QUALITY STRATEGY (Q2020) STEERING GROUP MEETING

FRIDAY 19 JANUARY 2018 at 10.00a.m., D2 CONFERENCE ROOM, CASTLE BUILDINGS

MINUTES

Attendees
Dr Michael McBride – Chief Medical Officer, DoH
Charlotte McArdle – Chief Nursing Officer, DoH
Hugh McCaughey – CEO SEHSCT
Dr Anne Kilgallen – CEO WHSCT (by teleconference)
Brian Godfrey, Safety Strategy Unit, DoH
Conrad Kirkwood, Safety Policy Branch, DoH
Gillian Hynes, Safety Policy Branch, DoH
Richard Magowan Safety Policy Branch – DoH – (Secretariat)

Apologies
Sean Holland – Chief Social Work Officer, DoH
Ann McGlone – Willowbank Community
Dr Carolyn Harper - Director of Public Health/Medical Director - PHA
Jackie Johnston - Deputy Secretary, DoH
Valerie Watts – CEO HSCB/PHA
Lynne Charlton - Head of Nursing, Quality, Safety and Patient Experience, PHA

The Co-Chair of Q2020 Implementation Team and the Q2020 Project Manager were present for Agenda items 9 – 12
Mary Hinds, Director of Nursing and Allied Health Professionals, PHA
Grainne Cushley, Q2020 Project Manager – PHA

Present for Agenda items 9 - 13
Caroline Lee (HSC Clinical Education centre)
Dr Lorraine Bouzan (Adept fellow, NIMDTA)

1. Welcome and Introduction
1.1 Dr McBride welcomed all attendees and apologies were noted.

2. **Minutes of the Meeting on 22 September 2017**

2.1 Dr McBride advised that minutes of the previous meeting on 22 September 2017 were circulated to the Steering Group for comment on 5 October 2017. Amendments were suggested by Hugh McCaughey in relation to the risk register; and Charlotte McArdle in relation to the paper she presented on “Increasing the capacity and capability of the HSC workforce in the science of Quality Improvement”. The minutes were amended and recirculated to members on 15 November 2017. Members were content and agreed the minutes of the last meeting.

3. **Action Points**

3.1 Dr McBride referred attendees to the five Action Points from the previous meeting detailed in paper 2. Two of the Action Points for the Department are complete and one is ongoing which was addressed at agenda item 4. The action point attributed to the Implementation Team was addressed at agenda item 9. Brian Godfrey gave an update on each of the Department’s action points.

3.2 **AP1: Ongoing** - This related to Agenda item 4– It was suggested that the risk register be reviewed with a view to changing some risk likelihoods to low in order to reduce the overall risk level from high to medium. This was addressed at agenda item 4.

3.3 **AP2: Actioned** - This was in relation to further exploring with stakeholders the proposal to undertake an audit of safety culture. It has been decided to set up a short-term departmentally-led Task and Finish Group consisting of Trust and HSCB/PHA representatives. Brian Godfrey wrote to HSC Trust Chief Executives in November 2017 asking for nominees. Nominees have been offered by each Trust and a meeting has been arranged for 22 February 2018. This was addressed further at agenda item 8.

3.4 **AP3: Actioned** - This action point was in relation to the interface between HSCQI and Q2020 through the exploration of appropriate governance arrangements. It was for discussion among Q2020.Steering Group members. Mr Godfrey advised that the
process is still ongoing and a further update will be provided following the next TIG meeting.

3.5 **AP4: Actioned** - The 3 presentations from the Q2020 Steering Group meeting on 22 September 2017 were emailed to members on 13 November 2017.

3.6 **AP5: Actioned** - This was addressed at agenda item 11 – The Implementation Team provided a paper for discussion at the meeting.

4. **Risk Register**

4.1 At the Q2020 Steering Group meeting on 22 September 2017 it was suggested that the risk register be reviewed with a view to changing some risk likelihoods to low in order to reduce the overall risk level from high to medium.

4.2 Mr Godfrey stated that it would be best to await the outcome of the HSCQI work before making changes to the risk register as this would have many implications. Furthermore, Dr Woods is preparing a paper for Transformation Investment Group (TIG) which will help in deciding the appropriate outcomes.

4.3 Dr McBride stated the risk register is not an accurate reflection of the current level of risk and that a revision is required.

**Action Point 1 – Safety Strategy Unit** – Revised risk register to be developed (in light of TIG paper) and circulated to members for approval by written procedure.

