Minutes of meeting held in Castle Buildings on Thursday 6th February 2014 at 11.00am

Attendees:

- Dr Michael McBride – Chief Medical Officer – Chair
- Charlotte McArdle - Chief Nursing Officer , DHSSPS
- Catherine Daly - Healthcare Policy Group, DHSSPS
- Hugh McCaughey – CEO SEHSCT
- Fergal Bradley - DHSSPS
- Christine Smyth - OSS
- Conrad Kirkwood – DHSSPS
- Carolyn Harper – (items 9-11 on Agenda), Public Health Agency/HSCB & Co Chair of - Management Group -
- Lisa Moore – (items 9-11 on Agenda), Q2020 Project Manager
- Gillian Hynes - Secretariat
- Anne-Louise Thompson – Secretariat

Apologies:

- Margaret Murphy – Patient Advocate and External lead, WHO Patients for Patient Safety
- Pat Cullen – Public Health Agency
- John Compton – Chief Exec HSC Board
- Jo Bibby – Director of Strategy, The Health Foundation
- Jennifer Dixon – Chair, Health Foundation
- Sean Holland – OSS
- Dr Eddie Rooney – CEO, Public Health Agency
- Ann McGlone – Willowbank Community
- Elaine Way - WHSCT

1. - Welcome and Introduction
   1.1 Dr Michael McBride (CMO) opened the meeting and welcomed everyone.

2. - Minutes of the previous meeting
   2.1 The minutes of the meeting on 28th October were accepted as an accurate record. Subject to changes in AP2 below.

3. - Action points from previous minutes

   AP 1 – Owner SQSD - To amend issue log to include the following:-
a) Inclusion of the Keogh report along with learning and quality issues from any prominent research and reports across the GB Health Service

b) Ensure alignment re the direction of the Annual Quality Reports and the Commissioning Directive

c) The financial constraints faced by the Department and the wider HSC and the pressures this brings for Quality 2020

**CLEARED**

AP 2 – Owner CMO – CMO to write to Maeve Hully and Glen Houston with the intent of pulling together a group to strengthen the Stakeholder involvement

**CLEARED**

AP 3 – Owner All – CMO asked for all ideas regarding promotion of Q2020 at Stakeholder Forum to be sent to Pat Cullen

**CLEARED**

AP 4 – Owner ALL – CMO asked for views on the information regarding Information Sharing Conference to be sent to him.

**CLEARED**

AP 5 – Owner Charlotte McArdle/ Carolyn Harper – To share information on Schwartz Rounds.

**CLEARED**

AP 6 - Owner SQSD – To prepare a submission for Minister to advise of the publication of Annual Quality Reports.

**CLEARED**

AP 7 – Owner CMO – CMO to write to sponsor branches of ALBs to advise them their Annual Quality Report should be under the three headings for Q2020 i.e. Safety, Effectiveness and Client Focus. These reports are to be available by September 2014 to cover 2013/2014.

**CLEARED**

AP 8 – Owner CMO – To engage with NIPEC and NIDMTA re format of Annual Quality Reports

**CLEARED**

AP 9 – Owner Sean Holland – To engage with Social Care Council re format of Annual Quality Reports

**CLEARED**

AP 10 – Owner CMO – To write to Trusts emphasising the need for accurate information in appendix 5 of paper 8, Outline Proposal for a Regional E-Learning platform. The table details current mandatory training for medical staff/hospital trusts in Northern Ireland.
AP 11 – Owner CMO - To write to ICT Program Board to ask to consider E-Learning platform in their 14/15 plans

AP 12 – Owner CMO - To meet with Olive McLeod and Pat Cullen to discuss Task 6

ONGOING – Meeting arranged for 24th February 2014

AP 13 – Owner SQSD - Submission to Minister to be drafted asking permission to use the approved Q2020 logo on all Q2020 material

AP 14 – Owner Carolyn Harper - To write to Steering Group and detail her requested amendments to the Implementation Plan

AP 15 – Owner SQSD - To include the possible revision of the Implementation Plan in the Issue Log

4. - Issue Log

4.1 There was discussion around the Issue Log and how there is a danger that it could become overpopulated. There were some issues listed that could be attributed to certain areas of work to monitor.

