1. Welcome and Introduction

1.1 The meeting commenced at 10.06. Dr McBride welcomed all attendees and apologies were noted. Dr McBride commented on his disappointment at the low attendance of members, or deputies on their behalf, especially considering the time that had elapsed since the last meeting.

2. Minutes of the Meeting on 29 May 2015

2.1 The Minutes of the May meeting had previously been circulated to members for written approval in September 2015. No changes had been suggested, and members agreed the content of the minutes.

2.2 Brian Godfrey pointed out that Safety Quality and Standards Directorate (SQSD) had been restructured and was now Safety Strategy Unit (SSU) which he is responsible for and Quality Improvement and Regulation Unit (QRIU) which Fergal Bradley is responsible for. The respective roles, responsibilities and staffing of each Unit to Grade 7 level was outlined in CMO’s letter of 1 June 2015. Mr Godfrey is responsible for the Safety Policy Branch (SPB) within SSU which is the lead policy branch for Quality 2020.
3.1 Dr McBride noted that the 10 Action Points were circulated after the last meeting to allow appropriate action to be taken; and these were cleared by written approval as the September meeting had been cancelled. He referred to the Action Point summary table, noted that most were complete; and drew members attention to the Implementation Team action points numbers 7, 8 and 10 which he advised would be covered later in the Agenda, when he would invite a for verbal update.

3.2 Charlotte McArdle asked for references to ‘Patient Engagement’ to be more reflective of the entire Health and Social Care Sector. Members agreed references should in future say ‘Patient and Client Engagement’.

3.3 Hugh McCaughey asked for the Strategic Diagram to be revised in order for it to reflect the revised Implementation Plan. Dr McBride agreed it is a fundamental and useful document that clearly sets out the strategic goals. Members agreed that the diagram would be updated once the new tasks were approved.

Action Point 1 DHSSPS: Ensure references to ‘Patient Engagement’ say ‘Patient and Client Engagement’ to properly reflect on both health and social care aspects.

Action Point 2 DHSSPS: Update the Q2020 Strategic Diagram published on the DHSSPS Website to include the new tasks once they are approved.

3. Matters Arising

4. Risk Register – Paper 3

5.1 Dr McBride reminded members of the Internal Audit on Quality 2020 (Q2020) Project Management, stating the November 2014 Report had provided useful feedback on the management of the Strategy to date; and reminded the Group of the recommendation that Steering Group regularly review and approve the Risk Register.

5.2 Dr McBride advised that the Risk Register had been revised in November 2015; provided prior to the meeting for comment and written approval; and that as no comments were received it was approved. Members agreed the current Risk Register.

5.3 Brian Godfrey reminded the group that the Risk Register is a live document and should be regularly reviewed, and in particular, aspects of the Donaldson Report recommendations should also be assessed as potential risks. Deborah McNeilly added that there was also a general risk concerning available finance for implementation of the strategy which should be reflected on the register. Dr McBride agreed that finance was a risk for Q2020 and it was also currently a risk for all other
work. Ms McNeilly asked if we should be addressing the red rated risks and trying to reduce them and Dr McBride agreed saying it was important to actively mitigate and manage risks rated with a high impact/likelihood. Hugh McCaughey commented that there should be an initial risk assessment score and again following mitigation there should be a review of the risk level which should be clearly indicated in the register.

5.4 It was agreed that as new tasks were to be added it would be a good time to review the Risk Register, taking on board all comments. Members agreed the Risk Register will be revised, reviewed and approved on a quarterly basis and Internal Audit will be informed.

5.5 Brian Godfrey raised the issue of Risk 6 regarding inadequate Project Management. The Project Manager was due to leave post in March 2016. There was some discussion around future funding of the Project Manager post and whether the funding was based on a recurrent basis. Brian Godfrey undertook to check the funding position and Dr McBride advised this issue tied in directly with Deborah McNeilly’s point on financial risk and its management.

Action Point 3 DHSSPS: Review the Risk Register to consider current risks including potential risks flowing from the Donaldson Report and financial risks associated with implementing Q2020.

Action Point 4 DHSSPS: Review all risks with a ‘live status’ recorded on the Risk Register and add an extra column to enable completion of the risk assessment score.

