SQSD - To obtain the 2 reports from Jo Bibby “Three tests for a credible Health Service” and “More than money – closing the NHS quality gap”, and circulate to the Group. - Cleared

**Action Point 5** – SQSD - To draft letters to CEs of Trusts to redefine their presentations for Q2020 Workshop and invite Sir Liam Donaldson to the Workshop. Cleared – Dr McBride advised the Group that the Q2020 Workshop had been refocused to address how each Trust was responding to the recommendations within the Donaldson Report. He further advised that two more workshops subsequently took place, where Trust representatives were invited to discuss their response to the Donaldson consultation. The consultation process closed on 22 May 2015, and the Department had received 129 responses at that point. CMO thanked all the staff involved in the workshops and consultation exercise.

**Action Point 6** – Charlotte McArdle - To align the Attributes Framework to the Presentation by Dr Keith Gardiner on ‘WHO Patient Safety Curriculum’ – Cleared

**Action Point 7** – Keith Gardiner and Hugh McCaughey - To meet to discuss inclusion of social care for accreditation. – This was not discussed at the meeting and an update will be sought prior to the next Steering Group meeting. - Ongoing

**Action Point 8** - Owner Lisa Moore - To develop a paper detailing the minimum mandatory training requirement, including the input by NISCC and HSCB regarding social care, for approval at the next Steering Group meeting – Ongoing - See Agenda item 11

**Action Point 9** – Dr Carolyn Harper - To amend the Scoping Exercise to include a contact name for each of the initiatives. Cleared
Action Point 10 – Lisa Moore - To present the revised Engagement Plan at the next Steering Group meeting – Ongoing- See Agenda item 13

4. Matters Arising
4.1 There were no matters arising from the previous minutes.

5. Amendments to the Governance Model
5.1 A paper on the Governance Model was provided prior to the meeting with a request for Steering Group members to approve by written procedure by 5 June 2015.

5.2 Dr McBride gave a summary of the main changes to be made, which included combining the Management Group and the Implementation Team in the governance structure. This was agreed by Steering Group on 30 January 2015 following an Internal Audit recommendation.

6. Implementation Plan – proposed revision
6.1 Dr McBride informed the Group that the original Implementation Plan was published in May 2012 and it stated that there should be a review after three years.

6.2 To this end, a paper was provided prior to the meeting with a request for Steering Group members to approve by written procedure by 5 June 2015.

6.3 At this point in the meeting Dr McBride introduced Mr Brian Godfrey who is the Head of the new Safety Strategy Unit – formally SQSD. The changes in the Directorate name and functions are part of the restructure of the entire CMO Group that commenced in December 2014.

6.4 Elaine Way agreed that a review of the Implementation Plan could ensure that the Q2020 Strategy was reflective of the outcome of the Donaldson Report. Dr McBride agreed and added that the report from the Inquiry into Hyponatraemia Related Deaths (IHRD) should also be considered following its publication.

6.5 Mr McCaughey indicated that it may be timely to clarify the membership of the Implementation Team, considering the removal of the Management Group from the governance structure.
**Action Point 1 – DHSSPS** – To clarify the membership of the Implementation Team, note in the document and to establish the tasks within its remit at this point

**Action Point 2 – DHSSPS** – To collate input from Steering Group members on revised Governance Model paper and share with all Steering Group members for approval.

6.6 Mr McCaughey also indicated that the strategic diagram used to illustrate the overall view of the Q2020 strategy may need revised as the project has evolved over time.

6.7 Mr Bradley agreed that a review of the strategic diagram would be beneficial and could be carried out during the Implementation Plan review. However, he advised that the main focus now was to agree the thrust of the Implementation Plan paper submitted to Steering Group for approval.

6.8 Mr Bradley also stated that the Implementation Plan review should clearly articulate the current position and review the strategic goals.

6.9 Charlotte McArdle stated that a key strand of work that may need enhancing relates to the patient voice. In response, Dr McBride agreed the importance of this work and that this revision was an opportunity to capture a stronger sense of the patient experience.

6.10 Dr McBride asked for the review of the Implementation Plan to take into account the issues discussed.

**Action Point 3 – DHSSPS** - To collate input from Steering Group members on proposed revision of Q2020 Implementation Plan paper and share with all Steering Group members for approval.

**Action Point 4 – DHSSPS** - To produce a paper on the current position of the Q2020 strategy including the impact of Donaldson, IHRD and other external factors. This should include a review of the strategic goals and objectives of the original Q2020 strategy to ensure they remain fit for purpose.

7. **Stakeholder Forum**

7.1 Dr McBride informed the Group that Patricia Gordon had formally accepted the post of Chair of the Stakeholder Forum, adding that her experience and skills would be an asset to the post and her appointment should help raise the profile of the patient voice.
8. **Risk Register**

8.1 CMO informed the Group that there had been a review and update of the Risk Register. Elaine Way asked if the “RAG” indicators could be typed as well as indicated by colour for clarity when printed in black and white.

