

Meeting information:

Date of Meeting: 28th June 2018

Agenda Item: End of Life Care Update

Meeting: HOSC

Reporting Officer: Vikki Carruth and Hazel Tonge

Purpose of paper: (Please tick)

Assurance



Decision

**Has this paper considered: (Please tick)****Key stakeholders:**

Patients



Staff

**Compliance with:**

Equality, diversity and human rights



Regulation (CQC, NHSi/CCG)



Legal frameworks (NHS Constitution/HSE)

**Other****stakeholders**

please

state:

.....

Have any risks been identified

*(Please highlight these in the narrative below)**No bowel and bladder service the acute trust*

On the risk register?

1. Purpose

This paper aims to update HOSC on the progress made regarding End of Life Care (EOLC), providing assurance that the quality of care for patients at the end of life across East Sussex Healthcare NHS Trust (ESHT) is of a high standard and improvements identified by the Care Quality Commission (CQC) have been made.

2. Background

For the past year the focus for improvements has been on implementing the recommendations made by the CQC. During 2017, ESHT concentrated on care in the acute setting. Since November 2017, the out of hospital division and women's and children's division have joined the EOLC steering group to take forward some more specific improvements. EOLC continues to be a key focus in our 2018/19 Quality Account.

In March 2018, the CQC visited ESHT, but did not review EOLC. However, as part of the well led inspection, they met the EOLC team and commended the improved leadership. In addition, ESHT was visited by the national EOLC team in May 2018. The initial feedback was very positive and ESHT has been asked to consider sharing some of their work as part of the EOLC national collaborative.

3. CQC Acute recommendations and update (Table 1)

The CQC in 2016 made some recommendations to ESH to improve EOLC. Most of these recommendations have been actioned or are underway (table 1).

Acute CQC Must Dos/Should Dos (2016)	Current Status / Plans
The service did not have a programme of regular audits for EOLC.	Achieved.
The trust provided formal training for some staff in EOLC. However, junior staff told us they were not confident at recognising EOLC patient.	Partially achieved EOLC training is mandatory for all ESH staff
The trust did not meet the requirements of the key performance indicators of the National Care of the Dying Audit (NCDAH) 2016.	Partially Achieved <ul style="list-style-type: none"> • ESH has two Executive Directors with board responsibility for EOLC • Developing formal in house training for doctors and the business case is still waiting approval for access to specialist palliative care team (SPCT) 7 days a week
The trust had not implemented the standards set by the Department of Health and National Institute of Health and Care Excellence's (NICE) guidance.	Achieved.
There were inconsistencies in the documentation in the recording of spiritual assessments, Mental Capacity Act 2005 assessments and recording of ceilings of care (best practice to guide staff, who do not know the patient, to know the patients previously expressed wishes and/or limitations to their treatment) for patients with a completed Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form.	Achieved. <ul style="list-style-type: none"> • Audit conducted Feb for DNACPR and Documentation of spiritual needs on LDoLPCP. RESPECT to be implemented in Autumn 2018
We found the service did not always have clarity in its leadership. It was disjointed without a clear line of objective that the staff could understand or follow.	Achieved. <ul style="list-style-type: none"> • Lead nurse appointed for SPCT.
There was no formal referral criterion for the specialist care team for staff to follow.	Achieved. <ul style="list-style-type: none"> • SPCT Standard Operating Procedure
The risk register for the service was insufficient and did not reflect the needs of the service.	Achieved.
The trust did not collate service user's views with a patients or bereaved relatives' survey	Achieved for acute – Commenced Nov 17
Patients did not have access to a specialist palliative support, for care in the last days of life in all cases, as the hospital did not have a service seven days a week.	Partially Achieved. <ul style="list-style-type: none"> • Business Case has been submitted and is pending approval.
The SPCT at the hospital did not have a weekly multidisciplinary meeting to discuss all aspects of patient's medical and palliative care needs.	Achieved. <ul style="list-style-type: none"> • Cross site Multidisciplinary meeting held weekly
The hospital did not have a rapid discharge	Achieved.

