

## **Summary Annual Report 2018-19: Palliative and End of Life Care Sherwood Forest Hospitals**

With the direction of the Chief Nurse we present a summary annual report, noting the detailed in year reporting through the Patient Safety and Quality Group and our public facing Quality Account submission.

**Governance Statement:** We have fulfilled the terms of reference set out for the General Palliative and End of Life Care Committee. Assurance has been provided to the Trust during this year and where assurance was limited and or risks have increased these have been escalated and where possible mitigated. We have complied in good faith with our obligations to share public information where it is required (Quality Account and FOI Requests).

The lead clinicians have maintained strong links to many other related governance requirements and professional forums including the Mortality Surveillance Group, Deteriorating Patient Group and the Resuscitation Advisory Group. Key strategic, operational, clinical intelligence patient, family and the bereaved experiences are shared and used appropriately between these groups. The medical lead continued to promote and implement the Learning From Deaths policy through these routes.

### **Review of Risks**

#### **End of life Care Team Establishment**

This has been addressed with our proactive 2 year funding from Macmillan.

#### **Specialist Palliative Care Team**

This risk has remained high as the commissioned service delivered by Notts Health Care has been historically low and recent recruitment and retention issues in this team has dramatically reduced this service. This has been raised formally with the End of Life Care Better Together Alliance. Although some of the new End of Life Care team are trained in SPC nursing their roles are different and can only in part mitigate this staffing issue.

#### **Allow a Natural Death (Do Not Attempt Cardio-Pulmonary Resuscitation)**

This risk was identified before the last CQC inspection and represented as a 'should do' subsequently. The ReSPECT tool had been agreed to be implemented during this year supported by wide scale training. This has reduced the risk especially compliance to the Mental Capacity Act and will be further reduced with a new format of end of life care individualised care plans.

### **Review of Aims and Outcomes for 2018/19**

- **Roadshows – 'Talking Point' (also inc. Dying Matters Week)**

**Outcomes:** ReSPECT 'roadshows' were delivered across all 3 Trust Sites in March 2019 to underpin the launch of the ReSPECT Process in April.

Events during Dying Matters Awareness week (13<sup>th</sup>-17<sup>th</sup> May) included a half day conference, information stand in KTC & the Human Rights in EOLC Training.

- **Implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)**

**Outcomes:** All Completed Preparation, Engagement, Education and Implementation was led by the End of Life Team supported by the Resuscitation Team and other professionals. This included patient and public engagement and involvement. Delivery of face to face training to many hundreds of staff and was the main training focus for the EoL Care Team in this year.

**Ongoing Plan:** Sustainability of the ReSPECT process and the Policy is led through the Deteriorating Patient Group and linked to ICP programme aims.

- **Collaboration in the new End of Life Care Service as part of the Better & Together Alliance**

**Outcome:** This was launched in October 2018 after a huge commitment from the EoL Care team and has developed as a successful initiative. It has started specifically to help increase the registration of patients with EoL Care needs, reduce admissions and aid discharge from hospital. It is also relevant that operational capacity of Specialist Palliative Care during this year were identified through the multi-partner board.

**Ongoing Plan:** Further developments are planned through the EoL Care Together Board, linking into our Macmillan funded Trust project of Delivering Choice to:

- Proactively identify patients admitted to hospital who are in the last year of life
- Focus on discharge & reduced length of stay
- Work collaboratively with partners to keep palliative care patients well for longer and enable resilience of carers
- Support patients to die in their preferred place of care through advance care planning
- Educate & support colleagues to develop EOLC practices in acute sector
- Scope intelligence and evidence to support the benefits of the project

- **QELCA© (Quality End of Life Care for All) project**

**Outcome:** This intensive training course was delivered this year with the first cohort of 6 nurses. Ideas for improvement in EoL Care have already been taken forward by this group. A proposal has been submitted through EOLC Together to look at a collaborative approach to becoming a QELCA© training satellite.

- **Collaborative Education & Training programme across the Alliance in line with new national frameworks**

**Outcome:** This is one of the ambitions for EOLC Together and there has been collaborative delivery of the 'Dying to Communicate' course with John Eastwood Hospice & SFH and the Human Rights in EOLC Training, delivered by Sue Ryder Care.