**Action Point 5 – DHSSPS** – To amend the Q2020 Risk Register to include a colour coded risk status.

9. **Presentation on the Review of Quality Standards for Health and Social Care – Jennifer Lamont, Quality, Regulation and Improvement Unit**

9.1 A presentation on the Review of the Quality Standards for Health and Social Care was given by Jennifer Lamont from Quality, Regulation and Improvement Unit within the Department. This relates to Task 3 in the Q2020 Implementation schedule.

9.2 The Group discussed the presentation, agreeing that there were some elements that will need updated whilst keeping the focus on making the Standards more accessible and relevant for practitioners.

9.3 Dr McBride agreed, stating that Standards need to be drafted with professional colleagues in mind, and that any future communication from the Department needed to ensure engagement from the entire HSC sector.

9.4 CMO thanked Jennifer on behalf of the Group and stated that there would be an update at the next meeting to feedback how Trusts will be involved.

**Action Point 6 – Fergal Bradley** – To update the Group at the next meeting how Trusts will be involved in the drafting of the new Quality Standards for Health and Social Care.

*Dr Carolyn Harper, Lisa Moore and Mary Hinds joined the Group at this point.*

10. **Presentation on the Attributes Framework Implementation – Charlotte McArdle, Chief Nursing Officer (CNO)**
10.1 Charlotte McArdle (CNO) delivered a presentation on the Attributes Framework Implementation. The Attributes Framework was formally launched by Minister in December 2014. This relates to Task 4 in the Q2020 Implementation schedule.

10.2 Ms McArdle advised the Group that engagement with Social Care professionals had taken place at the outset and throughout the process to develop the Attributes Framework. She added that the lead officers on the implementation of the Attributes Framework were from medical, nursing and social care disciplines.

10.3 CMO thanked Charlotte on behalf of the Group for the presentation.

11. **Action Points arising from the previous meeting to be addressed by the Implementation Team.**

11.1 **Action Point 8 (30 January 2015 meeting)** - Lisa Moore - To develop a paper detailing the minimum mandatory training requirement, including the input by NISCC and HSCB regarding social care, for approval at the next Steering Group meeting – **Ongoing** - Ms Moore has been gathering the relevant input from the various Trusts and ALBs and will present this paper at the next meeting.

**Action Point – 7 – Q2020 Project Manager** - To provide update paper for next Steering Group meeting detailing the minimum mandatory training requirements, including NISCC / HSCB input on social care training requirements.

11.2 **Action Point 9 (30 January 2015 meeting)** – Dr Carolyn Harper - To amend the Scoping Exercise to include a contact name for each of the initiatives. – **Cleared**

11.3 **Action point 10 (30 January 2015 meeting)** – Lisa Moore - To present the revised Engagement Plan at the next Steering Group meeting – **Ongoing** – This is covered in Agenda Item 13

12. **Q2020 Action Plan – Implementation Team update on Task Groups**

12.1 The Implementation Team provided an action plan that detailed the latest position on the current Q2020 tasks. CMO thanked Dr Harper for the new Action Plan and the Group agreed that it should satisfy the recommendations contained in the Internal Audit report on Q2020 Project Management.
12.2 Steering Group members approved the format of the new Action Plan; however it should include more narrative information to give a more comprehensive update on each task.

**Action Point 8 - Q2020 Project Manager** - To amend the Implementation Team Action Plan update to include more narrative, detailing progress on project tasks; and include new phases of existing tasks and anticipated tasks for the coming year.

13. **Quality 2020 Engagement Plan**

13.1 Lisa Moore presented a revised draft of the Q2020 Engagement Plan to Steering Group members prior to the meeting. Following a review of the plan, Dr McBride stated that it would be beneficial for more details of the actual engagement that had taken place with various HSC bodies to be included on the Engagement Plan.

13.2 Ms Moore advised that, on a quarterly basis, she would incorporate a more detailed update of all engagement that had taken place across the HSC and report to Steering Group at each meeting.

13.3 The Group agreed this was acceptable. Dr McBride also stated that he would write to Trust Chief Executives asking them to detail engagement that has taken place with service users.

**Action Point 9 – DHSSPS** – To issue a letter from CMO to Trust CEs asking each to consider the Engagement Plan and provide feedback detailing how their Trust engages with service users and how this engagement has, and will, lead to quality improvements in service delivery.

**Action Point 10 – Implementation Team / Q2020 Project Manager** – To compile a quarterly summary detailing examples of engagement with service users

14. **Annual Quality Reports Minimum Dataset 2014/2015**

14.1 Dr McBride explained that the purpose of this agenda item was to discuss the changes to the format and approach of the Annual Quality Reports (AQRs) for 2014/15, that are due to be provided to the Department by September 2015. These changes follow a paper on the Minimum Dataset of the AQRs provided by the Implementation Team.