4.2 It was agreed that the Log should be cut down to overarching concerns and anything more specific should be converted to action points to monitor.

AP 1 – Owner Fergal Bradley – To review the Issue Log and assign action points.

5. - Matters arising

Stakeholder Forum

5.1 Glen Houston will make available the composition of the group and the draft Terms of Reference in time for the next Steering Group.

5.2 There was some discussion and agreement that there should be as much use of the Q2020 logo as possible to ensure promotion of the Q2020 brand.

5.3 Charlotte McArdle stated that the Standards Policy Frameworks could be used more to promote Quality standards. She also stated that informal networks could be tapped into and used more formally.

5.4 It was also agreed that the Annual Quality Report should be the vehicle for reporting back regionally on Quality issues.

IHM Conference
5.5 - A draft of the event Programme is expected in the next few weeks. This has proved to be a popular event and is now fully subscribed.

**AP 2 – Owner Fergal Bradley – To secure a draft copy of the Programme for the IHM Conference**

6. - **Dissemination of information**

6.1 - Fergal Bradley addressed this point and suggested to the group that better use could be made of the information networks that were available.

6.2 - An example of better working is that NICE will advise the Department in future of any guidance they are ready to publish so that any other areas who may wish to provide input, can do so before publication.

6.3 - There was some discussion around how to best make information available. Christine Smyth shared the example of the Information Hub and Hugh McCaughey shared the example of the Knowledge Exchange website.

6.4 - The purpose of the KE website is to facilitate learning and research, best practice, innovation and knowledge sharing within and across organisations interested in the HSC in Northern Ireland.

6.5 - Fergal Bradley discussed the current process to develop an interim Regional Learning System (RLS). The interim RLS will aim to allow for improved communication between bodies already gathering, analysing and reporting information, and will also look at ways to include these in Trusts’ standard processes.

7. - **Implementation Plan**

7.1 - CMO stated that it would be timely to instigate a review of the Implementation Plan.

7.2 - There was agreement that not all of the issues on the Plan could be addressed by tasks and indeed there were many initiatives in the HSC that were already addressing issues on the Implementation Plan.

7.3 - It was agreed that for the next meeting, there would be a revised Implementation Plan to be presented to Steering Group. This should include work carried out to date, work that is already in place and work that has not been done, so that a comprehensive new document can be drawn up.

7.4 - It should be noted that any significant changes to the Implementation Plan will need to be approved by Minister.

**AP 3 – Owner Fergal Bradley – To revise Implementation Plan and bring before the Group at the next Steering Group meeting.**

8. - **Process for the proposal of new tasks**

8.1 - There was some discussion around the merits of deciding on new tasks prematurely. The discussion included the point that there was a lot of work going on within the Trusts and that this work should be maximised.

8.2 - The Group agreed that there should be further discussion around new tasks and the possible areas they would cover.
8.3 - There was agreement that there would be benefit to holding a half-day Q2020 Workshop to discuss areas further without the time constraints of a Steering Group meeting.

**AP 4 – Owner Fergal Bradley – To take the lead on organising a Q2020 Workshop to further discuss future tasks and other issues. All Trusts Chief Executives to be invited. To meet with CMO to discuss purpose and agenda.**

9. **Action Points from previous meeting**

   9.1 - All action points attributed to Dr Harper have been cleared.

10. **Update from Management Group**

    10.1 CMO thanked Dr Harper and those others involved in producing the paper detailing proposed new tasks.

    10.2 CMO advised that, whilst he appreciated the direction of the paper, he would like to wait on agreeing new tasks until after the previously mentioned workshop. He explained that he wished to capture as much of what work was already being carried out as possible before committing to any new tasks.

    10.3 Fergal Bradley agreed and stated that some issues would never be a task. The point of the tasks being taken forward was to specifically address areas where no work had commenced.

    10.4 **Task Updates:**

        - **Task 2 – Annual Quality Reports** – Belfast Trust have published their report and other Trusts are expected to follow shortly. Arms Lengths bodies are to report for 13/14 by the end of September 2014. The workstream will now focus on phase 2 regarding further indicators particularly in relation to social care. When all the reports have been made available, they will be summarised in a regional report.