Acute CQC Must Dos/Should Dos (2016)	Current Status / Plans
process for end of life care patients to be discharged to their preferred place of death.	<ul style="list-style-type: none"> • <i>Policy available. Task and finish group has been set up to refine the process</i>
The hospital did not monitor or record end of life care patient's referrals to the chaplaincy team.	Achieved. <ul style="list-style-type: none"> • <i>Chaplaincy database</i>
There was no formal referral criterion for the specialist care team for staff to follow.	Achieved. <ul style="list-style-type: none"> • <i>SPCT Standard Operating Procedure</i>
The service did not have a programme of regular audits for End of Life Care	Achieved <ul style="list-style-type: none"> • <i>Audit plan</i>

Table 1 – Improvements (2016 - to date) in acute services

Over the last 18 months, there has been significant improvement in the services offered to EOLC patients. These improvements are highlighted below:

3.1. Development of the Supportive Palliative Care Team (SPCT)

The specialist team are known as the Supportive and Palliative Care Team (SPCT), consisting of Palliative Care Clinical Nurse Specialists, consultants and a speciality doctor. Improvements include:

- Clear, accessible referral guidelines have been developed and shared widely, with one duty mobile phone number for all calls to the team on each site.
- Printed and laminated guidelines are available on every ward; team stickers were also created and these are placed in the medical notes after each visit by the team.
- A team email account has also been created for non-urgent referrals and communications with the team.
- A standardised cross-site operating procedure has been developed to ensure working practices are the same in both acute hospitals.
- Significant work has been done to increase the profile of the team across the trust
- All patients identified as being in the last days of life are now highlighted by the hospital site teams and are reviewed by the SPCT and chaplaincy team (Monday – Friday).
- The last days of life personalised care plan is embedded in use on all acute wards and the team, (along with junior doctors) audit its use on a monthly basis.
- After death analysis and support meetings are organised as requested by wards.
- Video conferenced weekly Multi-disciplinary Team (MDT) meetings are held cross-site to discuss complex patients.
- Awareness campaigns, including regular EOLC newsletters and a team information sheet have been developed and shared widely.
- The team are involved in multidisciplinary teaching delivery and since April 2018 have been delivering level 2 mandatory EOLC training to staff across the Trust who have regular contact with patients at end of life.
- The SPCT team now have team and governance meetings every other month, working together to further improve the service.
- An online staff feedback survey has been developed and shared across the Trust to determine how effective the changes we have made have been.
- Ongoing development of link nurses for EOLC across the Trust, including an away day held in May 2018.

Table 2 shows the dramatic increase in referrals demonstrating increased visibility and awareness of the SPCT service.

