

QUALITY STRATEGY (Q2020) STEERING GROUP MEETING

**FRIDAY 5 OCTOBER 2018 at 10.00a.m., D2 CONFERENCE ROOM, CASTLE BUILDINGS
MINUTES**

Attendees

Dr Paddy Woods - Deputy Chief Medical Officer, DoH
Brian Godfrey, Safety Strategy Unit , DoH
Dr Anne Kilgallen - CEO, WHSCT
Charlotte McArdle - Chief Nursing Officer, DoH
Kiera Lloyd, Healthcare Policy Group, DoH
Kieran Taggart, Hospital Information Branch, DoH
Karen Jeffrey, Safety Policy Branch, DoH
Richard Magowan, Safety Policy Branch, DoH – (Secretariat)

Apologies

Dr Michael McBride – Chief Medical Officer, DoH	Hugh McCaughey – CEO SEHSC
Sean Holland –Chief Social Services Officer, DoH	Ann McGlone – Willowbank Community Jackie Johnston - Deputy Secretary, DoH
Dr Adrian Mairs - Director of Public Health/Medical Director - PHA	Valerie Watts – CEO HSCB/PHA

The Co-Chair of Q2020 Implementation Team, the Q2020 Project Manager and the HSCQI Programme Manager were present for Agenda items 5 – 11

Mary Hinds, Director of Nursing and Allied Health Professionals, PHA
Grainne Cushley, Q2020 Project Manager – PHA
Barbara Campbell, Assistant Director of Social Work, Quality Improvement & Workforce, SEHSCT, Programme Manager HSCQI

1. Welcome and Introduction

1.1. Dr Woods welcomed all attendees and apologies were noted.

2. Minutes of the Meeting on 5 June 2018

Paper DoH1

2.1. Dr Woods advised that minutes of the previous meeting on 05 June 2018 were circulated to the Steering Group for comment on 3 July 2018. Amendments were suggested by Hugh McCaughey in relation to para 4.4. The minutes were amended

and recirculated to members on 3 August 2018. Members were content and agreed the minutes of the last meeting.

3. Action Points

Paper DoH2

- 3.1. Dr Woods referred attendees to the eight Action Points from the previous meeting detailed in paper 2. All three of the Action Points for the Department are complete. The five action points attributed to the Implementation Team are also complete. Mr Godfrey gave an update on each of the action points.
- 3.2. **AP1: Complete** - Safety Strategy Unit were asked to provide an update on the Health Complaints Analysis Tool (HCAT) project to the Patient and Public Involvement (PPI) Forum. An update was sent to Martin Quinn, Regional PPI Lead, on 17/09/2018.
- 3.3. **AP2: Complete** - It was suggested that the risk register be reviewed to reflect the most recent position. This was addressed at agenda item 4.
- 3.4. **AP3: Complete** – A revised Q2020 leaflet was provided for information.
- 3.5. **AP4: Complete** – See agenda item 5. Tasks have been reported on 3 main areas – background / progress / next steps.
- 3.6. **AP5: Complete** – The most recent figures received by PHA up to 30th June 2018 suggest that approx. 36% of HSC staff are trained at level 1. Quarter 2 figures, up to 30th September are reported to the PHA at the end of October. This will be covered under Developing Professional Leadership task update.
- 3.7. **AP6: Complete** – Revised benefits realisation templates are included in appendix A of progress report. Where a task has moved to scale and spread – this has been recorded as phase 2 of the task. The background has been updated to reference this.
- 3.8. **AP7: Complete** – This is included in Q2020 Progress Report and will be covered under agenda item 9.

- 3.9. **AP8: Complete** – Safety Strategy Unit were asked to review Q2020 Steering Group ToR and governance model. The review has concluded that it would be not appropriate at this stage of strategy implementation to make major adjustments to the ToR or governance model. However, this should be brought forward for consideration in 2019/20 business to ensure that HSCQI activity and governance is captured during the enabling stages of HSCQI establishment. At this stage it may be appropriate to initiate considerations of Q2020 Steering Group membership to ensure that Q2020 implementation objectives are sustained during the transition stage of HSCQI establishment and that HSCQI activity is captured as part of strategy implementation.

4. Risk Register

Paper DoH3

- 4.1. At the Q2020 Steering Group meeting on 05 June 2018 it was decided that the Risk Register did not reflect the current position and that it would be important to set the risk context of the importance of how the key themes of the Q2020 Strategy relates to resetting public trust in the HSC system following recent events.
- 4.2. Mr Godfrey gave an overview of each risk as of September 2018, highlighting the main changes from the February 2018 position. The main changes were made to risks 1, 3, 5, 8, 9 and 10.
- 4.3. There was discussion around risk number 1 being lowered from medium to low. Dr Kilgallen offered that scale & spread is an issue, as there is low experience in this area, therefore there is a skill gap to be addressed. Ms McArdle stated that the problem with releasing staff contributes to the risk. Dr Woods advised that to deliver at scale people have to be on board.
- 4.4. Mr Godfrey advised that risk number 3 had been increased from low to medium as Q2020 visibility in the Department and Board strategic documentation presents a risk. Dr Woods advised members that it is their responsibility make Q2020 visible. Mr Godfrey stated that consideration will be given on how to promote Q2020 within the Department.

- 4.5. Risk 9 has been reduced from medium to low risk. This risk had been discussed at the previous Q2020 Steering Group meeting on 5 June 2018 where it was felt that in spite of no significant new resource, there has been more Quality Improvement work carried out in the last 10 months than ever before.
- 4.6. Mr Godfrey advised members that risk 10 is a new addition to the Risk Register. This risk has been assessed as high. Dr Woods stated that this risk is high due to individual high profile incidents and the potential adverse impact that this potentially has on the strategic objectives of Q2020.