5. **National Clinical Audit Programme (NCAP)**

5.1 Dr McBride referred members to papers 3, 4 and 5 and invited Mr Godfrey to provide some background. Mr Godfrey advised that the Department’s involvement in the NCAP needed discussion; the main issue being the need for a coordinated approach to both participating in audits and decisions not to participate in audits.

5.2 Mr Godfrey offered the opportunity for discussion. Mr Kirkwood stated that the position has not changed since papers 4 & 5 which were published in 2015 and that there seemed to be no co-ordinated approach to audits.
5.3 Dr McBride raised a number of issues with regards to national audits. He stated that he had discussed this matter with Eugene Mooney, IAD. There is an issue with how we use resources to make sure we are involved in those audits that are appropriate to us; and to consider the totality of audits and the staff resources to contribute to them.

**Action Point 2 – Safety Strategy Unit** - A short paper to be sought from Eugene Mooney on the totality of audits and relevant staff resources.

**Action Point 3 – Safety Strategy Unit** - To develop a paper to outline possible methodology to consider audits & governance arrangements around approval, etc.

### 6. RM & MS Update

**Paper 6**

6.1 Dr McBride referred members to paper 6 which was an update on Regional Mortality and Morbidity Review System (RM&MRS).

6.2 Dr Woods’ letter was issued in November 2016 outlining the latest developments of the RM&MRS and to provide details on the arrangements for the system going live.

6.3 Dr McBride advised members that the RM&MRS is in live use by teams in all HSC hospitals in Northern Ireland. The system is fully operational, however work is ongoing to deliver some elements and provide some enhancements. This work should be completed by March 2018.

6.4 A user survey was issued w/c 8 January to gather views on the accessibility and functionality of the system. Feedback will be provided to Trusts following the closure of the survey.

6.5 Dr McBride expressed his satisfaction on the progress of the task; and complimented the team on the work that has been carried out to date.

### 7. Healthcare Complaints Analysis Tool

**Paper 7**

7.1 Margaret Marshall (SHSCT) presented an overview of this work at the previous Q2020 Steering Group meeting held on 22 September 2017.
7.2 Mr Kirkwood provided an update to the group on the latest work to be carried out. A meeting of the HCAT Working Group took place on 12 January 2018. Attendees analysed sample user complaints using the HCAT process.

7.3 The next stage will be to analyse 260 complaints from across the six Trusts. Qualitative rather than quantitative analysis of the cases region-wide will allow Trusts to use information from the complaints system to foster quality improvement. The intention is to publish data/analysis in the Annual Quality Reports (AQRs).

7.4 Dr McBride asked if there were plans to engage with service users, adding that this would be both necessary and beneficial and in keeping with the principles of PPI and Co-Production Co-Design.

7.5 General discussion reflected the need to link complaints analysis to quality improvement to ensure the data is used in a meaningful and proactive way. Mr McCaughey highlighted the merit in staff having access to this information to create a more patient/service user focused relationship.

**Action Point 4 – Safety Strategy Unit** - To consider how service users can be involved in the HCAT project.

8. **Patient Safety Climate Survey** Paper 8

8.1 A short-term departmentally-led Task and Finish Group consisting of Trust and HSCB/PHA representatives has been established. Dr McBride referred members to Mr Godfrey’s letter to Chief Executives seeking nominees to join the group (paper 9). The Department has now received nominees from all Trusts and the first meeting has been arranged for 22 February 2018.

8.2 Mr Kirkwood advised that an established rationale for the survey has already been piloted by the Southern Trust and it is envisaged that this will be used with minor modification. The aim will be to publish patient safety data analysis in the AQRs together with plans for quality improvement.

8.3 Dr McBride reflected on the presentation delivered at the previous meeting by Barbara Campbell, HSCQI Programme Manager; adding that it was encouraging to see the stakeholder involvement and commitment from the HSC on this work-stream.
8.4 Dr McBride asked if any discussion had taken place at the Chief Executives’ forum regarding this work. Mr McCaughey and Dr Kilgallen advised that discussions have not yet taken place as data is still being collected.

Mary Hinds, Grainne Cushley, Caroline Lee and Dr Lorraine Bouzan joined the meeting at this point

Dr Kilgallen (tele-conference) left the meeting at this point.

9. Implementation Team Action points

9.1 Dr McBride welcomed the additional attendees to the meeting. The Implementation Team had one action point to address; upon which a paper was provided which they outlined at agenda item 11.

