Minutes of meeting held in Castle Buildings on Monday 28th October 2013 at 10.00am

Attendees:

- Dr Michael McBride – Chief Medical Officer – Chair
- Fergal Bradley - DHSSPS
- Charlotte McArdle - Chief Nursing Officer , DHSSPS
- Dr Eddie Rooney – CEO, Public Health Agency
- Catherine Daly - Healthcare Policy Group, DHSSPS
- Ann McGlone – Willowbank Community
- Elaine Way - WHSCT
- Carolyn Harper – (items 6 – 13 on Agenda), Public Health Agency/HSCB & Co Chair of Management Group
- Lisa Moore – (items 6 – 13 on Agenda), Q2020 Project Manager
- Gillian Hynes - Secretariat
- Anne-Louise Thompson – Secretariat

Apologies:

- Hugh McCaughey – CEO SEHSCT
- 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 – OSSO

Welcome and Introduction

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

Minutes of the previous meeting

2. - The minutes of the meeting on 29th April were accepted as an accurate record.
Action points from previous minutes

i. AP 17 – Owner SQSD – To amend the minutes of the previous meeting at point 3, action point 14 and also the concerns log
   CLEARED

ii. AP 18 – Owner DHSSPS – To amend the action log at point 2 to remove the word ‘concerned’
   CLEARED

iii. AP 19 – Owner DHSSPS – To amend concerns log to include the Winterbourne Report and PAC review of Safety and Quality.
   CLEARED

iv. AP 20 – Owner Carolyn Harper – To involve Ian Sutherland and the work of SCIE and NICE in Management Group and Implementation Team
   CLEARED – Ian Sutherland has been invited and is now included on the Implementation Team and Management Group

v. AP 21 – Owner DHSSPS – To revise Strategic Diagram and return to the format and style of the first draft with noted amendments.
   CLEARED – The Strategic Diagram has now been formally adopted by Steering Group.

vi. AP 22 - Owner Carolyn Harper – To collate the resources available for communication in each organisation represented at Steering Group
   CLEARED – The intent of the action point was to establish a Specific Point Of Contact (SPOC) in each HSC organisation. Lisa Moore has now met with the Regional Communications Team and has agreed to:
   • Use their infrastructure
   • Set up small communications plans and look at the most immediate issues

vii. AP 23 – Owner – Charlotte McArdle – To form a Working Group including Carolyn Harper and Cathy Irvine (Communication Director, The Health Foundation) to look at communication
   CLEARED – Charlotte McArdle has now produced a draft communication plan and Cathy Irvine from the Health Foundation’s input has been included.

viii. AP 24 – Owner Carolyn Harper – To meet with CMO to discuss the value of the Standards Catalogue
   CLEARED – CMO agreed that rather than a Standards catalogue, there would be a catalogue of locations where Standards can be found, e.g. websites etc.

ix. AP 25 – Owner Carolyn Harper – To meet Sam Gallagher from Business Develop Directorate to discuss the material already available re the E-Learning Package
x. AP 26 – Owner CMO – To meet with Medical engagement and Patient Experience to discuss the next steps and responses to the Ward Level Review

ONGOING

Issue Log

3. CMO outlined that the Quality 2020 Issues Log has issues listed that have arisen at Steering Group meetings and cannot be resolved by e.g. an action point or task. They are more overarching concerns that the Group have expressed and would need monitored.

4. He stated that the log should be referred to at each Steering group meeting to ascertain if the issues were still ongoing or if any new issues needed noted.

5. Discussion was opened to the group around the issues listed and the group were asked for any additions that they deemed appropriate.

6. Charlotte McArdle asked if the Keough report could be added to the log in terms of making sure any learning and quality issues were captured.

7. CMO agreed that this was important, not just for the Keough report, but for any other research and reports being issued that had quality of care as an element to them.

8. Another issue was raised by Charlotte McArdle regarding direction suggested by the Commissioning Plan Directive and if there was any conflict with the Annual Quality reports. She felt that that the Steering Group had a responsibility to make sure the two were aligned in their vision.

9. CMO clarified the situation stating that the Commission Plan Directive was founded in policy and that policy was Q2020. He agreed that the group needed to make sure there was consistency.