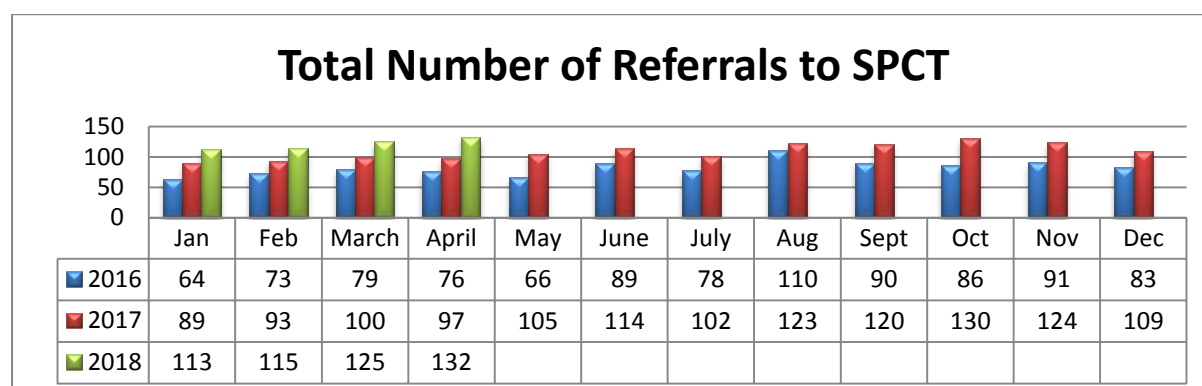


Table 2 – Total number of referrals to SPCT

3.2. Audits

A local audit programme is undertaken monthly and the learning is shared and embedded into the training. The 2018 National Care of the Dying audit commenced on 4th June and closes in September.

3.3. Training

EOLC training was mandatory from April 2018 and plans are in place to develop training for both nursing and medical staff.

- Level 1 training: all staff received a 'Skills for Health' leaflet in April 2018.
- Level 2 training: will be staggered across 18 months and rolled out to clinical staff working with EOLC patients. There are 93 training sessions planned from April 18 to April 19; this is a combination of the level 2 mandatory training and symptom control at end of life. Training for senior doctors is being developed with a focus on attitudes, beliefs and decision making at EOLC.
- Level 3 training: is for ESHT experts in EOLC (the SPCT and Palliative Care Consultants) and will include advanced symptom control.

3.4. DNACPR/ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

ReSPECT is a national approach and will replace DNACPR. ReSPECT is due to be rolled out at ESHT from August 2018.

3.5. Voices Survey

A new process to capture feedback about patients who died in the acute hospital (Voices Survey) was started late 2017. The results of the surveys are reported to the EOLC Steering Group (Table 3), and actions taken to improve feedback are monitored.

Table 3 – VOICES feedback (acute)

(* working group)

Topic	Jan	Feb	March	April	May
Survey's given out	26	34	35	0 - National Audit	26
Number returned	9	8	8	6	2
Positive Comments	Overall exceptional care at each stage	All aspects of care	Respect and care to patient and family	Excellent care and communication	Respect and dignity
Improvement needed	Inclusion in decisions made	Transfer to Hospice	Privacy in last hours *	Privacy in last hours *	Communication problems

3.6. Seven Day Service

The delivery of individualised last days of life care, over seven days a week, is outlined in the SPCT business case which is pending approval. ESHT is actively recruiting to the vacant palliative care consultant post.

4. Out of Hospital (OOH) recommendations and update

Table 4 OOH improvements (2015 - to date)

OOH CQC Must Dos/Should Dos (2016)	Status / Plans
Ensure that proper and complete information about patients is available to all those involved in their end of life care by taking account of the different paper and electronic systems	Achieved <ul style="list-style-type: none"> <i>Shared documentation is available in the patients home</i> <i>Summary Care Record (SCR) is now available via SystmOne to community nursing team</i>
Regularly assess and monitor the quality of services provided in the community for end of life care as well as resources required to sustain the service	Achieved <ul style="list-style-type: none"> <i>Monthly audits undertaken reviewing documentation on SystmOne</i>
Regular seek the views and experienced of patients, their families and carers	Partially achieved (see below) <ul style="list-style-type: none"> <i>Friends and Family Test (FFT) results and complaints analysed</i> <i>Bereavement visit process and template to be reviewed</i>
Improve direct access to community nurses and palliative care support out of hours. Improve the community teams ability to deliver rapid response service to patients at end of life	Achieved <ul style="list-style-type: none"> <i>Crisis response team and integrated support workers introduced. Hospice nurse line currently directs calls to the duty phone system held by the community nursing team</i>
Ensure that the new patient electronic record system recently launched is accessible for community staff so they feel confident and understand the benefits of the new system	Achieved <ul style="list-style-type: none"> <i>All staff familiar with SystmOne and access to SCR</i>
Ensure a continuous cycle of improvement embedded in audit and monitoring systems with leaders identifying areas for improvement and ensuring staff involvement in actions being taken	Achieved <ul style="list-style-type: none"> <i>Regular audit cycle</i> <i>All community nursing teams have identified link nurses.</i>

