

NHS Board: 27 June 2018

Lanarkshire NHS Board
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SUBJECT: PALLIATIVE CARE STRATEGY – ASSURANCE ON THE CLINICAL MODEL

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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The purpose of this paper is to highlight the discussion at the Healthcare Quality Assurance and Improvement Committee on 12 June 2018 and to provide assurance to the Board that the Committee sought and received assurances on the Palliative Care Strategy Clinical Model. The draft Minutes of the meeting on 12 June 2018 are attached for information only, and to provide further background detail, if required.

2. ROUTE TO THE BOARD

The content of this paper relating to quality assurance and improvement initiatives has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Chair of the Healthcare Quality Assurance & Improvement Committee (HQAIC).

3. SUMMARY OF KEY ISSUES

The Committee considered a report from Dr Findlay, Medical Director (designate), South HSCP and Ms Hayward, Head of Health, South HSCP which set out an assurance framework in relation to the Palliative Care Clinical Model, with specific emphasis on the opening of the 4 additional beds at Kilbryde Hospice from 31 July 2018, as part of a phased approach, with phase 2 spanning August 2018 - December 2018 and a target of opening an additional 8 beds by October 2018.

The special meeting of the Committee had been convened to consider the single issue of the Palliative Care Clinical Model, and the assurance sought by the Board on the clinical model.

It was noted that phase 1 will see the opening of 4 of the 12 commissioned beds in the Kilbryde Hospice by 31 July 2018 and the balance of beds being opened by October 2018. The key milestones governing each phase were set out in the cover paper.

In relation to phase 1, and the aspiration to open 4 beds by 31 July 2018 at Kilbryde Hospice, Dr Findlay drew particular attention to three key milestones.

- Healthcare Improvement Scotland accreditation visit on 26 June 2018

Dr Findlay sought to reassure the Committee that while there were no absolute guarantees of accreditation, the HSCP / Board had been working very closely with the Hospice to prepare for the accreditation visit, when HIS would visit to assess the local arrangements against defined standards. On the basis of the assurances provided by Dr Findlay, Mrs Barkby and Dr Wallace

the Committee was assured that everything possible was in place to support the Hospice in securing HIS accreditation. However, it was acknowledged that this was a go / no go milestone in the pathway.

- Medical Staffing

It was noted that steps had already been taken to secure additional Medical staff and there was a high degree of confidence that the vacant shifts being covered by in-house Medical staff would be filled in a second round of interviews (namely 2 mid week shifts & 2 on call shifts). Dr Findlay reported that she would be in a better position to confirm that the additional shifts had been filled substantively, or would continue to be filled by in house staff, after 20 July 2018.

- Pharmacy Tendering

It was noted that the opportunity to tender for a service covering the new facility at Kilbryde Hospice had been extended to include St Andrew's Hospice, and Dr Findlay outlined the procurement pathway which would culminate in a decision being made in relation to an award of contract on 9 July 2018. This would however only mark the beginning of a standstill period, during which time an unsuccessful tenderer could challenge the process, and it was noted that if there was no challenge the contract would be awarded from 23 July 2018. However, Dr Findlay reassured the Committee that a contingency plan was in place to ensure that both Kilbryde and St Andrew's Hospices would continue to receive pharmacy supplies locally. A challenge to the award of contract would not delay the Hospice opening 4 beds on 31 July 2018.

The Committee also discussed monitoring and other associated operational quality management systems and were reassured that the appropriate processes were in place.

In relation to monitoring the milestones highlighted, it was noted that there would be opportunities to brief the Board at the end of June, and a further HQAIC meeting on 12 July to provide a verbal update on progress. Thereafter it was agreed that it would be appropriate to receive regular, by exception, verbal reports if the milestones were being met as anticipated.

In summary the Committee: -

1. Noted the progress to date in implementing the Palliative Care Strategy;
2. Considered that the assurances provided to the Committee that the key milestones in Phase 1, in particular around the three key milestones outwith the Board's immediate control, being met were sufficient to recommend to the Board that the changes being implemented were safe, effective and person centred;
3. Noted that in relation to monitoring the milestones highlighted, there would be opportunities to brief the Board at the end of June, and a further HQAIC meeting on 12 July to provide a verbal update on progress. Thereafter it was agreed that it would be appropriate to receive regular, by exception, verbal reports if the milestones were being met as anticipated; and
4. Noted that the Palliative Care Strategy, in its widest context, looking at community, primary care and hospice provision, will be reviewed once services had been established and patient pathways were working as intended.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input checked="" type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The Palliative Care Strategy set out the improvements to patient outcomes, patient care and service delivery.

7. FINANCIAL IMPLICATIONS

No financial implications are identified in this paper.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Healthcare Quality Assurance & Improvement Committee was provided with assurances covering a number of areas of risk in opening additional palliative care beds at Kilbryde Hospice.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment was considered as part of the overall Strategy

Yes
No

11. CONSULTATION AND ENGAGEMENT

Discussed at the HQAIC meeting on 12 June 2018.

12. ACTIONS FOR THE BOARD

The Board is asked to

1. note that the Healthcare Quality Assurance and Improvement Committee were reassured that the key milestones in Phase 1, in particular the three key milestones outwith the Board's immediate control, being met were sufficient to recommend to the Board that the changes being implemented were safe, effective and person centred;
2. endorse the recommendation from the Healthcare Quality Assurance and Improvement Committee that sufficient assurances were obtained;
3. note that regular, by exception, updates will be provided as milestones are reached.
4. note that the Palliative Care Strategy, in its widest context, looking at community, primary care and hospice provision, will be reviewed once services had been established and patient pathways were working as intended.

Approval	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Michael Fuller, Chair, Healthcare Quality Assurance & Improvement Committee, Telephone: 01698 818180, or Paul Cannon, Board Secretary, Telephone: 01698 818180.

Michael Fuller
Chair, Healthcare Quality Assurance & Improvement Committee

Paul Cannon
Board Secretary