

## Conclusion report from the 2<sup>nd</sup> Steering Committee Meeting, 8<sup>th</sup> December 2005 at WHO-CC, Bispebjerg Hospital in Copenhagen

**Between the Meetings:** After the first meeting in May 2005 the Chair of the SC , Ann O'Riordan, had sent out a short information paper to the National and Regional Coordinators and the HPH Secretariat had send out a Meeting report to the SC Members.

During the autumn, the SC members had prepared and circulated working papers for the subject mentioned below at paragraph 1. The Secretariat has been working with the clarification of the administrative guidelines, development of proposals for new and smooth procedures as well as the fulfilment of the new communication strategy. According to the decision from the 1<sup>st</sup> SC Meeting, the meeting reports should consist of decisions and conclusions, exclusively.

### **1) The future of the HPH Network: Scope and Title, Objectives, Activities, Structure and Annual Working Plan**

The working papers were presented by the responsible authors (except for 1a), and the SC had a long and fruitful discussion about these subjects, which often overlapped each other. Hoping to make a better overview in this meeting report, the decisions and conclusions are given in relation to the specific subject instead of following the precise chronological discussion. Furthermore, it would not make sense to report the many considerations during the first part of the meeting about the role of WHO, since the future role of WHO became very clear later on, and this role is summarised in paragraph 2.

***Further to the below mentioned subjects there was a general agreement that the vision and the strategy of the HPH Network needs to be discussed.***

#### ***1a) Scope and Title (Yannis Tountas) / Ann O'Riordan***

In the working paper two main questions were considered about the future network;

- European versus International focus
- Hospitals versus non-hospital members,

both of which could influence the name and the organisation of the Network.

There was general understanding that the International HPH Network should include members from other continents than Europe, and that some N/R Networks and Task Forces of the International HPH Network are already admitting non-hospital institutions.

It was agreed that it is too preliminary to introduce Continental Networks e.g. African Network, European Network, Australian Network, however, participation of national network representatives (i.e. Canada) will be included in the same way as European national/regional representatives are.

***It was a general agreement that we are now an International HPH Network open for Networks from other continents. However, at the moment our core***

***business is in Europe, our core members are the Hospitals, and that the name should be unchanged. SC recommended a Task Force on this should be established at the next N/R Workshop (2006 in Palanga).***

***1b) Objectives and Criteria for membership (Oliver Gröne)***

The working paper concerned an update of the objectives and criteria for membership for the HPH Network under the new leadership of the SC and the independent HPH Secretariat at the WHO-CC in Copenhagen.

It was suggested that the following could become members of the International HPH Network

- N/R Networks (the hospitals participate through their respective N/R Networks)
- Coordinating Institutions for the International HPH Network, such as WHO-CCs
- Hospitals from countries where no N/R Network exists
- Task Forces

New membership criteria may include annual self-assessment of the standards, further to the present 3 implementation projects.

SC encourages the N/R Coordinators to discuss the following: Experiences on membership criterion on a problem oriented bases, full membership vs. associates, regional vs. national, criteria for national coordinating institution, 3 projects and self-assessment tool etc.

It became clear that we need to characterise what is a Task Force (open, mandate, work, product, closure); Task Force is a resource; the leader is also referring to and a part of SC, but not seen as a full member.

***It was agreed that the N/R Networks are the core members in the International HPH Network, and the N/R Coordinator group is the core in the organisation. SC decided to let the HPH Network go on now using the present membership criteria and that new criterion for membership should be discussed by the N/R Coordinators and decided at the Coordinator workshop in Palanga.***

***TF leaders would draw-up a discussion paper outlining expectations of HPH to TF and TF to HPH for the further considerations.***

***1c) Criteria for different membership levels (Carlo Favaretti)***

The working paper focused upon the perspective to improve the quality of membership for member hospitals, and described five different levels (according to the EFQM Model for Excellence) of memberships to be recognised by the SC:

1. "Committed to Excellence in HPH" (The hospital carried out the self-assessment tool)
2. "Recognised to Excellence in HPH" (The hospital fulfilled the 5 standards and 24 sub standards)
3. - 4. - 5. Finalist, Price winner and winner of the International Price for Excellence in HPH.

The following discussion concerned the need for a lower level of entrance (start level) including the current criteria of 3 projects etc.

***SC agreed that the current standard requirements are still the entry criteria (3 projects etc). In the perspective to improve the quality of membership for member hospitals the next step must be improvement criteria (self assessment of standards for HP in Hospitals), increasing to fulfilment of one or more standards.***

***1d) The role of the different partners, i.e. the power structure (Jürgen Pelikan)***

This working paper should rely on the other document discussed at the SC meeting, and was therefore still very open. The focus in the discussion was on election procedure to the SC at the next Coordinator Workshop In Palanga and the constitution of the SC.

Before an election the National / Regional Coordinator Group has to decide on the number of SC members (today they are: 4 Coordinators (election) – core members; 2 Coordinators – post and future conference hosts; 3 WHO representatives – WHO Europe, WHO-CC Vienna, WHO-CC Copenhagen- permanent members; 3 task force leaders – associated members). JP will work further on this and comments from all are welcome.

***The SC agreed that half of the members in the SC should be for election this year in order to secure continuity of the work in the SC, election is for a period of 2 –3 years and voting is by ballot.***

***SC decided that a clarification from the National / Regional Coordinators is needed on: Election procedure and 1 vote 1 country or 1 vote 1 National / Regional Coordinator (giving Italy 10 votes), e.g. should all the Regional Networks in Italy vote separately and thereby have majority?***

***1e) Gathered examples from other sources on the legal status / constitution / association for the HPH Network (Oliver Gröne)***

Not relevant – see § 2.