14.2 Having reviewed the Minimum Dataset, Dr McBride indicated that the AQRs should reflect the 5 strategic goals of the Q2020 Strategy. He also requested
that the baseline information used should be consistent across the five Trusts; and a standardised measurement of information for each section of the reports should be used by the Trusts.

14.3 Dr McBride also requested that more indicators relating to social care are included in the reports.

14.4 Lisa Moore stated that she had attended the AQR Task Group meeting and the intention was to move towards structuring the 2015/16 reports around the five Q2020 themes.

14.5 Elaine Way offered that whilst it was good to have standards for service users, it would also be beneficial to have patient behaviour standards to reflect the type of behaviour front-line staff can accept from patients; and also the support that staff can expect from line management.

14.6 Dr Harper advised that this would be discussed with the Task Group and if it was not possible to include this information in 2014/15 reports, then it would be included in those for 2015/16.

14.7 Following on from meetings with several ALBs to discuss their AQRs, Dr McBride asked the Group to consider the feasibility of combining the ALB's Annual Quality Reports and Annual Complaints Reports.

14.8 Mary Hinds also suggested that this could be a useful tool to incorporate the positive aspects of complaints handling into AQRs.

15. Harmonising Logistics

15.1 Prior to the meeting, the Implementation Team provided an update paper on the issues emerging from the workshops carried out at NIMDTA with the F2 doctors, and also to inform the next steps in relation to this task.

15.2 Dr Harper informed the Group that there may be a need to review the procedural pack that graduate F2 Doctors receive through Queens University; to ensure that this reflects standard logistics across the HSC to reduce variations in procedures. The workshops have proved to be very beneficial and there has been good engagement with doctors. An example includes a standardised admission process, and other issues are being addressed by other processes e.g. hospital handovers at night.
15.3 Elaine Way welcomed this approach and added that it could be further enhanced if Trusts could be afforded the opportunity to contribute also, through Chief Executives and Boards.

15.4 Dr McBride suggested that in addition to the ongoing work, the standard induction that had been reviewed in 2013, may also need updated. He then thanked the Implementation Team for their update.

16. AOB

16.1 There was no other business to note.

To Note

Dates of future meetings are as follows:-

- Friday 11 September 2015 @ 10.00am
- Thursday 21 January 2016 @ 10.00am
- Thursday 21 April 2016 @ 10.00am
- Thursday 29 September 2016 @ 10.00am

All meetings will be held in the D2 Conference Room, Castle Buildings, Stormont Estate.
## Summary of Action Points

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<thead>
<tr>
<th>Action Point</th>
<th>Detail</th>
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| 1            | **Governance Model**  
To clarify the membership of the Implementation Team, note in the document and to establish the tasks within its remit at this point                                                                 | DHSSPS      |
| 2            | **Governance Model**  
To collate input from Steering Group members on revised Governance Model paper and share with all Steering Group members for approval.                                                                 | DHSSPS      |
| 3            | **Implementation Plan**  
To collate input from Steering Group members on proposed revision of Q2020 Implementation Plan paper and share with all Steering Group members for approval.                                           | DHSSPS      |
| 4            | **Implementation Plan**  
To produce a paper on the current position of the Q2020 strategy including the impact of Donaldson, IHRD and other external factors. This should include a review of the strategic goals and objectives of the original Q2020 strategy to ensure they remain fit for purpose. | DHSSPS      |
| 5            | **Risk Register**  
To amend the Q2020 Risk Register to include a colour coded risk status.                                                                                                                                | DHSSPS      |
| 6            | **Quality Standards**  
To update the Group at the next meeting how Trusts will be involved in the drafting of the new Quality Standards for Health and Social Care.                                                                 | Fergal Bradley |
| 7            | **e-Learning Platform**  
To provide update paper for next Steering Group meeting detailing the minimum mandatory training requirements, including NISCC / HSCB input on social care training requirements.                                      | Q2020 Project Manager |
| 8            | **Implementation Team – Update on Tasks**  
To amend the Implementation Team Action Plan update to include more narrative, detailing progress on project tasks; and include new phases of existing tasks and anticipated tasks for the coming year. | Q2020 Project Manager |
| 9 | **Patient Engagement**  
To issue a letter from CMO to Trust CEs asking each to consider the Engagement Plan and provide feedback detailing how their Trust engages with service users and how this engagement has, and will, lead to quality improvements in service delivery. | DHSSPS |
|---|---|---|
| 10 | **Patient Engagement**  
To compile a quarterly summary detailing examples of engagement with service users | Q2020 Project Manager |