HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting held on Tuesday 22 February 2005 at 2.15 pm in Lecture Theatre D.2 Castle Buildings

Present:

Dr R F Houston (Chairman)
Dr I M Rea
Dr M O'Neill
Dr M Madden
Dr I Orr
Mr G McKee
Prof A B Atkinson
Mr B Lacey
Dr M Shields
Dr T C M Morris
Dr B Devlin
Mr F J Mullan
Dr R S McAleer
Mr J Gray
Mr E J Mackle
Mr M J Hawe
Mr M McCann
Dr T McMurray
Prof J Watson
Dr W W M McConnell

In Attendance:

Dr P Woods
Dr E Mitchell
Dr M Briscoe
[redacted]

1. APOLOGIES

[redacted]

2. CHAIRMAN'S BUSINESS

[redacted]

3. **MINUTES OF LAST MEETING**

[redacted]

4. **MATTERS ARISING**

GMS Contract - Update

[redacted]

Consent

At its last meeting of HSSC had raised concerns about the impact of the new consent process. These included, loss of information to the Cancer Register and for audit and public health functions. It was noted that legislation in N.I. differs from GB where certain data can be transferred without explicit consent. It had been suggested that a legal opinion and clear guidelines were required to resolve this issue.

Members had received a paper providing an update on consent issues. Main issues highlighted included:-

- Consent to post- mortem examination and retention or disposal of tissues and organs – Guidance and standardised forms have now been agreed and will shortly be issued to HSS organisations.

- Human Tissue Act and Human Tissue Authority – The Human Tissue Act is likely to be fully implemented in April 2006. The Human Tissue Authority is likely to be in existence from April 2005, and will issue Codes of Practice.

Members were concerned about low Post Mortem rates and that the new consent process would further impact detrimentally on these. Dr Woods undertook to ascertain the position.

Discussion centred on loss of information to the Cancer Register from Pathology Departments who had withheld data to the Cancer Register because they had not obtained explicit consent. Members sought confirmation that this data could be released retrospectively to the Cancer Register and suggested a legal opinion was required to resolve this issue.

With regard to the development of the HPSS ICT programme and the sharing of data within the HPSS, members suggested that the question of seeking consent for transfer of images and the sharing of data should be addressed.

Best Practice – Best Care

Development of Standards for Quality in Health and Social Care

The Chairperson welcomed Dr Maura Briscoe, Quality Standards and Social Care Project Team. The terms of reference for the development of standards on quality in health and social care had already been issued to members. Members had received a copy of a presentation on the development of these standards. Dr Briscoe highlighted key elements which included:-

- The aim of the project is to produce generic core quality standards which will integrate existing standards on corporate governance with clinical and social care governance. They will apply to providers of primary, secondary and tertiary care within the HPSS. These are high level generic standards.

- Key Domains for standards document:-
  - Safe and Effective Care
  - Timely delivery of Quality Services
  - Good communication and information
  - Promoting, Protecting and Improving Health and Well- Being
  - Open and effective communication
  - Leadership and accountability of organisations

The development of these standards will facilitate the HPSS Regulation and Improvement Authority (HSSRIA) in the monitoring of the quality of services provided by the HPSS. It is anticipated that the standards will be ready for public consultation shortly.

Dr Briscoe outlined the development of Care Standards for services regulated under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003. Care Standards are service specific and apply to care settings (agencies and establishments) whether private, voluntary or statutory services such as nursing homes or residential homes. Care Standards are underpinned by legislation and regulations. The first and second series of care standards had been issued for public consultation. A third series will be issued for consultation in March 2005. HSSRIA will become operational from April 2005 and will inspect and report on the quality of services against these (and other) standards.

Quality Standards in Health and Social Care which are underpinned by clinical and social care governance and the duty of Quality for the HPSS, are core, generic standards at organisational level. Unlike Care Standards, each standard is not prescribed in Regulations.

In response to queries, members were advised that how HSSRIA will use the quality standards and carry out its work in relation to monitoring the quality of services provided by the HPSS was a matter for that Authority.

Members expressed the view that plain English should be used when sharing information about the standards of quality in health and social care with service users.

At its last meeting HSSC had discussed the consultation document on draft standards for independent hospitals and had expressed concerns that whilst service specific standards were being developed for the independent sector it was unlikely these could be sustained unless the public sector met similar rigorous standards. Dr Woods undertook to ensure these comments were conveyed to the Department. It was

recognised there was some concern about the different levels of standards. It was emphasised that the setting of standards would impact on all providers' practices.

