
Quality 2020 Steering Group

Minutes of meeting held in Castle Buildings on Friday 8 February 2013 at 2.00pm

Attendees:

- Dr Michael McBride – Chief Medical Officer – Chair
- Dr Paddy Woods – Deputy Chief Medical Officer
- Hugh McCaughey – HSC Safety Forum
- Anne McGlone – Willowbank Community Resource Centre
- Margaret Murphy - Patient Advocate and External Lead, WHO Patients for Patient Safety
- Jo Bibby – Director of Strategy , The Health Foundation
- Angela McLernon – Acting Chief Nursing Officer , DHSSPS
- John Compton – CEO, HSCB
- Dr Eddie Rooney – CEO, Public Health Agency
- Christine Smyth – Acting Chief Social Services Officer
- Carolyn Harper – (items 6 – 10 on Agenda), Public Health Agency/HSCB & Co Chair of Management Group
- Conrad Kirkwood – DHSSPS
- Anne- Louise Thompson – Secretariat

Apologies:

- Elaine Way – WHSCT
- Catherine Daly – Healthcare Policy Group, DHSSPS
- Sean Holland - Social Services Policy Group, DHSSPS
- Mary Hinds – Public Health Agency
- Pat Cullen – Public Health Agency

Action points from previous minutes

- i. - **Owner SQSD** – A diagram was to be produced to illustrate how the projects relate to the strategic goals

Cleared – Diagram produced by SQSD

- ii. - **Owner SQSD** - Margaret Murphy to be invited onto the group

Cleared – Margaret accepted membership and now in attendance

- iii. **Owner SQSD** – Elaine Way requested amendments to the Governance model to highlight - the role of the Steering Group -

Cleared – Governance Model amended at Para 5

- iv. - **Owner –Management Group** – To consider how a public campaign might be organised

Ongoing

Matters arising from previous minutes

1. -Dr Michael McBride (CMO) opened the meeting and welcomed everyone, particularly the two members attending for the first time, Jo Bibby and Margaret Murphy, stating that the Group would benefit from their perspective and expertise.
2. -Concerns had been raised that Workstream Groups needed to be more representative of the integrated nature of health and social care services. It was noted that as presently constituted the current workstreams leads had an underrepresentation of social care. CMO expressed his expectation that the inclusion of Fionnuala McAndrew as a member of the Management Group and Social Care membership of the Steering Group, should ensure that the implementation of Q2020 reinforces the importance of social care. It was agreed that the language used should leave no doubt over the inclusion of community and social care in all aspects of the programme.
3. -Hugh McCaughey asked whether the work being done with ward managers might be extended to Community and Social Care. He referred to some of the work being done by Social Care Institute for Excellence and the National Institute for Clinical Excellence. He suggested that the Steering Group might find it useful to familiarise themselves with their work.

Action point 1 – *Owner Conrad Kirkwood – To obtain a presentation from Ian Sutherland re the work of SCIE and NICE*

4. -CMO stated he would like to see an issues log developed so that any concerns can be recorded and tracked. He also stated that it might be useful to have the action points circulated as soon as possible after the meeting to allow owners to take any necessary action before the next meeting.

Action point 2 – *Owner SQSD - To circulate actions points immediately after meetings and create issue log*

5. -Concerns were raised over the language used in many documents relating to Q2020. Members stated that the language did not give sufficient prominence to social and community care, leaving the potential for the impression that Q2020 is limited to medical and hospital-based care. CMO agreed and suggested that the Terms of Reference be revised to reflect this point.

Action point 3 – Owner - Management Group – To amend the wording of the Terms of Reference to reflect the involvement of social care and the community.