***1f) Communication Strategy in HPH and interactive homepage (Hanne Tønnesen and Nina Aubertin)***

***Very briefly touched upon. The implementation will continue as planned.***

***1g) Decision on the process of finalizing and distribution of documents to the Coordinators***

Very briefly touched upon. Decision was made to merge documents into 1 document with several chapters. Especially papers a, b, c, d and j have overlaps and will be merged.

***The following process was decided: Each author will refine own paper and sent it to Secretariat for editing no later than Wednesday, 15 February 2006. Secretariat will then merge them into 1 document and on Monday, 6 March send it out to the SC for minor comment. The SC then returns then to the***

*Secretariat on Friday 10 March the latest, i.e. minor comments within a week.*

*Final document will be sent out to Coordinators by Wednesday, 15 March 2006.*

**1h) Evaluation and learning issues (Margareta Kristenson)**

Very briefly touched upon. No work papers yet. MK is experienced in this field and will work out the document.

***The SC strongly supports this.***

**1i) What is needed to perform research in HPH? (Hanne Tønnesen)**

Very briefly touched upon. No work papers yet.

***Decision to continue the research work including a new indexed peer-review scientific article with the working title: Clinical HP – Research and Best Practice.***

**1J) WHO-HPH-Network (Nils Undritz) / Ann O’Riordan**

NU had sent a discussion paper to the SC Meeting. Many of the aspects were discussed before – see above.

OG will prepare a small paper with deadline 1 March. Title: Contribution of HPH to health systems goals.

**2) Role of WHO within HPH International Network (Gerard Schmets, Reg. Office Europe and Oliver Gröne)**

Gerard Schmets from WHO Regional Office Europe strongly complemented the Secretariat was for the successful transferral from Barcelona to WHO-CC Copenhagen, and the close cooperation between WHO-CC Copenhagen and Barcelona in the future is highly appreciated. According to the new strategy in WHO the role has been a little unclear. Therefore, it was very important that GS sustained that:

- HPH Network is a successful Network and able to exist in itself. HPH Network is still close related to WHO and WHO will play an important role in the future.
- The HPH network will continue to be called a WHO HPH Network.
- WHO will go on using and supporting the Network in the future, i.e. with technical support and to a certain degree financial such as publishing guidelines and participate in the SC.

***SC also sustained the importance of a close relationship between the HPH Network and WHO and is looking forward to the future cooperation.***

***OG will send out rules again to the National / Regional Coordinators regarding use of WHO logo – see document as discussed at SC meeting.***

**3) Steering Group: Formal election procedure**

Not discussed further– see §1d.

#### **4) Conferences in HPH: Transparency & open communication (Irena Miseviciené and Hanne Tønnesen)**

A discussion took place about better exchange of experience in an open and transparent communication including more coordination, e.g. Try to find countries where e.g. printing is cheaper (Lithuania or else).

Financial support re. travel etc. was discussed. In general, it should be possible to support "poor" countries to some degree.

***The SC agreed that it should be an open discussion on the budget, structure and content. We must think of new ideas for topics for the conferences and go outside of the SC for these.***

***The SC encouraged WHO-CC Vienna to distribute the evaluation after the next conference.***

#### **5) Budget and economy (Hanne Tønnesen and Margrete Ripa)**

In order to make a simple and smooth standard procedure the SC agreed upon the following process:

- 1 invoice with total fees for all members related to a National Coordinator to be sent out early in the year.
- The National Coordinator is responsible for paying these fees to the HPH Secretariat (e.g. 20 April). If special requirements for invoices are necessary, the Secretariat will, however, have to accept this.

The National / Regional Coordinators are responsible for clarification of who are their hospital members in present year. In case of late or no payment referral is made to the guidelines in other Networks incl. membership status –see *guidelines as discussed at SC meeting*.

The Secretariat will describe the guidelines re. non-payers based upon above mentioned before March – to be discussed at the Coordinator Workshop in Palanga SC agreed that no special agreements should continue and that all members should pay their fees in time. The fees will, in general, be EUR 250, as decided at the workshop in Moscow in 2004. New EU states and Eastern countries have the possibility of reduced fee (€ 150 and € 100, respectively). Changes of fees are, of course, decided by the Coordinator Group as previously done in Moscow.

The SC accepted the budget – see *document as discussed at SC meeting*.

***It was decided to send out a letter to the Coordinators for clarification on how to spend the extra money.***

#### **6) Letters of intent (Nina Aubertin)**

Prior to SC meeting decision was made to continue with the membership procedure in the new Secretariat as before. No further discussion or decisions made at meeting. See the documents 'Letter of Intent' and 'How to join'.

#### **7) National / Regional Coordinators Workshop – Palanga, Lithuania, May 2006 (By Hanne Tønnesen)**

*SC agreed that the focus of the Workshop must be the future of the HPH Network, including: Scope and Title, Objectives (international), Activities, Structure and Annual Working Plan.*

*The afternoon will be in plenum with following subjects: 1) Progress reports from WHO CCs, task forces and working groups and 2) Exchange programmes for employees (nurses, doctors, physiotherapists, social workers, etc).*

*Suggestion for discussions in smaller groups, more open, parallel sessions, and documents should be sent out prior to workshop for participants to prepare themselves.*

*It was decided to make a draft annual plan running from May to May in the Secretariat. To be discussed and finalised by the SC and presented to the Coordinators group for endorsement or minor alterations.*

#### **8) Next meeting**

Date: 24 May 2005

Venue: Palanga, Lithuania (in conjunction with the HPH Conference).

#### **9) AOB**

No items.

Rapporteur: Hanne Tønnesen and Margrete Ripa

Documents discussed at the SC meeting:

1. Use of WHO emblem outside WHO
2. Guidelines re. membership agreement
3. Budget presentation
4. Letter of Intent and How to Join