10. Implementation Team Task Update

10.1 Grainne Cushley referred members to paper 9 which provided a full update on all current Q2020 project tasks and gave a verbal update on the latest position with the tasks.

10.2 Mr Godfrey raised a number of issues in relation to the project management of the tasks. He stated that work on the tasks has delivered a number of positive developments. However, there has been slippage on some of the tasks. He recognised that it can be difficult to performance manage quality improvement. Nevertheless, it would be helpful to add further rigour to the process of project management of the tasks.

10.3 Mr Kirkwood added that in real terms, project management is striking a balance between time, cost and quality and highlighting when any of these have slipped. He asked if the approval of slippage could be formalised and it might be better to do this with a very short summary at the start of the update.

10.4 Mr Godfrey also indicated that updates from the Implementation Team for Steering Group meetings need to be provided in a timely manner. It was agreed that issues surrounding, project management, timing and communication would be discussed separate to the meeting.
10.5 Dr McBride asked how the on-going regional work linked to Q2020 was managed. Ms Cushley confirmed that these pieces of work are overseen by regional project task groups that include representation from different organisations across the HSC.

**Action Point 5 – Safety Strategy Unit** - Liaise with Q2020 Implementation Team to discuss improving the process of project management, in particular approval of slippage/revised timescales; and timely provision of briefing papers for Steering Group.

**Action Point 6 – Implementation Team** - To carry out a revision of the Q2020 Communication and Engagement plan.

**Action Point 7 – Implementation Team** – To share (for circulation by written consent) suggestions for new tasks.

11. **Update on the rationale for proposed changes to Paper 10 NatSSIPS to reduce the reoccurrence of the 3 main categories of Never Events**

11.1 Mary Hinds gave an overview of paper 10. This paper was provided as an update to an action point from the previous Q2020 meeting on 22 September 2017.

11.2 The goal of this task was to develop a tool to specifically focus on reducing the recurrence of the three main categories of Never Events. These include:
- Wrong site surgery
- Wrong implant/prosthesis
- Retained foreign object post procedure

11.3 Dr Mark Roberts, Clinical Director of the Safety Forum has been identified as task lead for the remainder of this task.

11.4 Dr McBride asked whether Dr Roberts would be engaging with victims of Never Events. There was discussion on the best approach for this owing to the sensitive
nature of this issue. Dr McBride also reminded members of the second victim issue for staff involved in never events.

11.5 Mr Godfrey thanked Ms Hinds for providing the requested rationale for the proposed changes to the NatSSIPs task. The members accepted the update and sought a further update at the next Q2020 Steering Group meeting.

**Action Point 8 – Implementation Team** – To provide a further update and rationale on the proposed changes to the NatSSIPs task to members of the Q2020 Steering Group at the next meeting in June 2018.

12. Update on the Q2020 Event held on 10 November 2017 Paper 11

12.1 Ms Cushley gave an overview of the Q2020 engagement event held on 10 November 2017 to celebrate World Quality day. The aim of the event was to showcase the work in relation to Q2020 and the wider quality agenda and provide opportunities for learning throughout the region.

12.2 Invitations had been issued to all HSC organisations through Chief Executive Offices, members of the Q2020 Steering Group and Implementation Team. In total, 82 people attended representing the range of HSC organisations and disciplines.

12.3 A second Q2020 engagement event is currently being planned for May 2018.

12.4 There was discussion around communication and engagement going forward. Mr McCaughey asked whether thought had been given to using social media, as this has the potential for better outreach to target audiences.

13. Presentation – Improving patient safety through multi-disciplinary simulation and human factors training – by Caroline Lee (CEC) & Dr Lorraine Bouzan (adept fellow NIMDTA)

13.1 Dr Lorraine Bouzan gave a presentation to provide an update on the work to date.

13.2 There was a discussion around a number of issues with taking this forward including the additional resources needed to allow the release of staff to attend the training, and for the training to the scaled up across the region.
13.3 Dr McBride offered that a business case would need to be provided to request additional resources to allow further implementation and scaling up of the project.

14. AOB

14.1 No other business was offered for discussion.

Please note the dates of future meetings

Friday 8 June 2018 at 10:00 am in D2 Conference Room.
Friday 5 October 2018 at 10:00 am in D2 Conference Room
### Summary of Action Points

<table>
<thead>
<tr>
<th>Ref</th>
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