

Lanarkshire NHS Board

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Minute of Meeting of the Healthcare Quality Assurance and Improvement Committee held on Thursday 12 June 2018 at 2.00pm in the Board Room, Kirklands, Hospital, Bothwell.

Chair:

Mr M Fuller Non Executive Director (Chair)

Present:

Mrs M Lees Chair, Area Clinical Forum
 Dr A Osborne Non Executive Director
 Mr T Steele Non Executive Director

In Attendance:

Mrs A Armstrong Nurse Director, North HSCP
 Mrs I Barkby Executive Director of Nursing, Midwifery and Allied Health Professionals
 Dr J Burns Medical Director (Acute Services)
 Mr P Cannon Board Secretary
 Mr G Docherty Interim Director of Public Health
 Dr L Findlay Medical Director ((Designate), South HSCP
 Ms M Hayward Head of Health, South HSCP
 Dr C MacKintosh Medical Director, South Lanarkshire Health & Social Care Partnership
 Mrs M McGurk Partnership Representative
 Mrs A Minns Head of Evidence
 Dr I Wallace Medical Director

Apologies:

Mr C Campbell Chief Executive
 Mrs N Mahal NHS Board Chair
 Mrs M McGinty Head of Improvement
 Dr L A Smith Director of Quality

1. WELCOME

Mr. Fuller welcomed colleagues to the meeting.

2. DECLARATION OF INTERESTS

There were no declarations.

3. MINUTES

The Minutes of the meeting held on 10 May 2018 were approved.

THE COMMITTEE:

1. Approved the Minutes of the meeting on 10 May 2018.

4. ACTION LOG

The Committee considered and updated the Action Log, and agreed to archive those actions prior to the 10 May 2018.

a) Missed Doses

It was noted that the update would be provided at the next meeting **Mrs Barkby**

5. PALLIATIVE CARE CLINICAL MODEL

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 with the target of opening an additional 8 beds by October 2018.

Mr Fuller provide an overview of the purpose of the special meeting of the Committee, convened to consider the single issue of the Palliative Care Clinical Model, and the assurance sought by the Board on the clinical model. Mr Fuller reminded members that staff governance and financial governance issues had already been covered elsewhere and the Board were assured on these two aspects of the implementation of the Palliative Care Review.

Dr Findlay took the Committee through the cover paper, and a more detailed report, which set out the key milestones in both phase 1 (January 2018 - August 2018), and phase 2 (August 2018 - December 2018).

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.

Firstly, the 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 HSPC / 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. It was also emphasised that the Hospice had been liaising closely with HIS so that they were able to demonstrate compliance. Mrs Barkby also reminded colleagues that this was a HIS accreditation visit, a test of local arrangements against defined standards, and not an inspection. She also expressed her confidence that the Hospice would be able to demonstrate that the HIS standards would be met in full.

Mrs Barkby also highlighted that the Hospice already provided outpatient and day case treatment under HIS accreditation, which was looking to extend services to provide in patient services also.

Dr Wallace supported the assurances provided around the HIS visit, and acknowledged that this was a go / no go milestone.

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.

Secondly, 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.

Dr Wallace also sought assurance that the on call issues in relation to Medical cover had been resolved, and Dr Findlay provided reassurance that this was covered and would continue to be covered, even if efforts to recruit to the second phase of Medical staffing was unsuccessful.

In relation to Nursing and other professional staffing, Mrs Barkby and Ms Hayward both provided reassurance that Nursing and AHP staffing was in place, and that recent recruitment drives had been successful, and were continuing. There were no anticipated issues with Nursing or AHP recruitment.

Thirdly, 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.

Mr Fuller sought reassurance that there were no other issue that required to be considered by the Committee such as site management, or volunteers within the Hospice, and the Committee was assured that these were issues for the Hospice to resolve, not the Board or the HSCP. In relation to monitoring standards, Mrs Barkby indicated that the Hospice would be covered by existing arrangements and reports submitted to the NHSL contract monitoring group.

Ms Hayward also described the local governance arrangements and the KPIs which would be monitored by the Palliative Care Interest Group.

In addition, there will also be an ongoing review of HIS inspection reports, patient and carer feedback, NHSL staff feedback on the interfaces between services and any clinical incidents. Quality Improvement initiatives will be encouraged and shared across the service. The Palliative Care Contract Group will provide assurance in these areas and report through North and South Health and Care Clinical Governance Groups. The Palliative Care Interest Group will provide support and education through education and support improvements through using quality improvement methodology.

Dr Osborne, in welcoming the detailed reports and the assurances provided, also suggested that the opportunity be taken to reflect on the implementation of the Palliative Care Strategy, in its widest context, looking at community, primary care and hospice provision, once services had been established and patient pathways were working as intended, and this was welcomed by the Committee. Dr Wallace suggested that this would be appropriate for the Planning, Performance and Resources Committee to consider this in due course.

Val de Souza

The Committee also noted the arrangements for the provision of services from Strathcarron Hospice, St Andrew's Hospices and the plans in place to work with colleagues in Greater Glasgow & Clyde in relation to patient caseloads in the Cambuslang / Rutherglen area.

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.

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.

6. **RISKS**

No new additional risks were noted.

7. **ANY OTHER COMPETENT BUSINESS**

No items were raised.

8. **DATE OF NEXT MEETING**

Thursday 12 July 2018 at 14:00 hours

DRAFT