Quality 2020 Steering Group

Minutes of meeting held in Castle Buildings on Friday 6th June 2014 at 10.30am

Attendees:

- Dr Michael McBride – Chief Medical Officer – Chair
- Fergal Bradley – DHSSPS
- Hugh McCaughey – CEO SEHSCT
- Dr Eddie Rooney – CEO, Public Health Agency
- Carolyn Harper – (items 7-13 on Agenda), Public Health Agency/HSCB & Co Chair of Management Group
- Lisa Moore – (items 7-13 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
- Jo Bibby – Director of Strategy, The Health Foundation
- Jennifer Dixon – Chair, Health Foundation
- Sean Holland – OSS
- Ann McGlone – Willowbank Community
- Elaine Way – WHSCT
- Charlotte McArdle - Chief Nursing Officer , DHSSPS
- Catherine Daly - Healthcare Policy Group, DHSSPS
- Christine Smyth - OSS
- Conrad Kirkwood – DHSSPS

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 6th February 2014 were accepted as an accurate record. (Subject to changes requested at 7.2)

3. **Action points from previous minutes**

**AP 1** – Owner Fergal Bradley – *To review the issue log and assign action points*

**CLEARED**

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

**CLEARED**

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

**CLEARED**

**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.

**Ongoing – Put on hold due to diary difficulties but to attempt to try again for October**

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

**Ongoing – This proved difficult due to variations across Trusts. It was therefore agreed to postpone this exercise until the ALB reports are published in September 2014.**

**AP 6** - Owner Fergal Bradley – To draft a business case for the IT system to minimise lead in times and to explore working with NICE guidance to seek alignment with Standards Policy Framework.

**Action - Task Group is being stood down.**

**AP 7** – Owner Carolyn Harper – *To write to Steering Group before the next meeting re a stage one scoping exercise for Task 11*
ONGOING – TO NOTE – This was an error in the last minutes as the scoping exercise was for Task 6 not Task 11. This was adjourned after the meeting with CMO and CNO in March.

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

CLEARED

4. Matters arising
   There were no matters arising from the previous meeting.

5. Paper on Task numbering
   5.1 Fergal Bradley advised the group that Internal Audit have planned to carry out an audit on the management of the Q2020 programme. He then asked the Group to note that the numbering of Tasks was not consistent.
   5.2 He stated that it appeared that some of the numbers of Tasks that had already had been completed or withdrawn had been reused. He advised Steering Group that new Tasks had now been renumbered and that Implementation Team/Management Group would need to be advised.
   5.3 This was important so that all records could be recorded accurately to ensure an audit trail.
   5.4 The new list of Task numbers has been issued to all Steering Group members.

6. Implementation Plan
   6.1 The Group felt that the existing Implementation Plan was not reflective of the breadth of the Strategy and therefore a revised Implementation Plan was presented to the Steering Group for discussion.
   6.2 CMO stated that he would like the Group to be less process based and more direct and dynamic.
   6.3 He felt that the existing Implementation Plan did not match the tasks that had been undertaken however, when the plan is examined, there is a lot of work ongoing both in the Department and within the wider HSC, which covers the initial detailed tasks.
   6.4 CMO stated that although Steering Group would not have been directing some of the ongoing programmes that would have addressed some of the initial tasks, he felt that the Quality agenda was much broader than just Q2020 tasks and therefore the contribution to the Q2020 Strategy from these programmes should be noted.
6.5 Mr Bradley added that the initial Implementation Plan should be reported on with a view to steering group signing it off and a new revised version should be worked on. He formally asked for Steering group’s approval which was given.

6.7 He stated that if achievement of the Q2020 Strategy was the goal, then it would not be achieved by Tasks alone. Every aspect of the HSC system needs to be examined and all projects that aimed to improve Quality and Safety should be recognised.

6.8 CMO stated that this was a refocus of Q2020 and not a re-launch. A new Implementation Plan detailing the activities that are ongoing both within the Department and the wider HSC will be circulated so that any activities which are currently not known about can be included.