10. Fergal Bradley stated that there was a lot of work ongoing in Trusts around quality issues and improvements and that this was difficult to reflect in the Commissioning Plan.

11. Elaine Way stated that she would like to see the language in the Commissioning Plan move towards a more motivational aspect. She specifically referred to the use of ‘targets’ and stated she thought this should be replaced with ‘standards’. The emphasis being on trying to create a standard of quality care and not one of reaching a target and moving on.

12. Catherine Daly agreed that even Minister would refer more to ‘standards’ than targets and agreed to take the point to the Board.

13. CMO offered that in the current economic climate, the financial position should always be an issue that needs constant monitoring and should therefore be added to the issue log.

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 Plan Directive

c) The financial constraints faced by the Department and the wider HSC and the pressures this brings for Quality 2020
14. CMO recognised that a lot of work is being carried out in the HSC and Elaine Way also agreed many initiatives are happening which the Department may not be aware of. She acknowledged the previous issues around financial pressures and constraints, however she commented that she felt this was helping to focus efforts on quality.

15. She offered that as Trusts were under such financial pressures, they had accountants and admin staff to manage the finances, leaving the medical and social care staff to concentrate providing quality care for patients and clients.

16. CMO stated that he was encouraged by this and appreciated that some very difficult decisions were being made. He reiterated that even in this very challenging environment, quality must remain a focus.

17. Catherine Daly agreed, however she added that where quality issues were being threatened by budget, minister should be advised.

Matters Arising

Safety Alerts Protocol

18. This has been accepted by all parties and comments and amendments taken into account. The Protocol was issued along with a memo to all Grade 3s in time for an implementation date of 1st August 2013.

Stakeholders Forum

19. CMO is to write to Glen Houston and Maeve Hully with the intent of pulling together a group to strengthen the Stakeholder involvement. He stated that the stakeholder involvement is often lost when the Service Frameworks have been launched.

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

20. CMO stated that it was timely to have this discussion now as the Steering Group were beginning to look at next steps. He felt that one of the strengths of the Service Frameworks was the public involvement and that has since been lost. He stated that he would welcome more public involvement with the PHA and the HSCB.

21. Elaine Way was concerned about the apparent lack of engagement with GPs and Family Practitioner Services and asked what happens regarding the learning from SAIs.

22. Fergal Bradley offered that the PHA are trying to get RAIL to move away from concentrating on reporting SAIs and in fact most of the good work around learning is when people start to look at the areas that are successful and take these positive steps and try and duplicate them.

23. The problem with SAIs is that often the focus is on the information gathered and not on the learning. There are some excellent initiatives in some organisations and Fergal Bradley offered that a better way forward would be to join these up. What was not identified to the PAC regarding the report on the ‘Safety of Services’, was the sheer volume of work being done to get learning from SAIs. He felt that MLAs could be better informed about what an SAI and AI actually are.
24. There were lots of initiatives happening across the HSC to combat SAIs and AIs but MLAs tended to look at the bigger issues. Fergal Bradley felt that some perspective was needed when examining the data on SAIs and AIs.

25. There was some discussion around the lack of stakeholder involvement and the importance and merits of their contribution. It was agreed that this would be taken forward with the PHA and the HSCB and the Department would encourage them to continue stakeholder involvement after the Service Frameworks had been launched.

**Patient Safety Conference**

26. Fergal Bradley had met with Gavin Lavery (Safety Forum) and Pat Cullen (PHA) and agreed that Q2020 will be promoted at this event. It will focus on the broader agenda of safety and quality.

27. There was some discussion about how best to promote Q2020 and promote stakeholder involvement at the event and CMO urged anyone with ideas to contact Pat Cullen.

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

**IHM Conference**

28. This event is scheduled for 7 and 8 November and will be another opportunity to promote Q2020 and raise awareness. Dr Paddy Woods will attend.

**Information Sharing Conference**

29. CMO gave the group an update on a conference held jointly with RQIA and the Department on ‘Information sharing across Health and Social Care Bodies’. He found it a very interesting topic and shared papers from the conference with the group.

