

CHCP Management Team meeting

Minutes of Meeting held on Tuesday 30 March 2010, 2.00 p.m.
in Hayfield Meeting Room

Present: Kathleen Carolan (Chair), Ann Williamson, Erwin Lai, Emily Weston, Jo Robinson and Laura Saunders

In Attendance: Ann Nicolson (Minutes)

Apologies: Christine Ferguson, Jeff Shaw, Simon Bokor-Ingram, Susan Laidlaw, Wolfgang Weis, Lisa Sutherland, Ruby Whelan, Edna Mary Watson, Emilie Gray and Max Barnett

1. Welcome and Apologies

Kathleen welcomed all to the meeting and apologies were given as noted.

2. Minutes of Meeting held on 1 December 2009

The minutes of the meeting held on 1 December 2009 were accepted.

3. Matters Arising

3.1 *Telecare*

The Telecare project plan has been signed off and it is hoped to have regular updates to the CHCP Management Team. **On next agenda**

3.2 *Hospital Patients Review*

- The new OT started work at the end of last month.
- The residential care allocation policy is in draft and will be taken to the next Admissions and Discharge meeting.
- The point prevalence study is to be repeated and the results fed back to the Admissions & Discharge Group.

3.3 *Dementia*

Jeff is to be asked to pass on information about local developments in dementia care at the next meeting.

Jeff - next agenda

3.4 *Healthcare Quality Strategy*

NHS Scotland is to launch the Healthcare Quality Strategy in April. There will be a consultation process with staff and the heads of service will then advise on objectives for the individual and department, regarding quality measures. Kathleen is to circulate papers to this group.

Laura asked how it would fit in with the new LEAN process - she did not want any duplication. It had been emphasised to staff, across both organisations, that they must adhere to the quality measures set for 'With You For You' – there will be no choice.

Kathleen agreed these would be the core measures for relevant departments, but there were some other measures they would also need to respond to. There are also some other areas of the NHS not directly involved in 'With You For You, e.g. Finance, and they would have different quality measures.

Laura will be invited to a meeting within the NHS to discuss this and Kathleen will ensure that the quality strategy refers to With You For You.

Standing item on the agenda

4. Palliative Care

- 4.1 Lisa has acquired the records for an audit and the notes are now in Shetland.
- 4.2 Lisa is working on getting selective care information on patients from GPs. Alison Mustard is leading on 'Living & Dying Well' and is looking at information on people who are now deceased to find out about their care, expectations and end of life requirements. Alison could be invited to a meeting to talk about her work.
- 4.3 Advice is being received from 'Marie Curie' on examples of complex packages of care. They are looking at a series of proposals for a service.

5. Update on New LEAN Process

- 5.1 Laura gave an update on the new LEAN process. She said the training had gone well and there were a number of small changes still to be made to the 'With You For You' form e.g. emergency contact; legal status and consent to feed back. The process will go live at the end of this week. Information will be circulated to staff and will be on the website. The LEAN Team will continue as a group for the next few weeks to help staff with any problems - then they will hand over to a new reformed group.
- 5.2 There will be interim solutions for those who cannot access Swift meantime. There are still some staff from both agencies who think the new process has nothing to do with them, if this situation continues the information must be escalated to their line managers. It is absolutely essential for all staff to be 'on board'. Laura was asked to thank the group, as it was a really great achievement to have brought the project this far. Each team must review its own procedures to get the WYFY process to fit. There will be a more public launch at the end of May.

On next Agenda

6. Long Term Conditions

Kathleen went through the Action Plan for updating, but given the time allowed it was only the first four actions, which were covered. Ann W stated that she felt uncomfortable making changes to areas where the responsible officer was not present. Erwin is to update the plan and get it back to Ann. **Action Erwin**

