# Department of Health

## An Roinn Sláinte

## Männystrie O Poustie

www.health-ni.gov.uk

**QUALITY 2020**

**A 10-YEAR STRATEGY TO PROTECT AND IMPROVE QUALITY IN HEALTH AND SOCIAL CARE IN NORTHERN IRELAND**

**GOVERNANCE MODEL**

**INTRODUCTION**

1.  The Quality 2020 (Q2020) Strategy Implementation Programme (the programme) has been established by the Department of Health (DoH) to ensure the Q2020 Strategic Implementation Plan[1] (the Plan), as approved by Minister, is effectively executed.

2.  This document was developed in order to define the programme governance structure needed to support decision making and accountability arrangements throughout the life of the programme. It should be read in conjunction with the Plan (revised in October 2016 with Q2020 Steering Group approval), of which it is an integral component, and the Q2020 Programme Initiation Document (PID) which it complements.

3.  The original governance structures were previously revised in 2015 in light of an internal Audit Report and this version of the Governance Model is the latest revision following the progress to date.

**Q2020 STRATEGIC IMPLEMENTATION PLAN**

4.  The Plan was developed by the DoH in consultation with Q2020 Project Teams drawn from across health and social care (HSC) organisations and subsequently approved by the Minister. It identified a number of projects that needed to be initiated immediately and progressively over the first three years and set out how Q2020 would be delivered across the HSC.

5.  The Plan was scheduled for a three year review as defined in the PID and has been refreshed and refocused in 2016. The revised Plan also reflects the recommendations made by Sir Liam Donaldson in his report *'The Right Time, the Right Place'* published in December 2014 in accordance with Strategic Leadership Group Action for the Chief Medical Officer (CMO).

6.  Furthermore the Plan sets out the achievements and completed tasks under Q2020; and details the work still ongoing in addition to the new tasks initiated which are all

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[1] Q2020 Revised Strategic Implementation Plan - https://www.health-ni.gov.uk/publications/quality-2020-ten-year-strategy-protect-and-improve-quality-health-and-social-care October 2016.

clearly directed in terms of priority by the former Minister's November 2015 statement regarding the establishment of the Improvement Institute[2]. Minister O'Neill's October 2016 10-year vision entitled, 'Health and Wellbeing 2026: Delivering Together' outlined her intention to *"...establish an Improvement Institute that will better align existing resources to enable improvement in our system of care".* Such an institute will be governed by the strategic direction for quality as set out in Q2020.

**Q2020 GOVERNANCE MODEL**

7.  The Q2020 Governance Model describes the roles and responsibilities of programme participants, their relationships with each other and the process for decision making, communicating and sharing of information within and beyond the programme. This model reflects the roles, responsibilities and relationships set out in the Framework Document (2011). The Steering Group has the ultimate role in approving material and in initiating new work or changes to existing projects.

8.  The Q2020 Governance Model aims to satisfy the following objectives:
    *   to be based on active and collaborative involvement and commitment by key stakeholders;
    *   to establish effective direction and communication;
    *   to provide a clear and consistent view on how the programme will be managed and conducted; and
    *   to establish clear accountability for decision making arrangements via the Decision Rights Matrix set out in **Appendix 1**.

**ROLES AND RESPONSIBILITIES**

9.  The programme's lead organisation is the DoH. CMO is the Programme Sponsor, and the Head of Safety Strategy Unit (SSU) in DoH is the Senior Responsible Officer (SRO) for the programme.

10. The programme governance structure is set out in **Appendix 2**.

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[2] Improvement Institute Statement: https://www.dhsspsni.gov.uk/news/hamilton-announces-improvement-institute

**Programme Sponsor**

11.    The Programme Sponsor represents the strategic interests of the DoH and monitors the programme's progress on behalf of the Accounting Officer (Permanent Secretary) and Minister.  Specific tasks for the Programme Sponsor are to:

- act as chair to the Q2020 Steering Group;
- report to the Accounting Officer and Minister on the Q2020 programme;
- promote the aims and objectives of the programme; and
- ensure the smooth running of the programme.