6. -Hugh McCaughey raised the publication of the Francis report and how this could impact on Q2020. CMO stated that there was a need to consider the themes and issues arising from it. It would rest with the Minister to take a view on how the Francis Report might impact and how a response should be made.
7. -Jo Bibby commented that she was struck by the parallels between the findings of the Francis Report and the Q2020 Strategy. She stated that the NHS would benefit by adopting the same 'bottom up' approach that the projects followed. She was encouraged with the measures already put in place.
8. -Ann McGlone raised concerns that the diagram produced by SQSD did not reflect the service user/client perspective sufficiently. There was some discussion around how service users/clients were represented and Margaret Murphy added that the families, service users/clients and front-line staff were the only people who knew how the system was really working. She felt that staff should be empowered to raise and escalate any issues they felt impacted on service user/client experience.

Action point 4 – Owner SQSD – To revise the diagram on Strategic Goals to include a heading of Communication. Design to be reconsidered to be more integrated and show how streams will feed into each other.

9. -The suggestion of a media campaign to raise the profile of Q2020 was discussed. CMO felt that it was important to consider carefully any media campaign on safety issues. Margaret Murphy added that the best form of communication was demonstration. She felt that proper action and adherence to standards would communicate the improvements in quality more appropriately. CMO reminded all to raise the awareness and profile of Q2020 within their own areas.

Action Point 5 – Owner Management Group/Implementation Team – To consider a campaign or programme to raise awareness of Quality 2020.

10. CMO acknowledged the changes made to the Programme Initiation Document to reflect one Stakeholder Forum. The first meeting of the forum would be held after the summer. CMO also acknowledged changes made to the Governance Model.

Action point 6 – Owner SQSD – To amend Governance model.

Progress Update from Management Group

11. CMO advised Dr Harper on the earlier discussion around the need to include all areas of health and social care in Q2020 and, in particular, social services staff.

12. Dr Harper stated that there had been a discussion at the Implementation Team around the need for a greater sense of understanding of how they can best focus their efforts. She said that the system of safety and quality alerts had helped but the Team felt they could not commit to progress until they had catalogued the Standards. Task 3 was discussed.

13. CMO felt there should be a scoping exercise around the standards. He hoped that such an exercise would not only catalogue what existed but that it would identify gaps and highlight duplication. In the longer term, he hoped that this would lead to a more informed prioritisation of standards and a better defined system for their review.

Action Point 7 – Owner - Management Group/ Implementation Team – To carry out a scoping exercise regarding the standards.

14. The issue of communication was raised and monitoring implementation. It was felt that new processes were easy to communicate but difficult to monitor. Margaret Murphy stated that the greatest challenge was the process of embedding. She felt clarity on the status of communications was important, with guidance optional but Standards mandatory.

15. Margaret Murphy summarised the position by stating that there needed to be distinction between “what is necessary and enforceable and what is additional and desirable”

16. In response to this, Dr Harper was asked to produce a template containing the core concerns.

Action Point 8 – Owner Dr Carolyn Harper -To produce a Core Concerns log.

17. Dr Harper moved on to cover the paper on Protocol for the Implementation of Safety Alerts. CMO remarked that there should be continuous learning from this. There is to be a meeting in March of governance leads and this document will continue to be refined and shared.

18. CMO stated he would recommend approval by the Steering Group but not until those people who still had to have sight of it had agreed. He also advised that the protocol would need to be shared across the Department for comment before Departmental approval could be given.

Action Point 9 – Owner DHSSPS - Paper on Protocol for the implementation of Safety Alerts to be issued to Grade 3s seeking approval

19. The Literature Review on Changing Culture was considered a comprehensive piece of work. CMO stated that he found this useful and informative. Discussion centred on how good leadership at every level is essential to a shift in culture. There was some discussion on whether the appraisal system could be used more effectively and the importance of setting the culture through recruitment and induction.

Action point 10 – Owner DHSSPS – To issue paper on Literature Review and Changing Culture to Grade 3s for information.

20. It was felt that staff experience and service user/client experience was closely linked. Jo Bibby stated there had been some work done on providing workshops to help staff with their behaviours e.g. debriefing after a traumatic incident.

Action Point 11 - Owner Jo Bibby – To provide more information on Schwartz method and in any staff training that had taken place in empowering them to challenge bad behaviours – Speaking truth to power.