**Action Point 1 – SQSD – To prepare and circulate a final update against existing implementation plan and a new draft Implementation Plan that includes all activities within the HSC and Department that contribute to the wider Quality agenda and are in line with initial Tasks in the original Implementation Plan. To be issued to Departmental Grade 3s.**

6.10 Mr McCaughey agreed and stated that the overall system of quality delivery was in need of assessment.

6.11 CMO agreed and stated that he wanted to be able to use the Steering Group meetings more effectively. The format of the future meetings would change to include discussion on one of the Tasks undertaken by the Implementation Team and also one of the activities ongoing within either the Department, or wider HSC.

6.12 He hoped that this format would help to inform the Group of the wider implications of quality delivery and assist the Group to lead more effectively.

**At this point Dr Harper and Ms Moore joined the meeting**

7. **Action Points from Management Group/Implementation Team.**

7.1 CMO welcomed Dr Harper and Ms Moore to the meeting.

7.2 An update was given of the following action points that were attributed to Implementation Team at the last meeting:-

- **Action Point 5** – Dr Harper advised the Group that she had attempted to summarize the Annual Quality Reports published by the Trusts however this had proved difficult due to varying approaches in publication. Dr Harper had suggested that this might be best postponed as a Regional report was due in September 2014. This
would allow for time to consider more standardization of what was reported. This was agreed by Steering Group. CMO stated that although this regional report was not produced yet, there was a lot of learning gathered during the attempt that would assist with regional benchmarking.

- **Action point 7** - The scoping exercise referred to was for Task 6, not Task 11 as was stated in the minutes of the meeting on 6th February. CMO informed Dr Harper of the renumbering of Tasks to aid more accurate recording keeping. She agreed that they would align their tasks to the numbering advised in paper 4.

- **Action Point 8** – It was agreed that Dr Harper, Lisa Moore and Mr Bradley/Mr Kirkwood should meet to discuss several issues with progressing tasks.

7.3 Mr Bradley also brought Dr Harper and Ms Moore up to date on earlier discussions. He advised Steering Group that the Morbidity and Mortality task that had been discussed would not be rolling forward. This work would be driven by the Department and would encompass the Death Certification Working Group.

7.4 It was agreed that it would remain on the Task list as there may be future work that would come from the Working Group that may constitute a Task.

7.5 Mr Bradley also stated that the suggested task on positive culture would be best led by the Department as there was some planned but as yet undetermined work in this area. Some of the work to be undertaken by Sir Liam Donaldson may also feed into this so it was decided that the task would remain on the task list as there be future work that could be allocated to a Task.

7.6 There was some discussion around the workshop for which an attempt had been made at organising. Mr McCaughey stated that he felt it was a vital tool to get buy-in from frontline staff and every level. The Group agreed with his assessment that a culture of quality should emanate from within an organisation.

7.7 CMO stated that the workshop would not be ‘parked’ but was simply being postponed until more information was available regarding the new Implementation Plan and the activities that were ongoing in the Department and HSC regarding Quality.

8. **Progress Report from Management Team/Implementation Team**

8.1 Dr Harper gave an update on the current position of tasks as follows:-

- **Task 2** – A letter was written to ALBs from CMO as requested by Dr Harper, giving more direction as to the content of the Annual Quality Reports which are due in September 2014. All reports from Trusts have been published and are available on Trust websites.
• **Task 3** – The quality of the work produced so far on this task was acknowledged by Steering Group. Dr Harper had asked for some guidance from Steering Group regarding the future of this Task. Mr Bradley stated that he felt there was a lot of information that was useful to ALBs e.g. GAIN, RQIA etc but practitioners may not find as useful. It was therefore agreed that this Task would be stood down and taken back into the Department as there was still work to do on standards compliance.

• **Task 4** – It was agreed that there needed to be a systematic embedding of quality and that staff needed to feel supported in this. The Attributes Framework was seen as a valuable piece of work but there was concern that it would not be embedded in the everyday working of staff. The Group also agreed that the language within the document may need to be amended to be more inclusive of Social Care

**Action Point 2** – **Owner Charlotte McArdle** – To inform Steering Group of the next steps for Task 4 and also to look at the language within the document.

• **Task 5** – Support has been received from the E-Health Team and the project is now under ICT Project Board.