**Quality 2020 Steering Group**

12.    A Q2020 Steering Group, chaired by the CMO, is responsible for the strategic direction, oversight and regular reporting to the Accounting Officer and Minister of Q2020 progress through an Implementation Team which manages the work-streams and a schedule of Tasks as set out in **Appendix 3**.

**Quality 2020 Implementation Team**

13.    The Implementation Team is co-chaired by the Director of Public Health/Medical Director in the Public Health Agency (PHA) and Director of Nursing and Allied Health Professionals from the HSC Board.

14.    It is responsible for ensuring that the Strategy is executed in line with implementation plans approved by the Q2020 Steering Group, on schedule and to the required standard, and will co-ordinate activity across 5 work-streams each focused on one of the 5 strategic goals of Q2020.  It will prepare, as required and directed, reports for the Q2020 Steering Group on implementation progress, including strategic and project planning updates, resource issues and project outcomes as well as information on quality improvement initiatives across the HSC beyond Q2020 projects.

15.    The Implementation Team had responsibility for developing and applying a '*Quality 2020 Engagement Strategy'* which has been introduced and is currently being maintained to ensure effective engagement and involvement of the public, service users, HSC staff at all levels and stages of the implementation process.

16.     In addition the Implementation Team had responsibility for developing and applying a '*Quality 2020 Communications Strategy'* to convince people of the problems and solutions to improving quality in health and social care.  This has also been initiated and is being maintained.

17.     Implementation Team Membership is detailed in **Appendix 4** but may be revised from time to time as dictated by the work to carry out new and existing tasks.


**Quality 2020 Project Teams**

18.     Q2020 Project Teams will continue to work to a Terms of Reference (ToR) agreed by the Q2020 Steering Group and will report to the Q2020 Implementation Team.

**Safety Policy Branch**

19.     The Department's Safety Policy Branch (SPB) within the SSU will provide a secretariat role for Steering Group meetings, and workshops.  SPB is also responsible for the management of all programme documents and record keeping.

**Stakeholder Forum**

20.     A Quality 2020 Stakeholder Forum was due to be established in 2015.  This was intended to facilitate engagement with stakeholders and comment on the Annual Quality Reports provided by the Steering Group and individual HSC bodies as well as input of ideas or proposals for consideration by the Steering Group.  Whilst this Forum has not been established, the Implementation Team has been asked to engage with patients/service users, as appropriate, as part of their task work.