        After discussion, the Group agreed with Hugh McCaughey’s suggestion that the Annual Quality Reports should be presented at Trust Accountability meetings. At this point Hugh McCaughey left the meeting due to a prior commitment.

        **AP 5 – Owner Carolyn Harper – To summarise the Annual Quality Reports from all Trusts.**

        - **Task 3 – Standards Policy Framework** – First phase of reports have been reviewed and the work-stream has been asked to build on those to:

          - Produce a single summary of extant DHSSPS requirements.
          - Sense of volume within DHSSPS to be ascertained.
          - Clarify hierarchy of advice.
          - Explore with stakeholders, the scope to a risk based approach to assessment of performance. Implementation team have asked that this be carried out while the work on the IT tool is held.

        - Fergal Bradley stated that it might be wise to look closely at the language in the NICE Guidance as some of it suggested that actions were obligatory and some were optional or advisable. It was felt that Standards Policy Frameworks could be used to reflect the more compulsory guidance.
AP 6 – Owner Fergal Bradley – To draft a business case for the IT system to minimise lead in times and to explore wording in NICE guidance to seek alignment with Standards Policy Framework.

- Task 4 – Professional leadership Development – NIPEC are developing the Attributes Framework detailing what is expected of HSC Leaders. Final version will be available for Implementation team in April. Initial mapping has revealed there is a gap in the existing leadership programmes. Further development is necessary to maintain leadership qualities and also to further extend them.

- Task 5 – E-Learning Platform – A commercial company who produced an e-learning package for X rays may be able to develop similar packages for other areas. Lead officers to develop Nursing and Social Care mandatory training requirements have been identified and will start work shortly.

- Task 6 – Ward level review – Meeting with Olive McLeod, Pat Cullen, CMO, CNO and Dr Harper has been convened for 24 February 2014 to discuss this task and agree a way forward.

- Task 7 – Literature Review – Task Leads have considered the Literature Review and mapped the key recommendations in the Francis, Berwick and Keogh reports. Implementation Team has used this as a basis for their proposed new tasks.

- Task 8 – Communication Plan – A simpler version will be presented at the next Implementation Team meeting and will be available for the next Steering Group meeting. The aim is to raise the profile of Q2020 through various means e.g. branding and more widespread use of the logo.

- Task 9 – Development of 2014/2015 tasks – There was some discussion around the paper that had been submitted by Dr Harper detailing proposed new tasks. After discussion, the Group agreed that the following tasks would be accepted.

  **Tasks to be rolled forward:-**
  Task 2 Annual Quality Reports
  Task 3 Standard Policy framework
  Task 4 Professional Leadership Development
  Task 5 E-Learning Platform
  Task 10 Include WHO curriculum on patient safety in all undergraduate training for all health and social care professionals.

  Task 9 to be held - Establish date for a Morbidity and Mortality meeting

  There will be a stage one scoping for Task 11 Minimise variation and Dr Harper will write to Steering group for the next meeting.

AP 7 – Owner Dr Harper – To write to Steering group before the next meeting, regarding stage one scoping for Task 11
10.5 There was some discussion around the scoping for task 11 and Dr Harper felt that although it was a good idea to scope out the issues, there was still a need for a mechanism.

10.6 The Group agreed that it was essential to get buy-in from Chief Executives and that the Steering Group do not want to be simply telling Trusts and staff what to do.

10.7 Fergal Bradley reminded everyone that there would be some areas that would not be addressed as tasks and that not everything would come under the governance of Q2020.

10.9 There was some discussion around Death Certification. Fergal Bradley stated that this was currently being considered under normal Departmental processes and may not, therefore be a Q2020 task.

**AP 8 – Owner Carolyn Harper and Fergal Bradley – To meet for discussion regarding other tasks**

10.8 The issue of complaints was discussed but it was agreed that as the Department is the regional lead for complaints policy, the issues will be brought to the Complaints Policy Liaison Group, which the Department chairs.

11. **Date of next meeting**
   Agreed as 6th June 2014 at 10.00am
   D2 Conference Room, Castle Buildings
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