In response to queries about criteria for assessment of quality of management, members were advised that sound organisation management is one of the key domains for the Quality Standards document.

The Chairman thanked Dr Briscoe for her attendance. Dr Briscoe indicated that she would be happy to update members when the Quality standards are published.

Service Level Agreement with National Clinical Assessment Authority

Members had received a paper detailing the new agreement. Dr Woods outlined key elements. These include:-

- The Department of Health, Social Services and Public Safety and the National Clinical Assessment Authority (NCAA) entered into a service level agreement which came into force on 1 October 2004. The NCAA will provide an advisory service to take referrals from HSS Trust and Boards, and other relevant HPSS bodies so that they can take appropriate action in addressing concerns over poor performance.

- Advice to NI will be provided by a NI Adviser or by an Adviser in England briefed by a NI Adviser.

- The launch of the NCAA would be marked by an event to be held in March.

Members felt there was a need to acknowledge wider issues relating to the investigation of services rather than solely an individual's performance. Members were advised that the NCAA would provide an advisory service about the level of investigation required.

Revalidation

Dr Woods informed members that the details of revalidation are being revisited through a review following the recommendations made in Dame Janet Smyth's Shipman Enquiry 5th report. The review will be undertaken by a group chaired by the CMO in England and will examine the appraisal and revalidation process. Dr Woods emphasised that appraisal as set out in current guidance should continue.

HSSC sought clarification about the structure of the review group. Concerns were expressed about how NI is being represented and HSSC stressed the need for a NI input into the review process. Dr Woods undertook to convey the views expressed to CMO.

5. SPECIALIST REGISTRAR STAFFING 2005/2006

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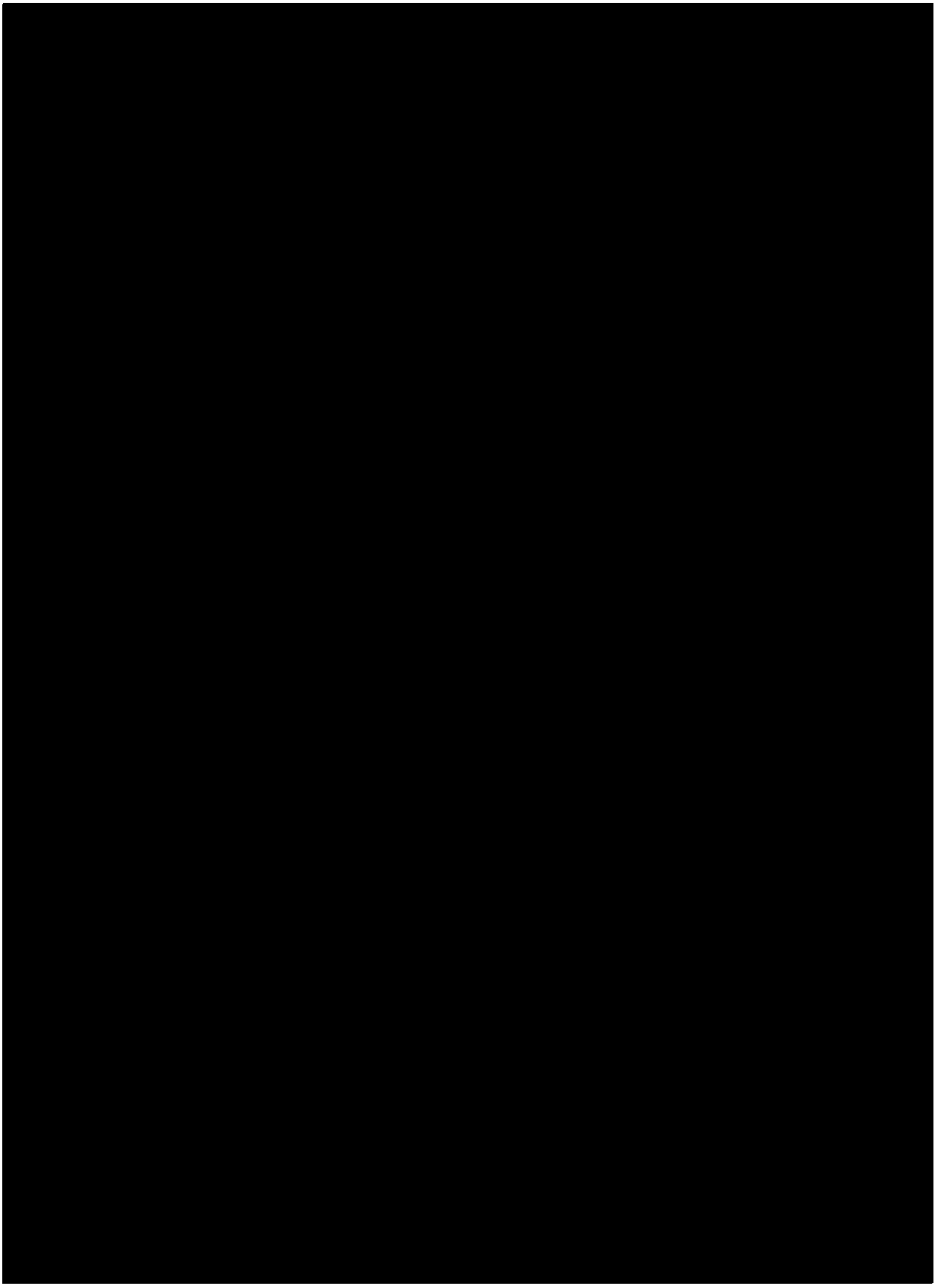