**QUALITY 2020 Decisions Rights Matrix**

**Definitions:**

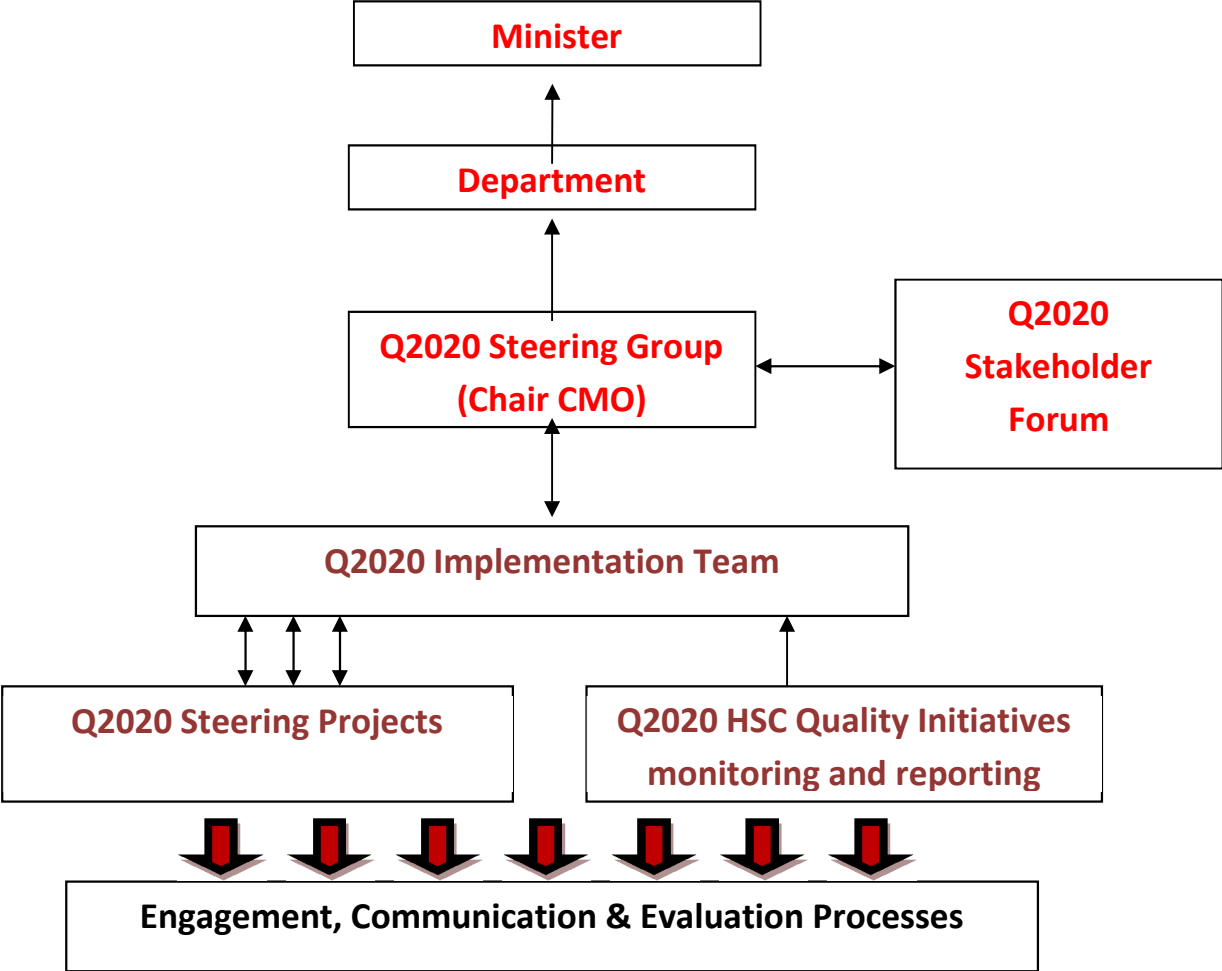**Make  -** Right to make decision and oversee implementation

**Ratify -** Right to approve recommendation and parameters for approval

**Input -**  Right/duty to provide input and/or make recommendation

**Notify -** Right to be informed of decision after it is made

| Decision Type | Steering Group | Implementation Team | Project Teams |
|---|---|---|---|
| *Programme* | | | |
| Determine Programme Plans & Priorities | Make/Ratify | Input/Notify | Input/Notify |
| Change Programme Plans & Priorities | Make/Ratify | Input/Notify | Input/Notify |
| Secure and allocate resources | Make/Ratify | Input/Notify | Input/Notify |
| Approve project and programme review initiation | Make/Ratify | Input/Notify | Input/Notify |
| Determine Programme Governance Arrangements | Make/Ratify | Notify | Notify |
| Endorse products/processes as Q2020 compliant | Make/Ratify | Notify | Notify |
| | | | |
| *Amendments to Implementation Plan* | | | |
| Management and Delivery Structures | Make/Ratify | Input/Notify | Input/Notify |
| Projects (add/remove) | Make/Ratify | Input/Notify | Input/Notify |
| Supporting Strategies (add/remove) | Make/Ratify | Input/Notify | Input/Notify |