Action Point 1 – Safety Strategy Unit – Continue to review Risk Register in light of comments from Steering Group members. Consideration to be given to how to promote Q2020 within the Department.

Mary Hinds, Grainne Cushley and Barbara Campbell joined the meeting at this point

5. Implementation Team Action Points

- 5.1. Dr Woods welcomed the additional attendees to the meeting. The Implementation Team had five action points to address. These were covered under agenda item 3.

6. Q2020 Progress Report September 2018

Paper IT1

- 6.1. This paper was provided as an update to action point 4 from the previous Q2020 meeting on 05 June 2018.
- 6.2. Ms Cushley gave an overview of the Task Amendments Table contained within paper IT1. Ms Cushley advised that an extension has been requested to January 2019 for Supporting Staff Involved in SAls & Other Incidents task in order to obtain 4 months of data to evaluate. Also, an extension to November 2018 is being requested for Reducing Surgical Never Events task. Both extensions were agreed.
- 6.3. Ms Hinds highlighted some key points contained in paper IT1. It is expected that 550 staff will have received Human Factors training by March 2020. Ms Cushley advised that work has begun with a film company to make videos on real SAls. Dr Woods asked if the business case could be accelerated to this financial year. Ms Hinds informed that she would aim to have this completed within 2 weeks.

7. Raising awareness of Q2020

Paper IT1

- 7.1. Ms Hinds provided an update on work that is continuing on raising awareness of Q2020. Two Q2020 events were held in Nov 17 and June 19 with the purpose being to share some of the work ongoing relating to Q2020. These events were both evaluated positively and feedback has suggested that we continue showcasing quality improvement work.
- 7.2. Ms McArdle stated that a short piece of work on Adult Learning Styles would be beneficial.
- 7.3. Ms Hinds informed members that the Implementation Team are planning on developing a video on Quality Improvement for World Quality Day, rather than hosting an event, and sought Steering Group approval to this approach. This was agreed by members.

Action Point 2 – Implementation Team – To consider how to take forward work on Adult Learning Styles.

8. Ongoing regional work relating to Quality and Safety

Paper IT1

- 8.1 Ms Hinds provided an overview of section 4, paper IT1. Dr Woods stated that the regional work on falls prevention was impressive. Ms Hinds informed members that Mary McIlroy has completed an evaluation on how we handle falls and this information will be available soon.
- 8.2 There was discussion around harm prevention and initiatives that could contribute to contribute to this, i.e. Free to Pee and local councils providing more seating for elderly.

9. What's coming up?

Paper IT1

- 9.1 Ms Cushley gave an overview of upcoming Q2020 events, outlined under section 5 of paper IT1.

- 9.2 Paul Rafferty will be holding data master classes on Measurement for Improvement. Ms Cushley informed members that this will involve a session on the theory behind the importance of data, before excel training in the afternoon.
- 9.3 There was discussion on the need to encourage more staff to undertake this training and getting clinical staff to understand how easy it is. Dr Kilgallen stated that currently there are few staff with the skills to produce run charts. Dr Woods stressed the importance of data.
- 9.4 Dr Woods requested further detail for the Measure for Improvement data masterclasses to be held on 10th & 26th October 2018.

Action Point 3 – Implementation Team – Provide further detail for the Measure for Improvement data masterclasses to be held on 10th & 26th October 2018.

Mary Hinds and Grainne Cushley left the meeting at this point

10. Update on establishment of HSCQI

- 10.1 Ms Campbell gave an update on the current position with HSCQI establishment. An HSCQI Operational Team meeting was held recently to look at how best to roll out the process. Priority posts have been identified including Director, communications and data analytics.
- 10.2 An update was then provided on HSCQI activity. Extending the work of the Safety Forum Collaborative on Sepsis was identified as one of the 3 scale and spread test prototypes. Extra assistance will be required on the scale stage of this task. The testing of this prototype has highlighted difficulties with the identification of outcome focused measures which reflects limited availability of appropriate data analysis expertise to assist in this. The initial phase of the establishment of HSCQI aims to recruit dedicated data analytic staff.
- 10.3 The development of a social care prototype has shown some progress with a steering group led by an improvement advisor established in August 2017. The priority of increasing GP participation in child protection case conference was identified

collectively by the Directors of Children's Services and Social Work. The initiative was supported by NIMDTA and SBNI. The team has worked with one GP practice in the South-Eastern Trust area and has achieved significant improvements in the small scale prototype. This prototype is now going to be tested in a further GP practice commencing in November 2018.

10.4 An HSCQI update paper will be submitted to TIG on 10th October 2018.

11. AOB

11.1 No other business was raised.

Please note the dates of future meetings

Friday 25 January 2019 at 10:00 am in D2 Conference Room

Friday 14 June 2019 at 10:00 am in D2 Conference Room

Summary of Action Points

Ref	Action Point and Update	Responsible Owner
1	Continue to review Risk Register in light of comments from Steering Group members. Consideration to be given to how to promote Q2020 within the Department.	Safety Strategy Unit
Risk Register has been reviewed and is a reflection of the current position. We will continue to review going forward.		
2	To consider how to take forward work on Adult Learning Styles.	Implementation Team
A paper has been provided. See agenda item 6.		
3	Provide further detail for the Measure for Improvement data masterclasses to be held on 10 th & 26 th October 2018.	Implementation Team
Dr Woods attended the masterclass on 18th January 2019.		