**Ongoing Plan:** This remains a priority for EOLC Together but it has been acknowledged that this is a significant piece of work and therefore proposals are being developed to have dedicated resource.

- **Participation in the National Audit for Care at End of Life (NACEL)**

**Outcome:** Out of the 8 domains where we submitted data, we were significantly better than the national average in 7. We were below average for the workforce / specialist

palliative care domain; an issue that was already known about which more specifically related to specialists in palliative care. This however did not reduce our performance in the other quality domains. Actions are being taken through the Alliance to reduce this risk as well as separate actions from the Trust to secure additional funding for 3 new staff in the EOLC team.

- **Addition of EOLC measures as part of the Ward Accreditation**

**Outcome:** Work is underway to develop standards for EOLC as part of the Trusts Ward Accreditation process. The descriptors are just being finalised and will be piloted before being fully embedded into the process to check for feasibility and acceptability.

- **Monitoring and reporting for sustained improvement**

**Outcome:** Throughout the year the Trust has continued to monitor the number of hospital deaths. In 2018-19 1426 died in hospital. This is a lower number than last year. The Trust mortality statistics are included in the quality account.

### CQC Inspection and Findings

In Quarter 2 the formal CQC report was published. The EOLC ratings are provided below. This simple figure shows 6 increments of improvement since the last inspection in 2015.

This is focussed on Kings Mill Hospital. We continue to respond to CQC feedback and recommendations as part of our wider planned improvements. We have provided advice and support to improve care and standardised practice at Newark Hospital, which will be part of future CQC inspections.

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018

The 2018 report is significantly more positive than in 2015 and yet this does not reflect all the work that has happened in the Trust in this period. The evidence cited provided detailed quantitative and qualitative information, which was benchmarked where possible. The report focussed on 3 areas of improvements and some “however’s” which have all been understood and acted upon. There was only one formal should do which relates more generally to the compliance to the requirements of the Mental Capacity Act as well as specifically to how it was followed and recorded in Do Not Attempt Cardio Pulmonary Resuscitation Decisions. This has been addressed in the launch of the new ReSPECT policy and process in the Trust. Ongoing monitoring of compliance will be through the Deteriorating Patient Group.

### Fast Track Continuing Health Care Discharges from Hospital

Identifying and discharging dying patients quickly from hospital to their preferred place of care (PPC) is a complex process requiring many services to organise at short notice. The

improvement target is 85% (of those with a successful application to achieve discharge to their PPC).

**Q1** 84% **Q2** 72% **Q3** 81% **Q4** 84%

During this year changes in service provision had a significant impact in the performance of the process. During the second half of this year there have been a number of improvements delivered through the Advancing Quality Programme which has recovered the performance. These have included providing medical teams with better information and resources to improve the identification of suitable patients and in a more timely manner and make more specific applications. Further Alliance work is set to make further system changes to support a longer term achievement of at least 90% achievement through this process.

### **Training & Education; Publications**

The EOLC Team achieved and exceeded its targets for non-medical mandatory training and induction support. There have been bi-monthly EOLC Champions meetings throughout the year with a core group of Registered Nurses, HCA's and AHP's attending. This is an educational, sharing and supportive forum focused on enabling frontline staff to deliver outstanding EOLC.

We have participated in the CP2 and 3 Medical Student Training and collaborated in Foundation and Core Medical doctors training & Dying to Communicate courses with the Specialist Palliative Care Team.

Whilst there has been significant emphasis and resource dedicated to the ReSPECT Training Programme this year, the EOLC team continue to support bespoke requests for wider training & education for wards & departments. Themes that have been requested this year are around Last Days of Life care planning, having 'courageous conversations' support with mortality reviews & learning from deaths. During this year we participated in a national programme of training of Human Rights in End of Life Care delivered by Sue Ryder. A further train the trainer session took place to allow a sustainable plan to continue local Trust delivered training.

During this year the medical lead has published a number of peer reviewed papers, presented at a range of conferences, and had abstracts accepted at forthcoming national conference. The 2<sup>nd</sup> edition of his text book received a BMA / BMJ national publication award.

### **Aims for 2019/20**

Progress Alliance programme of work

Launch the Macmillan Project (Delivering Choice at Times of Need)

Embed EOLC elements from ReSPECT

Participate in the next cycle of NACEL

Update all medical and nursing EOLC individualised plans and documentation