

<b>Report for:</b>	Trafford Health Scrutiny Committee
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<b>Date of paper:</b>	July 2016
<b>Subject:</b>	End of Life

## 1.0 Introduction

Following the publication of the Care Quality Commission (CQC) report for Trafford Hospital, June 2016, Trafford Health Scrutiny Committee have invited CMFT representatives to provide an update on End of Life Care (EoLC) for adult patients.

As part of the SHINE process in preparation for the Care Quality Commission (CQC) inspection on EoLC, it was identified by the Trust that there was variation in the levels of assurance to evidence the delivery of end of life care across the Trust since the removal of the Liverpool Care Pathway in July 2014.

This variation resulted in a limited level of assurance that patients and their families approaching palliation and the end of life were receiving the best possible evidence based care. This resulted in EoLC being entered on the Trust Risk Register scoring 16. Following significant progress made against the EoLC work programmes the Trust Risk Register score has subsequently been reduced to 9.

## 2.0 CQC Report

The CQC report identified that EoLC care for Adults across the Trust required improvement, including care provided at Trafford Hospital. It is important to note that the CQC rated 'caring' as good.

This report provides an update on the progress against the improvement plan to ensure that care provided to all patients and families at end of life meets the individual's needs, is evidence based and attains the highest quality standards.

## 3.0 Background

The provision of evidence based palliative and end of life care to patients and their families is a fundamental requirement of ensuring the delivery of high quality EoLC.

Over the past 2 years there has been significant national and local focus on EoLC particularly within the adult setting, including a change to the standards and models of delivery for providing end of life care.

The One Chance to Get It Right report NHS England (June 2014) issued by the Leadership Alliance identified there would not be a 'national tool' to replace the Liverpool Care Pathway. The report identified five priorities for care to provide a framework for the delivery of evidence based end of life care for patients and their families.

As part of the current programme of work in relation to EoLC a review of the governance and reporting structures for EoLC has been undertaken and a new reporting and governance structure has been established.

The Chief Nurse is the executive lead for EoLC and has established an Executive Oversight Group to oversee the delivery of the EoLC strategy and associated work programmes. A Trust Adult EoLC Group reports to the Executive Oversight Group. The group is led by consultant clinical leads

supported by a Deputy Director of Nursing to ensure delivery of the comprehensive work programmes, intended to achieve the commitments outlined within the strategy.

#### **4.0 CQC Findings and Work Programme**

The CQC report recognised that staff delivered EoLC that was caring, compassionate and supportive of patient and their families. Areas of concern are outlined below with an update on progress against the current programme of work:

##### Individualised Care Plan

Following the withdrawal of the Liverpool Care Pathway in July 2014 the Trust developed an Individualised Care Plan based upon the 5 priorities of care:

- Recognition of likelihood of dying
- Sensitive communication
- Involvement in decision making
- Needs of families and others close to the dying person
- Individual plan of care

The Specialist Palliative Care Team promoted the care plan through engaging with ward staff until usage of the care plan was embedded.

The Individualised Care Plan was launched formally in November 2015 with educational launch events undertaken Trust wide until April 2016. Trafford used the January 2016 divisional 'Hot Topic' education programme to deliver education and training in use of the new care plan with 132 members of nursing staff attending, these sessions were evaluated well.

A further Hot Topic programme on EoLC is planned for September 2016 which will incorporate updated training of the care plan in order to sustain the focus on delivering best practice for adult patients at end of life.

A 3 month Trust Wide Individualised Care Plan compliance audit concluded in June 2016. To date 159 patient records have been reviewed as part of this audit against the EoLC core standards. Analysis is currently underway. Preliminary findings demonstrate an improving trend, in that 77% of patients recognised as dying had an individual care plan based on the 5 priorities of care (April compliance 65% and compliance in 2015 was 48%).

The CQC report raised concerns around shortfalls in pain management, oral care, spirituality needs, nutritional needs and risk assessments. Audit findings indicate 100% of patients recognised as dying have documented evidence of hydration needs assessment and 75% have documented evidence of nutrition needs (increased from 71%). Spiritual needs are met in 71% of patients recognised as dying. 61% of patients recognised as dying had evidence of mouth care provision. 85% of patients had PRN medications prescribed (increase from 69%). In recognition of the above findings, and on-going required improvements the Hot Topic on EoLC in September will focus upon aspects of care as highlighted above.

##### Mechanical Infusion Devices

The CQC report identified a lack of sufficiently trained staff and availability of syringe drivers (T34).