30. The papers stated that information should be sought and shared regarding:
   a) What happened; -
   b) The risks of it happening, and -
   c) What can we do to fix it -

31. CMO challenged the group to think about how we maximise information when it is flagged. Accepting and admitting that situations have happened, is not a response. Recommendation 35 of the Francis Report states “Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks. It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern. Work should be done on a template of the sort of information each organisation would find helpful” and in order to meet this recommendation, the process of information sharing needs looked at.

**AP 4 – Owner All – CMO asked for views on the information regarding Information Sharing Conference to be sent to him.**
32. Fergal Bradley offered that there may be a role for RQIA in terms of the information they gather during inspections and that this information regarding standards could be shared with the Commission when considering the issuing of contract.

**Management Group/Implementation Team Update**

33. CMO introduced Carolyn Harper and welcomed Lisa Moore who has taken up the role of Project Manager. An update was given on the action points they owned from the previous meeting.

34. Carolyn Harper confirmed that the Task group had looked at the issue of the Standards Catalogue but with the agreement of CMO, they had produced a list of where the standards could be found rather than a list of all standards.

35. Dr Harper updated the group on her discussions with Jocelyn Cornwall from the Kings Fund. Ms Cornwall will be coming to Belfast to speak at the Royal College of Nurses event. Dr Harper is to engage with her further regarding the information she provided for Steering Group through Jo Bibby on the Schwartz Centre Rounds.

36. This is a project which gives healthcare staff a chance to ‘debrief’ after care is given to a service user. In contrast to traditional medical rounds, the focus is on the human dimension of medicine. Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases.

37. A hallmark of the program is interdisciplinary dialogue. Panellists from diverse disciplines participate in the sessions, including physicians, nurses, social workers, psychologists, allied health professionals and chaplains. After listening to a panel’s brief presentation on an identified case or topic, caregivers in the audience are invited to share their own perspectives on the case and broader related issues.

38. Charlotte McArdle acknowledged that ‘Grand Rounds’ did take place however they tended to place more emphasis on the medical discussion rather than the ‘people’ aspect.

39. Carolyn Harper stated that the testimonials on the Kings Fund website were very supportive of the initiative and it helped to alleviate the pressure of carrying burdens if there was an opportunity to share experiences of giving care.

40. Charlotte McArdle agreed this was a very worthwhile tool and suggested that it may be useful for a representative from the King’s Fund to hold a presentation at the Masterclass on the evening before the Chief Nursing Officer conference on 27th November.

**AP 5 – Owner Carolyn Harper and Charlotte McArdle – To share information on Schwartz Rounds**

41. CMO agreed and suggested this could also be done at the Patient Safety Conference in March. He added that this was a much better forum for discussion about these difficult topics. He stated that discomfort of staff in difficult emotional situations can often look like distance.

42. Carolyn Harper then gave an update on Action point 16 relating to Task 6 (Ward level review) from the meeting on 8th February.

(Action Point 16 - 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).

43. Dr Harper stated there had been difficulties with this action point and that there are several considerations to be made e.g how is patient experience captured at clinical level? How
improvements could be made in time for the next stage of the rollout given the short duration of the task. It is in her diary to reconvene task 6 to capture learning.

44. CMO felt it was important to get all strands included in any learning report e.g. PCC, Statisticians, feedback from doctors, etc.

45. Charlotte McArdle offered that she would attempt to write a framework to facilitate pulling the learning together and suggested that the Task didn’t go far enough i.e. it was not built into the job plans of those involved. She felt that teams needed to be given time to review practices although she did appreciate the pressures on time.

46. Dr Harper then updated on action point 20 stating that Ian Sutherland had now been invited and had joined the Implementation Team and Management Group (Action point 20 - To involve Ian Sutherland and the work of SCIE and NICE in Management Group and Implementation Team)

47. An update on action point 22 was also given (Action point 22 - To collate the resources available for communication in each organisation represented at Steering Group). This action point has been cleared. The intent of the action point was to establish a Specific Point of Contact (SPOC) in each HSC organisation. Lisa Moore has now met with the Regional Communications Team and as well as establishing a SPOC for each organisation, she has agreed to :-
   a. Use their infrastructure
   b. Set up small communications plans and look at the most immediate issues.

48. Dr Harper then moved on to updating the group on the Tasks.

49. **Task 1** – The Safety Alerts Protocol has been adopted and rolled out since 1st August 2013. The master copy will be maintained and updated at PHA.