| Decision Type | Steering Group | Implementation Team | Project Teams |
|---|---|---|---|
| ***PID*** | | | |
| Approve Programme PID | Make/Ratify | Notify | Notify |
| Amend Programme PID | Make/Ratify | Notify | Notify |
| | | | |
| ***Management Group*** | | | |
| Appoint/change Chairs & Membership | Make/Ratify | Notify | Notify |
| Set Group agendas | Notify | Input/Notify | Input/Notify |
| Project management of Management Group | Notify | Notify | Notify |
| Develop and implement communications, engagement and evaluation strategies | Ratify | Input/Notify | Input/Notify |
| | | | |
| ***Implementation Team*** | | | |
| Secure membership | Make/Ratify | Notify | Notify |
| Set agendas | Notify | Input/Notify | Notify |
| Project management of Implementation Group | Notify | Notify | Notify |
| Develop detailed high level programme plan | Ratify | Input/Notify | Notify |
| | | | |
| ***Projects*** | | | |
| Identify Project Leaders | Make/Ratify | Input | Notify |
| Identify Membership | Notify | Input | Notify |
| Develop/Amend Terms of Reference | Ratify | Input | Notify |

Minister

↑

Department

↑

Q2020 Steering Group (Chair CMO) ↔ Q2020 Stakeholder Forum

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Q2020 Implementation Team

Q2020 Steering Projects

Q2020 HSC Quality Initiatives monitoring and reporting

Engagement, Communication & Evaluation Processes

**Q2020 Implementation Team Task List – May 2017**

| Number | Name | Lead Officer |
|--------|------|-------------|
| Task 1 | Managing Safety Protocols | **COMPLETE** |
| Task 2 | Developing HSC Trust Annual Quality Reports | **COMPLETE** |
| Task 3 | Standards Policy Framework | **COMPLETE** |
| Task 4 | Developing professional Leadership – (Attributes Framework) | Charlotte McArdle - CNO at DoH<br><br>Brendan Whittle, Director of Children's Services at SEHSCT |
| Task 5 | Minimum Mandatory Training | Patricia Higgins  NISCC |
| Task 6 | Random Safety Audits | **COMPLETE** |
| Task 7 | Literature Review – changing organisational culture | **COMPLETE** |
| Task 8 | Communications Plan | **COMPLETE** |
| Task 9 | Engagement Workshops | **COMPLETE** |
| Task 10 | Website Development | **COMPLETE** |
| Task 11 | Project Manager Recruitment | **COMPLETE** |
| Task 12 | Development of future tasks | **COMPLETE** |
| Task 13 | WHO Curriculum on Patient Safety in Undergraduate Training | **COMPLETE** |
| Task 14 | Harmonising Logistics | **COMPLETE** |
| Task 15 | Establish Mortality and Morbidity meetings in every speciality in every hospital | Fergal Bradley, DoH |
| Task 16 | Develop positive cultures in HSC organisations | DoH<br><br>Cultural audit to monitor the safety culture in Trusts:<br><br>This is in response to a Public Accounts Committee recommendation. The |

| Number | Name | Lead Officer |
|--------|------|--------------|
| | | Implementation Team will be asked to use and develop an established available tool to undertake a cultural audit; to help inform the development of a culture of openness and transparency, and to monitor the safety culture, across Trusts. |
| Task 17 | Strengthening our response to adverse incidents | Director of OPPC, SHSCT<br><br>Asst Director Clinical Social care Governance, SHSCT |
| Task 18 | Supporting staff involved in SAIs and other incidents | A Trust Medical, Nursing and Social Care Director |
| Task 19 | Improving patient safety through multi-disciplinary simulation and human factors training | Mike Morrow and James Reid, NIMDTA<br><br>Glynis Henry, CEC |
| Task 20 | Development of a HSC Standard for Safe Interventional Procedures based on the NatSSIPS to reduce the reoccurrence of the 3 main categories of Never Events | PHA Safety Forum |
| Task 21 | Pilot a model for the development of Always Events as a quality improvement task | Mary McElroy, Patient Experience Lead and<br><br>Client Experience Working Group |

**Q2020 Implementation Team - Membership at January 2017**

| Member | Organisation | Email address |
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