Monitor community team meetings to ensure that corporate information and learning was disseminated to staff	Achieved <ul style="list-style-type: none"> <i>Regular meetings and minutes</i>
Ensure all patients records are stored securely and can be located quickly when required	Achieved <ul style="list-style-type: none"> <i>Historic patient records stored off site.</i> <i>Electronic records community nurses.</i>

Further detail – Out of Hospital

Community nursing have access to the Summary Care Record - Additional Information (SCR-AI), record all data on SystmOne, and have “skinny records” in the patient’s own home. This gives an overall view of patient documentation for community nurses. “Hospice at Home” also has access to “skinny” notes and to SCR-AI. SystmOne is fully embedded within community. The Additional Information contained in the SCR-AI includes the Frail and Vulnerable Patients Scheme completed in primary care as part of East Sussex Better Together (ESBT). There are currently about 20,000 care plans completed and available to view. This includes information on patients’ wishes regarding preferred priorities for care.

There is currently no single method of sharing complete information about patients as all parties currently involved have different IT systems which do not interface (hospices, South East Coast Ambulance NHS Foundation Trust (SECAmb), ESHT, IC24, Primary Care etc). This is a national challenge and ESBT is reviewing connectivity as part of the digital strategy.

Audit (Community)

The audit for quality of care is recorded electronically. This audit started in December 2017 and is on-going; the lead nurses (six localities) audit three sets of documentation per month for their EOLC patients.

Friends and Family Test (FFT) and VOICES

The FFT is ongoing and monitored monthly, FFT feedback is excellent and collection rates are high. In addition to FFT the OOH team are working in partnership with the hospice, to create a bereavement questionnaire and feedback is being sought. It was recognised that there was the potential for the bereaved to receive multiple questionnaires where they have received shared care therefore a bereavement call or visit with a standard template was felt more appropriate.

Out of Hours Support

The hospice ‘out of hours service’ is available to give support and professional advice to patients and carers out of hours. There is also the ‘out of hours’ community nursing service and emergency visits are also possible from community nurses or crisis response.

Rapid Response

Crisis response started early 2017 and can provide urgent care within two hours of referral. This can also include integrated support workers, who monitor and care for patients at end of life in their preferred place of care, preventing hospital admission and supporting Fast Track discharge.

Team meetings – Learning and Sharing

Dissemination of information is cascaded to lead nurses in each locality. Each locality has regular team meetings which are documented. Safety huddles happen in each locality daily, where all EOLC patients are discussed. Debrief sessions occur following the death of a patient within their care, led by the district nurse in charge. District Nurses attend Gold Service Framework (GSF) meetings where after death analysis occurs.

East Sussex Better Together (ESBT)

ESBT has established an East Sussex Clinical Reference Group to provide strategic direction for EOLC and ESHT are actively contributing to this. Key objectives have been identified including learning and development, Summary care record, RESPECT and Advance Care Planning. ESHT has led the development of the ESBT EOLC strategy. This is currently being consulted on. The EOLC strategy has extended to include Children Young People and Neonates (CYPN) ambitions. For the coming year priorities include:

- Introduce advance care plan conversations where a child has a life-limiting or life threatening condition
- Ensure documentation for children includes the voice of the child.
- Introduce ReSPECT for all children with a life-limiting or life threatening condition
- Streamline the pathway for referral and/or consultation to children's hospice palliative care services earlier.
- Implement stakeholder engagement events and to act on feedback
- Focus on care after death and ensure the systems and processes are easy to understand for staff and relatives.

Conclusion

This report provides an overview of the considerable progress against the CQC recommendations and the next steps. ESHT has formed strong links with its partners and we all are working together to implement outstanding system wide care by 2020.