50. **Task 2** – There has been broad support for the direction of the task and the amended letter was issued to Trusts asking them to bring their reports to their Boards by end of November. CMO stated this may slip to December/January. He also stated that there had been lots of beneficial work carried out and wished to thank all involved.

51. He stated that a submission would need to be prepared for Minister to advise him of the publication of the reports.

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

52. Dr Harper asked whether the reports from the Northern Ireland Blood Transfusion Service (NIBTS) and the Northern Ireland Ambulance Service (NIAS) are required.

53. She stated that there were two options which she would like the group to consider:
   a) That NIBTS and NIAS have their 2012/13 reports ready for publication in May 2013, or;
   b) That NIBTS and NIAS wait and publish their 2013/14 report ready for publication along with the other HSC Trusts in September 2014.

54. After some discussion it was agreed that reports from smaller ALBs would be produced under the three Q2020 headings of Safety, Effectiveness and Client Focus and be ready for publication in Sept 2014 for the 2013/14 reports. CMO would take this to the sponsor branch of the Arms Length Body and will also engage directly with NIMDTA and NIPEC. He suggested Sean Holland would also engage with Social Care Council.
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.

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

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

55. Task 3 – A report from phase one of the Tasks is to be available for the January meeting of the Steering group. Karen Campbell is to follow up on the IT tool to track the implementation of learning. She will engage with governance leads regarding the value of the tool.

56. CMO stated that there is sometimes too much emphasis on having an IT solution and Elaine Way agreed stating that no IT tool is going to ensure the implementation of any learning.

57. Task 4 – Carolyn Harper updated the group that Ian Sutherland has taken a more proactive role in looking for those seeking leadership and identifying those with leadership potential. The framework document has also been drafted and mapped to ensure consistency.

58. Task 5 – It was agreed that option 5 in associated paper 8, was the best option. There was some discussion around the completeness of the training tables within the document. CMO will write to Trusts and ask for verification of the content of the table and stress the importance of the accuracy of the information.

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.

59. Carolyn Harper asked for nominations from Nursing and Social Care for phase two.

60. In conclusion, CMO stated that Steering Group would endorse the paper and ask ICT Program Board to include it in their 2014/15 plans. He also agreed that Phase two should proceed with the inclusion of Nursing and Social Care.

AP 11 – Owner CMO – To write to ICT Program Board to ask to consider E-Learning platform in their 14/15 plans.

61. Task 6 – CMO requested a meeting be convened with CNO, Olive Macleod, Carolyn Harper and Pat Cullen to review the learning from this Task and from the current system to measure performance against the Patient Experience Standards, and agree one integrated way forward. There are advantages and disadvantages from each approach and the purpose of the meeting should be to reflect on those and agree a way forward.

AP 12 – Owner Charlotte McArdle and Carolyn Harper – To meet with Olive McLeod and Pat Cullen and discuss Task 6.

62. Task 7 – This task is now complete and feedback from the stakeholder event will be collated.

63. Task 8 – Charlotte McArdle and Lisa Moore have agreed to liaise on this task. A draft Communications Plan has been produced by Charlotte McArdle. She stressed that Q2020 should not be seen as a new thing and that staff and the public were not very aware of Q2020.
64. CMO agreed that communications had been somewhat neglected. In order to combat this, Charlotte McArdle stated there could be three issues to take forward in order to get ‘quick wins’:

   a. **Branding** – A logo could be used on various means of communications e.g. Service Framework documents, NICE Guidance, learning letters and events like the Safety Forum Conference. People will see the logo and identify with the concept and strategy of promoting Quality.

   b. **Culture** – All staff have a role in this and the Department should show viable leadership. There was discussion around senior Departmental staff making visits. The possibility of including RQIA was discussed also. The suggestion of them introducing a quality mark to be issued with their recommendations was discussed. It was also felt that Trust Communication Directors should be more visible and known to all staff and that Trusts should have a Q2020 category for their awards.

   c. **Key message** – The communication plan stated that any work on quality and safety should be included. The key message should be promoted and should be looked at as a part of Health and Social Care and not something new. There should also be an admission that sometimes mistakes are made. The possibility of making more use of social media, website material and links was discussed and is to be further explored.