• **Task 6** – A scoping paper has now been shared with Trusts and could feed into the proposed Workshop. Social Care has also been involved. The next step will be to review the current work and identify opportunities for streamlining to have greatest effect on patient and client care.

• **Task 7** – Steering Group agreed to close this Task.

• **Task 8** – The Steering Group felt that the Communications Plan should be delivered by the Steering Group and it may be prudent to wait until the Workshop as there may be ideas that should be included. As an interim measure, Lisa Moore has been asked to review the language in the new draft of the Communication Plan to ensure that it is inclusive of the Social Care and the Community. There was some further discussion around PPI and stakeholder involvement and it was agreed that Lisa Moore would meet with Fergal Bradley and/or Conrad Kirkwood to discuss this.

**Action Point 3** – **Owner Lisa Moore** – To revise the language in the Communications Plan to be more inclusive of Social Care and the Community.

**Action Point 4** – **Owner Lisa Moore/Conrad Kirkwood** – To meet to discuss PPI initiatives and the Stakeholder Forum.
• Task 10 (now task 13) – Approval was sought for the Terms of Reference. Approval given to pages 18 and 19 but CMO asked for some changes to the introduction.

Action Point 5 – Owner Lisa Moore/Conrad Kirkwood – To meet and discuss changes to the Terms of Reference

• Task 11 (now 14) – Implementation Team have asked for direct engagement with frontline staff to identify areas where variation creates significant patient/client risks. The results should be available by the next Steering Group Meeting.

8.2 At this point, Mr Bradley informed Dr Harper of the previous discussions around the format of the Steering Group meetings. Mr Bradley informed Dr Harper that for the next Steering Group Meeting, there should be a presentation on one of the tasks by the Task Lead and also a presentation on one project that was being led by the Department. It was agreed that Mr Bradley and Dr Harper would meet separately to discuss which task would be presented.

Action Point 6 – Owner Carolyn Harper/Fergal Bradley – To meet and agree which Task is to be presented at the next Steering Group meeting

9. Task 3 – Standards and Guidance catalogue (approval sought)

9.1 Discussion ensued around the suitability of the next phase of this Task sitting with the Implementation Team. It was therefore agreed that the Task would move back into the Department in order to take forward issues raised during the course of the project so far and to consider how best to maximise the effectiveness of standards and guidelines going forward.

9.2 CMO stated that the standards catalogue was a very useful snapshot of the standards but that simply sharing the standards would not in itself embed them and this was crucial.

10. Supporting Leadership for Quality and Safety Attributes Framework (approval sought)
10.1 The Attributes was developed with all HSC staff in mind i.e. Social Care, Acute, FPS, and Community etc.  
10.2 Mr McCaughey reiterated that he felt it was imperative that quality was embedded in every area of the HSC and built into the everyday work.  
10.3 He asked how it would be used to help inform culture and identify training needs.  
10.4 Dr Harper reassured the Group that this was a priority and the next two elements of the Task were around embedding.  
10.5 Mr McCaughey suggested that the framework could be built into the appraisal system. This would help to inform a quality culture as well as highlight training needs. He enquired as to whether HRD were present on the group overseeing the task but it appeared they were not.

11. **Communications Plan**

11.1 This was discussed as part of the update from Implementation Team (see task 8 under 8.0 Progress Report from Management Team/Implementation Team)

12. **Revised Terms of Reference for Tasks (Approval sought)**

12.1 CMO stated the Group were content to approve pages 18 and 19 of the document however, he felt the introduction was almost a review of Q2020. An action point has already been attributed for discussion on the revised content.

13. **AOB**

13.1 There was some discussion around the importance of having a Q2020 workshop. Mr Rooney stated he felt it would refocus and put emphasis into the communication of Q2020.  
13.2 Mr Bradley stated it would be useful to have an Engagement Plan and asked that Lisa Moore look at this to run alongside the Communication Plan.

**Action Point 7 – Owner Lisa Moore – To produce an Engagement Plan to be looked at alongside the Communications Plan.**

14. **Date of the next meeting**

14.1 The date of the next meeting has been agreed as:

Thursday 2\textsuperscript{nd} October 2014 @ 10.30am  
D2 Conference Room
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<thead>
<tr>
<th>Action Point</th>
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