Action Point 5 DHSSPS: Check the status of the Project Manager’s budget to assess if it is based on an annual or recurrent basis.

5. Lessons Learned – Paper 4

6.1 Dr McBride referred members to the Q2020 Strategy Lessons Learned report, highlighting its main recommendations for improvement:

- Review of the Implementation Plan
- Benefits Realisation of Project Tasks
- Project Management
- Increased Steering Group focus on strategic direction of the Project

6.2 Dr McBride added that on occasion the Steering Group had over-reached into the Implementation Team work which resulted in a reduction of the impact on the Strategic Overview; Internal Audit had also recommended the completion of a Lessons Learned Report. This Report has been completed and provided to Steering Group in advance of the meeting. Dr McBride invited comments and approval of the Report. Charlotte McArdle said it was a very easy to read document and summarised the current position very well.
6.3 Hugh McCaughey said while there was a need for good project management it was more important to reflect the results of Quality 2020 in benefits realisation as opposed to recording the completion of objectives on a Gantt chart. He added that it was a good opportunity to think ahead now to what the new and revised tasks will add to the implementation plan with a clear measurement of benefits realisation being recorded. Dr McBride agreed that it was very important to clearly demonstrate the added value of quality improvements.

6. **Internal Audit of Q2020 Project Management – Verbal Update**

7.1 Brian Godfrey provided a verbal update on the current position regarding implementation of the Internal Audit recommendations as this would provide group members with some background to the proposed approach outlined in paper 5 with the review of the Implementation Plan.

7.2 Mr Godfrey advised that Quality 2020 and the current Implementation Plan was not a defined project but an amalgam of all quality improvement initiatives both regionally and locally which are continually moving forward. Mr Godfrey outlined that the proposed approach was designed to address the outstanding Internal Audit recommendations prior to the next review of Internal Audit’s recommendations by the DARAC meeting in June 2016. Deborah McNeilly said it was very positive to note that progress had been made in addressing the recommendations.

7. **Implementation Plan Review – Paper 5**

8.1 Dr McBride apologised for the delay on issuing the Q2020 *Implementation Plan* review paper to members. It was provided on 19 January for written approval and reflects:

- the consideration of the Donaldson report in accordance with Strategic Leadership Group Action assigned to CMO;
- the Department’s assessment of new Q2020 Tasks proposed by the Implementation Team; and
- Q2020 tasks the Department would like to see taken forward.

These are all clearly directed in terms of priority by the Minister’s Statement in relation to the establishment of an Improvement Institute.

8.2 No comments had been received from members. Dr McBride said the original *Implementation Plan* was complicated; and there was a need to simplify and modify the plan and agreement was therefore needed on the approach to this review. Discussion followed on objective number one which is central to the commissioning process and is likely to change with the closure of the Health and Social Care Board (HSCB). Hugh McCaughey commented that different ‘drivers’ to move objectives forward needed to be considered.
8.3 Dr McBride agreed that it was a good point but that at this stage it was important firstly to look backwards and then reflect how the plan will be embedded moving forward. Mr McCaughey referred to the examples of the various initiatives carried out across the HSC that reflected implementation of Quality 2020, and indicated that the list could be broader. Dr McBride added that this would be reflected in the *Implementation Plan* and that the list was not exhaustive. Dr McBride advised that much of what was planned has been achieved and mainstreamed in the Health and Social Care sector. The focus should now be on moving the remaining objectives forward. Members agreed on the proposed approach to review the *Implementation Plan*.

**Action Point 6 DHSSPS:** Produce a high level Strategic Implementation Plan by reviewing and updating the current Plan. This will be achieved by removing all of the mainstreamed objectives, adding the new tasks and recording the position regarding ongoing tasks.

**8. Task Paper – New Tasks for approval – Paper 6**

9.1 Dr McBride referred members to the Tasks paper issued to members for approval on 4 January. The paper outlined the current position and recommended handling for all current and new tasks. No suggested amendments have been received from members and Dr McBride recognised that not all were present at the meeting to discuss further.