Currently at Trafford there are 60 members of staff trained in the use of T34 syringe drivers and four staff who have completed 'Train the Trainer' education. T34 training has now been incorporated

into medical devices study days, which is a highly effective way of delivering training to a large staff group.

A T34 syringe library has been established on the Trafford Acute Medical Unit to ensure hospital wide access to pumps 24 hours a day.

A weekly one hour 'drop in' T34 training session is currently in place at the Central site. This is to be replicated at Trafford site commencing July 2016 to provide opportunities for staff to update knowledge and skills.

Since the CQC visit there have been no further incidents regarding availability or use of T34 syringe drivers.

### 7 Day Working

The CQC identified that the Specialist Palliative Care service did not provide 7 day cover, with an advice line being available out of hours and at weekends.

Following approval of a Business Case 1 WTE Consultant, 1 WTE B7 and 1 WTE B6 nursing posts are in the process of being recruited to. This will facilitate 7 day working once all posts are filled and incorporate extended working hours providing opportunities for member of the Specialist Palliative Care team to meet with patients and families in the evenings.

At the time of the CQC visit the Matron/Lead Specialist Palliative Care post was vacant. The post was appointed to in February 2016 and has been instrumental in supporting service developments.

### End of Life Care Strategy

It was identified there was no clear strategy to provide impetus to develop EoLC trust wide. An EoLC Trust Strategy is now in place along with a Commitment Charter summarising key elements of the strategy.

The Strategy is being presented at the July 2016 Trafford Divisional Clinical Effectiveness meeting. Presentation at the Trafford Professional Forum, which has nursing representation from all clinical areas will take place on Tuesday 23<sup>rd</sup> August 2016.

Divisional RAG rated work plans are now in place with divisional feedback taken through the Trust Adult EoLC Group. Helen Rogers, Lead Nurse represents Trafford on the group which meets monthly.

### End of Life Champions

During the CQC visit it was identified that the majority of wards lacked EoLC champions. There are now 22 EoLC champions in place across 12 clinical areas at Trafford.

A Trust wide EoLC Champions forum has been established. The first meeting held in March 2016 had 49 attendees from the Central and Trafford sites (18 Trafford staff attended).

## Incident Reporting Processes

The CQC report highlighted that staff were not receiving feedback on reported incidents in relation to EoLC. As a result the incident report template has been amended to include a section on incidents relating to patients at EoLC.

An audit process is in place to monitor EoLC incidents, allowing for trends to be identified and actions taken as required by the Specialist Palliative Care Team and Divisions.

## **5.0 Future Developments**

A number of further initiatives are planned to ensure that EoLC services continue to develop and enhance patients and families experience at end of life:

- Introduce a robust process and mechanism for collating patient and family feedback.
- Transforming EoLC in Acute Hospitals Programme to commence October 2016 addressing rapid discharge for patients at EoLC and ACP.
- Discussions in place to extend our hospice staff exchange programme into Trafford Hospital working with St Anne's Hospice in Salford.
- Butterfly bags for relatives/carers of patients at EoLC to become Trust wide.
- Side room project to become Trust wide.
- Five sage and thyme courses to be delivered at Trafford from September 2016.
- SPCT working with discharge team at Trafford-education and training/supporting rapid discharge for patients at EoLC.
- Quarterly palliative care newsletter has been developed with the first edition launched in June 2016 promoting good practice across the Trust.
- Education and support programme for interpreters underway.
- Comfort observations for patients at EoLC initiative under discussion.
- Working with AQUA to introduce simulation learning programme for education and training of EoLC champions.
- Changing EoLC symbol to be used only for EoLC to raise awareness of patients who are end of life.
- Development of Trust dashboard indicators for EoLC allowing Divisions to monitor performance against required standard.

## **6.0 Assurance**

The Trust participated in the National EoLC Audit – *Dying in Hospital*. This audit was undertaken by Royal College of Physicians for adult patients and reviewed data for 80 adult in-patient deaths in March 2016. This audit demonstrated the Trust has performed above the national average against the majority of standards.

The Trust performed above the national average in all these quality indicators with excellent practice (90% and above) noted, recognition of dying, listening to family and patient concerns, and elements of holistic assessment such as meeting hydration needs, and care after death.

The comprehensive work programmes, enhanced governance and reporting structure has enabled significant progress to be made to ensure provision of Palliative and End of Life Care across the Trust is evidenced based and meets the individual needs of patients and their families.