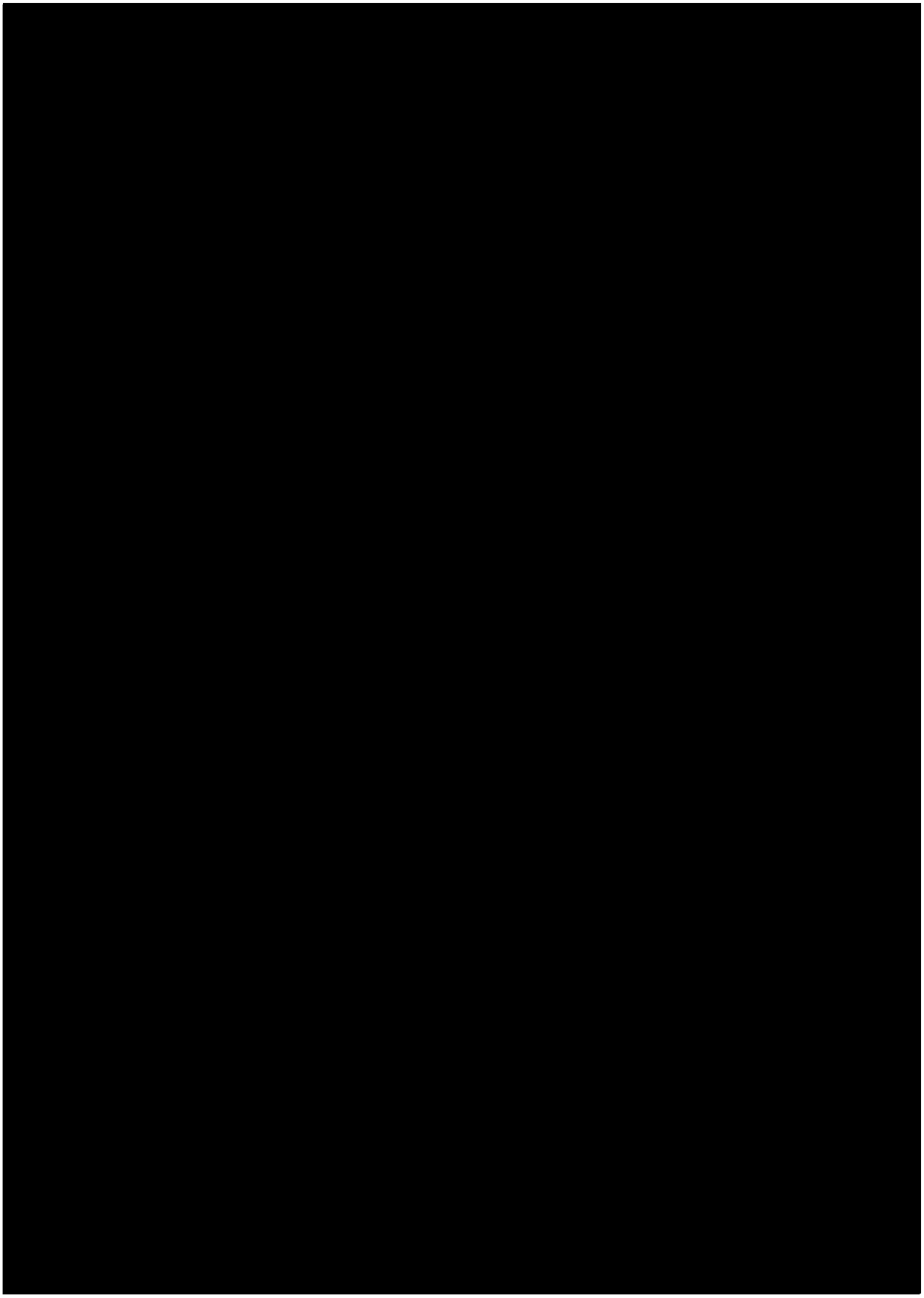
6. **MODERNISING MEDICAL CAREERS –PROGRESS REPORT**

Members had received an update setting out developments since the last meeting including a MMC newsletter providing news about MMC activities. Dr Woods summarised key developments.These included:-

- Consultation on the draft curriculum for the Foundation programme pilots closed on 21 January 2005.
- The UK Strategy Group has been re-structured and is chaired by each of the CMO's in rotation. The first meeting under new arrangements took place in Edinburgh and the next meeting is in Belfast in March.
- Local Developments
    - Guidance on the developing a memorandum of understanding for the delivery of medical education and research was published in December
    - The NIMDTA organised a NI MMC road show on 19 January.
    - Almost all local applicants for Foundation programmes have now been placed.

By 1st June all Trusts have to submit returns to the Specialist Training Authority for the approval of each post in their foundation programme.Discussion centred on how the foundation programme and proposed training models would operate. It was stated that some SHO Doctors are in F2 programmes and some are in specialty training programmes, however, a large group of SHOs are unattributable at present.

7. REGIONAL CANCER FRAMEWORK



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8. **ISG – THE IMPROVING JUNIOR DOCTORS' WORKING LIVES – IMPLEMENTATION SUPPORT GROUP – ANNUAL REPORT 2003- 2004**

Members had received the Annual Report of the Improving Junior Doctors' Working Lives Implementation Suport Group (ISG) for 2003-2004 which details the activities of the ISG Group and provides a summary of New Deal compliance during that period. Dr Woods highlighted some of the key areas. These include:-

- At May 2004 25% of junior doctor posts in Northern Ireland were non-compliant with the new Deal compared to 50% one year previously. This means we have halved non-compliance in Northern Ireland in the last year. More recent monitoring rounds show further improvements and this reflects the considerable work by staff in Trusts.