9.2 Discussion followed around key priorities and agreed activities. Deborah McNeilly said it would be useful to match this paper back to the Strategic Implementation Plan in terms of linking with the original objectives. Dr McBride said he would like to group the objectives under the five Q2020 themes and Brian Godfrey added that it was important that the agreed task objectives clearly linked back to the original objectives of the Q2020 Strategy. It was agreed that this would be taken into consideration when revising the Strategic Implementation Plan.

9.3 Hugh McCaughey said the Task paper showed how much good work had been completed as there were only four or five key actions remaining to do. He added that tasks could be mapped as a starting point and then suggested having another Q2020 Workshop which could lead to increased participation and engagement on the mechanics of how we implement moving forward.

9.4 There was discussion around the Minister’s announcement in relation to the Improvement Institute. Dr McBride advised that it was still in a formative stage. Fergal Bradley said that the Institute might help align Quality 2020 tasks to make them more strategic. Brian Godfrey said progress could be made prior to the proposed Workshop, by starting the two new tasks suggested by the Department, NATTSIPs and Always Events. Dr McBride agreed and advised he would circulate a letter to the HSC regarding the proposed Q2020 Workshop.
Action Point 7 DHSSPS: To organise a workshop to assist in finalisation of the refocus of the Strategic Implementation Plan and to take the opportunity to explore with stakeholders their views on the proposal for the establishment of an Improvement Institute.

Action Point 8 DHSSPS: To maintain a degree of momentum with Q2020 in advance of the workshop, CMO to write to HSCB/PHA directing the Implementation Team to begin to take forward the three tasks we have assessed as suitable for Q2020 improvement initiatives together with the Never Events task approved by Minister.

9. **Presentation on the Regional Mortality and Morbidity Review System**

10.1 At 11.07 am Dr Carolyn Harper, Mary Hinds, Dr Cathy Jack, and Lisa Stone joined the Steering Group for Dr Julian Johnston and Davy Best’s presentation in regard to Task 15 – establishing Mortality and Morbidity meetings in every specialty in every hospital; which is being taken forward by the Department.

10.2 Dr McBride thanked colleagues for the immense amount of progress in relation to this important work while recognising the leadership of the Southern and Belfast Trusts driving it forward with the co-operation of all the other organisations.

10.3 Dr Harper said it was very useful to have this update; that it will be helpful to those not aware of protocols etc and should be used in safety training. Dr Jack advised that it was not just a mortality and morbidity system but a multi-disciplinary one. Dr McBride said organisations would be able to adapt and modify to suit their own needs and that mortality and morbidity meetings must be multi-disciplinary. Dr Harper suggested inviting Dr Johnston to deliver the presentation to the Implementation Team.

**Action Point 9 Project Manager: Invite Dr Julian Johnston to deliver the presentation on the Regional Mortality and Morbidity Review System to the Implementation Team.**

10.4 Dr Johnston addressed some questions on completion of death certificates. He confirmed that at present they are hand written and then transcribed onto computer; but the intention is for all certificates to be completed electronically. This means only one action will be required thus reducing the risk of errors in completion.

10.5 Dr Johnston and Mr Best left the conference room at 11.35.

10. **Action Points to be addressed by the Implementation Team**

11.1 Dr McBride then reordered the Agenda to facilitate early departure for another meeting and invited the Implementation Team to update members on the action points arising from the previous meeting.
11.2 Lisa Stone provided a short update on Action Point 7 explaining the roll out of minimum mandatory training *(Paper 2)* which had been extended beyond Doctors, Allied Health Professionals (AHPs) and Nursing; to include Clinical and Social Care staff and was now to be widened to encompass all forms of training and not just e-learning. Mary Hinds clarified that the intention was not to cover minimum mandatory training for nurses on a specialty by specialty basis. Dr Harper advised that there will also be a need for some corporate and subject specific training.

11.3 Ms Stone advised the group that in regards to Action Point 8 that the Action Plan *(Papers 8 and 9)* had been updated to include more narrative, detailing the progress of project tasks; and include new phases of existing tasks in addition to the anticipated tasks for the coming year. Ms Stone explained that a more comprehensive Action Plan update was provided for the October 2015 meeting (which was cancelled) and a shorter version for January 2016.