21. Margaret Murphy felt it was imperative that: high standards should be reflected in the job descriptions of health and Social care staff; training in standards started on the student's/employee's first day and how new students should be taught that adhering to standards is part of the culture. It was felt that the Management Group should take the thoughts discussed away and return with options.

Action point 12 – Owner Dr Carolyn Harper – To update at next meeting on ways to empower and engage both staff and service users/clients to change culture including baseline survey, training and/or workshops.

22. CMO was informed that the post of Project Manager had not yet been filled following a recruitment exercise. It was suggested that the grade should be reconsidered.

Action point 13 – Owner DHSSPS and Management Group – To reconsider funding available for Project Manager post as the grade advertised may not be appropriate.

23. It was felt that a way to ensure inclusiveness would be to invite the Directors of Social Care onto the Implementation Team. This would ensure a wider representation. Christine Smyth and Dr Harper would discuss the issue further.

Action point 14 – Owner Dr Carolyn Harper – Olive Mc McLeod and Christine Smyth to meet and discuss with a view to membership on the Implementation team.

24. It was also noted that the wording in documents produced by the Implementation Team needed to be service user/client focussed as well as clinical and ward-level based. The tasks themselves should refer to social care as well as other areas of healthcare

Action Point 15 – Owner Dr Carolyn Harper – *Language in documents to be revised to include references to both service users and clients (and the various settings) rather than just medical and ward based.*

25. CMO thanked Dr Harper for the update and expressed his thanks to all staff involved in the projects for their contribution so far.

AOB

26. CMO commented that there had been a lot of issues discussed during this meeting and he appreciated that it had been a lengthy, but fruitful meeting.

27. Margaret Murphy asked if there were any service user/client groups involved in the 6-week programme working at ward level. She stated that it was preferable to have involvement from inception and design, through to roll out and evaluation. Dr Harper stated there was no input at design stage but she would take this on board.

Action Point 16 – Owner – Implementation Team – *To include service user/client groups in the design, roll out and evaluation of Task 6 and report back to Steering Group at the next meeting.*

28. In closing, CMO thanked Margaret Murphy for her input and said the group would endeavour to overcome any logistical difficulties as he felt it was vital to have a service user's/client's point of view represented.

Summary of action points		
Number	Owner	Detail
1	Conrad Kirkwood	To obtain presentation from Ian Sutherland re the work of SCIE and NICE
2	DHSSPS	To circulate actions points immediately after meetings and create issue log
3	Management Group	To amend the wording of the Terms of Reference to reflect the involvement of Social Care and the Community
4	DHSSPS	To revise the diagram on Strategic Goals to include a heading of Communication. Design to be reconsidered to be more integrated and show how streams will feed into each other.
5	Management Group/Implementation Team	To consider a campaign or programme to raise awareness of Quality 2020
6	DHSSPS	To amend Governance Model to reflect discussion
7	Implementation Team	To carry out a scoping exercise regarding the standards.
8	Management Group	To produce a Core Concerns Log
9	DHSSPS	Paper on Protocol for the implementation of Safety Alerts to be issued to Grade 3s seeking approval
10	DHSSPS	To issue paper on Literature review and changing culture to Grade 3s for information
11	Jo Bibby	To provide more information on Schwartz method and in any staff training that had taken place in empowering then to challenge bad behaviours – Speaking truth to power
12	Management Group	To update at next meeting on ways to empower both staff and service users/clients to change culture
13	DHSSPS and Management Group	To reconsider funding available for Project Manager post as Grade advertised may not be appropriate
14	Dr Carolyn Harper	Olive McLeod and Sean Holland to meet and discuss with a view to membership on the Implementation team
15	Management Group	Language in documents to be revised to include references to serviceusers/clients rather than just medical and ward based.
16	Implementation Team	To include service user/client groups in the design, roll out and evaluation of Task 6 and report back to Steering Group at the next meeting.