65. Some advice had also been sought around communications from Cathy Irvine at the Health Foundation and Charlotte McArdle had taken this on board when drawing up the draft plan.

66. CMO thanked Ms McArdle for the draft plan and agreed that the profile of Q2020 needed to be raised.

67. CMO asked that a submission be done for Minister to approve the logo and its use and that he would meet separately with Lisa Moore to discuss all the communications work already done and to concentrate on a ‘bottom up’ approach. CMO will advise when clearance has been given to use the logo.

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

68. Eddie Rooney and Ann McGlone both praised the content of the document and agreed that Quality champions were a concept that could be developed further.

69. CMO agreed and commented that this would have resource issue that needed further discussion.

70. Fergal Bradley stated that he had met with Charlotte McArdle and had some early discussions around a Quality Framework and using Task 3 to provide this. He went on to say that the proper forum for this would be Top Management Group.

71. Carolyn Harper stated that quality initiatives within Task 6 should be viewed as part of everyday practice but that the problems lay in allowing time for this to happen.

**Implementation Plan**

72. Fergal Bradley opened discussions stating that there were some actions on the Implementation Plan that had not yet been started. From a governance point of view, he stressed the importance of either adhering to, or reviewing the Implementation Plan as it was part of the Project Initiation Document that was signed off by Steering group.
73. He stated that as the Steering Group had endorsed a series of initiatives to raise awareness of Q2020, this was an appropriate time to review progress against the Implementation Plan. He appreciated that perhaps the completion of tasks had changed the direction of the Strategy, however, he reiterated the importance of governance and tracking decision making within the Strategy.
74. CMO agreed that it was timely to review the Implementation Plan and that further discussion should take place at next meeting of the Steering Group. He invited Carolyn Harper to formally write to the Steering Group and detail her requests for amendments to the Plan.

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

75. He also asked for this topic to be placed on the issues log.

**AP 15 – Owner SQSD – To include the possible revision of the Implementation Plan in the issues log**

**AOB**

76. Fergal Bradley asked when he could expect to see the Social Care Indicators being published. Carolyn Harper responded saying it was likely to be at the January meeting of the Implementation Team.
77. CMO informed the group that Stephen Thornton had left his position as Chair of the Health Foundation on 26 September. He has since been replaced by Dr Jennifer Dixon (formally Director of the Nuffield Trust) who took up office on 1 October 2013. CMO expressed his thanks to Mr Thornton for his input and support during his time as part of the Q2020 Steering Group.

**Date of Next Meeting**

78. Tuesday 4th February 2014 at 2.00pm.
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| 1  | SQSD                  | **To amend issue log to include the following:**  
  a) Inclusion of the Keough 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 | 20th November 2013 |
| 2  | CMO                   | **CMO to write to Maeve Hully and Glen Houston with the intent of pulling together a group to strengthen the Stakeholder involvement**                                                                                           |                    |
| 3  | All                   | **CMO asked for all ideas regarding promotion of Q2020 at Stakeholder Forum to be sent to Pat Cullen**                                                                                                               |                    |
| 4  | All                   | **CMO asked for views on the information regarding Information Sharing Conference to be sent to him.**                                                                                                                |                    |
| 5  | Charlotte McArdle/ Carolyn Harper | **To share information on Schwartz Rounds**                                                                                                                                                                               |                    |
| 6  | SQSD                  | **To prepare a submission for Minister to advise of the publication of Annual Quality Reports.**                                                                                                                        | 5th November 2013  |
| 7  | 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** |                    |
| 8  | CMO                   | **To engage with NIPEC and NIDMTA re format of Annual Quality Reports.**                                                                                                                                               |                    |
| 9  | Sean Holland          | **To engage with Social Care Council re format of Annual Quality Reports**                                                                                                                                              |                    |
| 10 | 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.

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| 13 | SQSD  | **Submission to Minister to be drafted asking permission to use the approved Q2020 logo on all Q2020 material**  
|    |       | 5<sup>th</sup> November 2013                                      |
| 14 | Carolyn Harper  | **To write to Steering Group and detail her requested amendments to the Implementation Plan** |
| 15 | SQSD  | **To include the possible revision of the Implementation Plan in the issues log** |