QUALITY STRATEGY (Q2020) STEERING GROUP MEETING

FRIDAY 22 SEPTEMBER 2017 @ 14.00, D2 CONFERENCE ROOM, CASTLE BUILDINGS

MINUTES

Attendees
Dr Michael McBride – Chief Medical Officer
Hugh McCaughey – CEO SEHSCT
Valerie Watts – CEO HSCB/PHA
Ann McGlone – Willowbank Community
Dr Anne Kilgallen – CEO WHSCT
Charlotte McArdle – Chief Nursing Officer, DoH

Brian Godfrey, Safety Strategy Unit, DoH
Gillian Hynes, Safety Policy Branch, DoH
Richard Magowan – DoH – (Secretariat)

Apologies
Sean Holland – Chief Social Work Officer, DoH
Lynne Charlton, Head of Nursing, Quality, Safety and Patient Experience, PHA
Mary Hinds, Director of Nursing and Allied Health Professionals, PHA
Jackie Johnston, Deputy Secretary, DoH
Sarah Williamson – Transformation Programme Manager, NIAS

Present for Agenda item 7
Barbara Campbell, Assistant Director of Social Work, Quality Improvement & Workforce, SEHSCT, Programme Manager HSCQI

The Co-Chair of Q2020 Implementation Team and the Q2020 Project Manager were present for Agenda items 8 – 11
Dr Carolyn Harper, Director of Public Health/Medical Director - PHA
Grainne Cushley, Q2020 Project Manager – PHA

Present for Agenda items 10
Margaret Marshall, Assistant Director of Nursing and Clinical and Social Care Governance, SHSCT
1. Welcome and Introduction

1.1 Dr McBride welcomed all attendees and apologies were noted.

2. Minutes of the Meeting on 07 April 2017

2.1 The minutes of the April 2017 meeting had previously been circulated to members in May 2017. As no changes had been suggested members agreed the minutes, at the meeting.

3. Action Points

3.1 Dr McBride referred attendees to the five Action Points from the previous meeting detailed in paper 2. All four action points for the Department were complete. No attendees wished to make any further comments. The action point attributed to the Implementation Team was addressed at agenda item 8. Brian Godfrey gave an update on each action point.

3.2 AP1: This related to the data interface with the HSCQI programme managers and this work is now being taken forward as part of the Communication Community of Practice Work Stream.

3.3 AP2: Transformation Directorate have confirmed that papers can be shared through the TIG process if flagged up by TIG Members.

3.4 AP3: This related to Agenda item 4 the HSCQI Scale and Spread Initiatives (Paper 3) – The governance arrangements for Q2020 and HSCQI were discussed (paper 3 refers) and it was agreed that this would require wider consideration whenever the HSCQI development work in relation to the identified scale and spread projects is sufficiently progressed.

3.5 AP5: Copy of previous and current ‘strategic look’ for project tasks sent to Valerie Watts on 22nd May 2017.
4. **Risk Register**

4.1 Dr McBride referred attendees to the Risk Register and offered members the opportunity to comment.

4.2 Brian Godfrey highlighted the main changes/updates to the register. These included changing risk 4 – resistance to change from stakeholders to medium risk; and reducing the likelihood of risk 6 – inadequate project management from medium to low.

4.3 There was a discussion around the Risk Register regarding current available finance or revised budgets imposed by further budget cuts. Hugh McCaughey queried whether there was scope to review risk levels, specifically those in the red category, in view of the financial investment that Trusts are already making in quality improvement work.

**Action Point 1 – Brian Godfrey** – To review the Risk Register with a view to changing some risk likelihood’s to low in order to reduce the overall risk level from high to medium risk.

5. **PAC Recommendation – Safety Culture Audit**

5.1 Dr McBride referred members to PAC recommendation 12 from the General Report on the Health and Social Care Sector 2012-13 and 2013/14 – March 2016: *To help inform the development of a culture of openness and transparency across the Trusts, the Committee recommends that the Department should monitor the safety culture in Trusts by arranging to have them use one of the established tools available to undertake a cultural audit.*

5.2 The Manchester Patient Safety Framework had been identified as a suitable tool and GAIN were approached to explore if this audit could be undertaken through their audit programme. GAIN indicated that they would not be able to undertake such an audit in their 2016/2017 programme, as no further action has been taken by the Department in regards to this recommendation and it therefore remains outstanding.

5.3 There was a discussion around whether any added value would be added to quality improvement activity by undertaking such an audit. The Manchester Patient Safety
Framework appeared to be a suitable tool but as it is dated, consideration should be given to what other established tools exist. It was agreed to explore further the feasibility of undertaking such an audit. There may also be scope to incorporate aspects of such an audit in the annual staff survey.

**Action Point 2 – Brian Godfrey** - To further explore with stakeholders the potential for undertaking an audit of safety culture.

6. **HSCQI Scale and Spread Initiatives**  

6.1 Dr McBride referred members to paper 4 which was a discussion paper on the HSCQI interface with Q2020 through exploration of appropriate governance arrangements.