- 100% of PRHO posts, 74% of SHOs posts and 63% of SpRs posts are in compliance with the New Deal requirements. Significant progress has been achieved, however, there are a number of areas that need to be tackled in the incoming year to maintain and sustain the work towards compliance.

- Significant progress has been made towards the first phase of EWTD compliance. In response to queries about timescales, members were advised that from August 2007, there will be a maximum average of 52 hours of work per week and from August 2009, there will be a maximum average of 48 hours per week.

9. **SURVEY OF NON-CONSULTANT CAREER GRADE DOCTORS**

Members were advised that work is progressing in the survey of non-consultant career grade doctors in Northern Ireland. It is hoped to have the results of the survey for the next meeting of HSSC.

10. **REGRADING FROM STAFF GRADE TO ASSOCIATE SPECIALIST**

Associate Specialist Medical Cardiology – Royal Group of Hospitals HSS Trust.

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11. **REGIONAL STRATEGY FOR HPSS – A HEALTHIER FUTURE – A TWENTY YEAR VISION FOR HEALTH AND WELLBEING IN NORTHERN IRELAND**

This document was launched for formal consultation on 21 December 2004. The consultation period ends on 25 March 2005. The document can be accessed at the Department's website www.dhsspsni.gov.uk/publications/2004 healthyfuture.asp. An Executive summary of the Strategy was issued to members.

HSSC indicated that it was generally happy with the content, structure and themes within the Strategy document.

The Strategy identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three options. The DHSSPS is seeking the public's views on this issue. Members felt unanimously and strongly that the strongest option should be pursued. This would include seeking a ban on smoking in all enclosed public places and workplaces. The Chairman undertook to convey the views expressed by HSSC to CMO.

12. **DATE OF NEXT MEETING**

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