11.4 Dr McBride invited additional comments and Deborah McNeilly asked what was being done to address the actions rated red. Dr Harper explained that the next phase involved bringing everything together. A discussion arose around Random Safety Audits and as reviewing deaths is complete that this should be reflected in the Action Plan. Dr Harper said that the Random Safety Audit task could be closed and Dr McBride agreed that it was important to reinforce the elements of work that are good and remove those that are obsolete.

**Action Point 10 Project Manager: Close Task 6 on Random Safety Audits.**

11.5 Ms Stone updated members in regard to Action Point 10 and directed them to the summary of engagement *(Paper 7)* detailing the various meetings and events which had taken place with service users during November and December.

12. **Q2020 Action Plans update on current Task Groups.**

12.1 No further comments were made as this agenda item had been covered in the previous update on the Action Plan.

12.2 Dr Harper left the meeting at 11.50.

13. **Presentation on the Annual Quality Reports**

13.1 Dr Jack delivered this presentation on the task being taken forward by Task Group 2 which focuses on the HSC Trust Annual Quality Reports (AQRs) and then invited comments and questions.

13.2 Dr McBride thanked Dr Jack and commented that the consistency of the reports was developing well. Mary Hinds advised they will continue to improve year on year. Charlotte McArdle asked if the Patient Client Council (PCC) was involved and Dr Jack confirmed both the PCC and RQIA were involved.
13.2 Discussion followed on the amount of reports being produced and that it would be preferable to consider combining the AQR with the Complaints report however there is a requirement to complete annual Complaints reports and any proposed changes would be subject to legislative obligations.

13.3 Fergal Bradley said that there was a standardised structure now but that consideration could also be given to adding a freestyle section to enable organisations to add comments on anything unique to the report. Dr Jack agreed that in addition to the standard minimum dataset, the Trusts should be able to add more detail on what they are doing which is relevant to their organisation.

13.4 Dr McBride advised that there may be a need to examine reports in the wider HSC in the longer term and to consider producing a more comprehensive Quality report. Hugh also McCaughey commented on the improved consistency of the reports.

14. **AOB**

14.1 There were no further issues raised.

**Please note the dates of future meetings**

- 21 April 2016 – 10.00 AM – D2 Conference Room
- 29 September 2016 – 10.00 AM – D2 Conference Room
## Summary of Action Points

<table>
<thead>
<tr>
<th>Ref</th>
<th>Action Point</th>
<th>Responsible Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensure references to ‘Patient Engagement’ say ‘Patient and Client Engagement’ to properly reflect on both health and social care aspects.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>2</td>
<td>Update the Q2020 Strategic Diagram published on the DHSSPS Website to include the new tasks once they are approved.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>3</td>
<td>Review the Risk Register to consider current risks including potential risks flowing from the Donaldson Report and financial risks associated with implementing Q2020.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>4</td>
<td>Review all risks with a ‘live status’ recorded on the Risk Register and add an extra column to enable completion of the risk assessment score.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>5</td>
<td>Check the status of the Project Manager’s budget to assess if it is based on an annual or recurrent basis.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>6</td>
<td>Produce a high level Strategic Implementation Plan by reviewing and updating the current Plan. This will be achieved by removing all of the mainstreamed objectives, adding the new tasks and recording the position regarding ongoing tasks.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>7</td>
<td>To organise a workshop to assist in finalisation of the refocus of the Strategic Implementation Plan and to take the opportunity to explore with stakeholders their views on the proposal for the establishment of an Improvement Institute.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>8</td>
<td>To maintain a degree of momentum with Q2020 in advance of the workshop, CMO to write to HSCB/PHA directing the Implementation Team to begin to take forward the three tasks we have assessed as suitable for Q2020 improvement initiatives together with the Never Events task approved by Minister.</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>9</td>
<td>Invite Dr Julian Johnston to deliver the presentation on the Regional Mortality and Morbidity Review System to the Implementation Team.</td>
<td>Project Manager</td>
</tr>
<tr>
<td>10</td>
<td>Close Task 6 on Random Safety Audits.</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>