6.2 Dr McBride welcomed views on this paper and there was a discussion around how to bring about better alignment to the governance structure of HSCQI and Q2020. It was agreed that this would require wider consideration whenever the HSCQI development work in relation to the identified scale and spread projects is sufficiently progressed.

**Action Point 3** – Q2020 Steering Group – To consider the governance structure of HSCQI and Q2020 following further development and piloting of the HSCQI scale and spread methodology.

Barbara Campbell joined the meeting at this point

7. **HSCQI - Presentation**

7.1 Barbara Campbell, Programme Manager of the HSCQI quality improvement and innovation transformation work stream gave a presentation to provide an update on the work to date.

7.2 There was further discussion regarding the presentation.

**Action Point 4 – Safety Policy Branch** – Email the three presentations from the meeting to Steering Group members.

Dr Carolyn Harper, Grainne Cushley, Margaret Marshal and Dr Jeffrey Brown joined the meeting at this point
8. **Implementation Team Action Points**

8.1 Dr McBride welcomed the additional attendees to the meeting. Grainne Cushley advised that the action point attributed to the Q2020 Project Manager, which was to formally close task 2 Annual Quality Reports, had been actioned. This was agreed and noted.

9. **Implementation Team Tasks Update**

9.1 Grainne referred members to paper 5 which provided a full update on all current Q2020 project tasks and gave a verbal update on the latest position with the tasks. The progress report has been revised to begin with a narrative which gives a clear and succinct update on progress and highlights any main issues. The benefits realisation for each project task are also included as an annexe.

9.2 The Q2020 Progress Report September 2017 contained 3 discussion points which were addressed by the Group.

9.3 **Discussion Point 1 (page 8):** The Implementation Team proposed that the task to develop a HSC Standard for Safe Interventional Procedures based on NatSSIPs to reduce the reoccurrence of the 3 main categories of Never Events is revised to concentrate on improving the culture of the use of surgical checklists in order to reduce the reoccurrence of the 3 main categories of Never Events. The original task was proposed by the Department in response to the establishment of the HSC Never Events list as recommended by Sir Liam Donaldson. The establishment of the Never Events list together with development of a HSC standard was agreed by the Minister.

It was agreed that the PHA would provide further information to DoH in relation to the work carried out to date on the NatSSIPs task which would support the proposal to revise the task.

**Action Point 5 – Implementation Team** – To provide rationale for proposed changes to NatSSIPs task.

9.4 **Discussion Point 2 (page 9):** An update was given on the engagement that had taken place and that was planned going forward. This included a regionally updated
communication action plan particularly focusing on ways to reach frontline staff; a number of engagements events with organisations and the development of an information newsletter. The Implementation Team asked if the proposed development of the Q2020 information newsletter could be merged with the HSCQI newsletter.

It was agreed that this merited further consideration and the Implementation Team to explore the potential for merging the newsletter with HSCQI Programme Managers

9.5 **Discussion Point 3 (page 10):** An update on the process overseeing project task delivery was discussed. Currently the process for managing the implementation of the Q2020 Strategy has involved quarterly meetings of the Implementation Team. Attendance at the Implementation Team has been limited and it is felt that, in order to secure better attendance and strengthen the process, a different approach should be taken.

9.6 Over the last year regular update meetings with the task leads have been held. These meetings are smaller, providing a better opportunity for task leads to feedback progress, make links with other tasks and address any barriers or challenges they may have to implementation. It is proposed that going forward these meetings are continued on a quarterly basis. The Implementation Team asked if the opportunity should be taken to work together with the HSCQI regarding a collaborative event around work quality day.

9.7 The Implementation team propose to host 2 half day interactive Q2020 events in November and March to showcase individual tasks & provide opportunities for learning. The first date for this workshop will be 10th November. Planning arrangements are currently in progress.

It was agreed that the PHA engagement methodology for Q2020 implementation was fit for purpose and the proposal was endorsed. It was also agreed that the Implementation team should explore further with the HSCQI Programme Managers the feasibility of holding a joint workshop on 10 November.

9.8 Charlotte McArdle presented a paper as part of the implementation team task update (6), “Increasing the capacity and capability of the HSC workforce in the science of Quality Improvement”. Members approved the principles surrounding the need for building capacity and capability in QI science within NI on a regional basis and it was agreed that the appropriate delivery model for this would require wider consideration
following completion of the current phase of the HSCQI development work against Developing Together Action Points 10 and 15 and the availability of transformation enabler funding.

10. **Strengthening our response to adverse incidents**

10.1 Margaret Marshall presented an overview of the project to date.

10.2 Dr Jeffrey Brown followed by presenting on his work stream of the AI project which focuses on the use of simulation to learn from adverse incident trends.

10.3 There was a discussion around a number of issues with simulated learning including the feasibility to undertake this type of training on wards due to existing pressures.

11. **AOB**

11.1 Dr McBride covered AOB before the HSCQI Presentation as there was a timing gap. No other business was offered for discussion.

**Please note the dates of future meetings**

Friday 19 January 2018 at 10:00 am in D2 Conference Room.
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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