1. *Improve the experience of care by empowering people with long-term conditions to be full partners*
 - 2nd action point:- Kathleen felt this was action was not fairly complete.
 - 3rd action point:- This was felt to be 'on-going' rather than 'completed.'
 - 4th action point: - 'on-going' rather than completed. PDSA means plan/do/study/acts.
2. *Support people with long term conditions to be involved in care planning*
 - 1st point: - completed
 - 2nd point: - in the process of providing advanced communication skills training.
 - 3rd point:- Palliative Care Strategy has been approved by NHS Board and Services Committee
 - 4th point:- Information available through CHCP to be discussed with Susan Laidlaw and Dougie Shearer to see who would be most suitable from both agencies in updating information materials. Susan should replace Nina as lead.
 - 7th point: ...Medical Prescribing *Policy* approved (rather than *strategy*).
3. *Build capacity to support self management*
 - 1st point:- Erwin to bring update to the next meeting.
 - 2nd point: marked completed but Kathleen thought it would need to be taken back to clinical networks.
 - 3rd point: - Ongoing
 - 4th point: - More work to be done, Erwin will pull it together and circulate.
 - 5th point: - Check with Christine / Marilyn if it has a revised timescale.
 - 6th point: - Peter R has started on this, Erwin to discuss with him and update.
4. *Provide staff with access to the training that ensures that they have the right knowledge, skills and approach to long-term conditions care*
 - 2nd point: - needs more discussion to see to what extent the SSA training covers this issue. It was thought some of the issues were outside the scope of SSA redesign programme – there was nothing on carers on a regular basis. It is part of induction programme and perhaps this should be looked at in more detail.

It was thought that the remainder of the action plan should be updated at the next meeting

7. CHCP Action Plans

7.1 *CHP Action Plan*

The plan had been updated and circulated with the agenda. If other updates are required please update the plan and get it back to Ann N. **Action All**

7.2 *Main Priorities Action Plan*

The section on LSDGs may need updating.

8. Area Clinical Forum

No update as Susan gave her apologies for the meeting.

9. Consultation Responses

Social Care Procurement – It was thought that officers from the SIC were organising a meeting to discuss but Ann N was to check. *[After the meeting Ann N found out that due to various circumstances it had not been possible to gather the appropriate people for a discussion. This had been reported back to Christine who then sent an e-mail to Val Allan saying that Shetland agreed with the ADSW response.]*

10 Risk Register

The CHCP and Departmental Risk Registers were circulated with the agenda, but there was no updates noted. This will be discussed further at the next meeting.

11. Clinical Strategy

11.1 The Clinical Strategy is a piece of work being progressed to develop clinical services, reflecting on the objectives for the next 3 – 5 years. The Diagnostics Phase will look at current service arrangements, packages and how the service looks.

11.2 Phase 2 will cover stakeholder consultation and any future redesign ideas. Lisa will lead on Primary Care and Chris Nicolson on Pharmacy. Service heads and management groups will then discuss the gathered information. There may well be challenges for the future. As it becomes more structured it will start to make more sense.

11.3 Jo sought clarity on some aspects as OT did not fit well with the information format circulated. Kathleen advised that Isobel Whitehouse would be the appropriate person to help. There is a project plan and it is discussed at alternate Clinical Services Management Team meetings. Christine and Lisa are members of this group. Kathleen will circulate info to the CHCP Management Team.

11.4 Phases 3 and 4 will cover consultation on findings and the strategy approach.

12. **Southcentral Foundation**

This fits well with the LEAN project and Laura is to be asked if they would be interested.

13. **NHS Quality Improvement Scotland – Tackling indifference**

Emily is meeting with Edna Mary and Andrea, some of the actions required locally can be achieved through a project which is already planned.

14. **Report of investigation into the Care and Treatment of Mr F**

Jeff is to be asked to work on an action plan if not already doing so. **Action Jeff**

15. **Policies & Procedures**

There were no policies or procedures to discuss.

16. **Calendar / Events**

There was no time to discuss the Calendar / Events, but people had received the information with the agenda.

17. **A.O.C.B.**

17.1 Emily informed the group that she would be leaving at the end of June and Christine had asked for a report to the next NHS Board, asking to make SM Adult Services a joint post.

18. **Dates of Next Meetings**

The scheduled meetings for CHCP Management Team now clash with 'Leadership Team' meetings, which Christine must attend. Ann is to circulate new dates from April for the remainder of the year.