

End of Life Care Strategy Update

Trust Board	Item: 9
Date: 29 th January 2020	Enclosure: E
Purpose of the Report: To provide an update and assurance that the Trust is delivering the key elements related to End of Life Care outlined in the strategy 2018-2021.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe x Effective x Caring x Responsive x Well Led x	
Link to Relevant Strategic Theme:	Quality
Document Previously Considered By:	Executive Management Committee
Recommendations: The Board is asked to note the content of the report.	

End of Life Care Strategy: Progress Report

December 2018 - December 2019



Introduction

Following the More Care Less Pathway report¹ and Gosport Independent Panel Review², End of Life Care (EOLC) continues to be an area of national focus and forms a key area of review in Care Quality Commission (CQC) inspections.

The Trust's EOLC strategy (2018-21) is based on the Ambitions for Palliative and End of Life Care³ and National Institute for Health and Care Excellence (NICE) Quality standards 13 (End of Life Care for Adults⁴) and 144 (Care of Dying Adults in the Last Few Days of Life⁵). These national documents set the framework which all organisations are expected to follow in order to deliver high quality end of life care.

The Trust strategy on EOLC does not sit in isolation, but falls within the wider context of both Kingston and Richmond CCG EOLC strategy and South-West London STP EOLC strategy, with which the Trust's strategy closely aligns.

The ethos at Kingston Hospital Foundation Trust (KHFT) is that End of Life Care is everyone's business. We are fortunate to have a diverse and engaged End of Life Care Strategy group, which meets quarterly and is chaired by the Deputy Director of Nursing (DDON). Members of the group include a new and enthusiastic Clinical Lead for Specialist Palliative Care (SPC), experienced Nurse Consultant in SPC, a dedicated Advanced Care Planning Facilitator, a highly respected Medical Lead for End of Life Care, the Trust Chairman, Matron, Senior Sister, user representatives (2), pastoral support team, junior doctors, community nursing, hospice colleagues and London Ambulance Service. This ensures the organisation crosses boundaries when developing and delivering services to patients and their families at the end of life.

The following report highlights the progress made against the 6 key domains outlined in the strategy:

1. Engagement and Clinical Ownership

To ensure that EOLC is everyone's business, there is a strong culture of engagement across the Trust. Each ward/clinical area has a link practitioner who acts as a local champion for EOLC, ensuring best practice is followed. There are plans to expand this role further to incorporate Allied Health Professionals (AHPs) to ensure a wide range of staff are able to act as ambassadors for EOLC.

In order to provide the knowledge and skills needed to provide this care, there is comprehensive education and training available for all staff, including junior doctors, nursing and AHPs. The training covers clinical aspects such as recognition of dying and symptom control, extending to Sage and Thyme communication skills training. There are plans in place to launch an exciting end of life care simulation teaching session which will be available to all clinical staff later this year.

There are robust governance processes in place which ensure that the care provided to dying patients is regularly scrutinised. A culture of learning exists, with representation at the trust mortality review group to ensure that themes of incidents can be reviewed and addressed. Learning from complaints has been challenging, as the Trust has only received 8 formal complaints during 2019 related to EOLC and no particular themes emerged. Complaints and feedback are always welcomed and actively sought and viewed as an opportunity for ongoing improvement.

2. Identification

Identification of patients in their last year of life, the process of Advance Care Planning (ACP) and recognition of the imminently dying patient are key areas of national and local focus and the Trust has made excellent progress in all areas.

Online training modules in EOLC have been developed which all clinical staff undertake annually, ensuring they maintain competence. Provisional results from the National Audit of

Care at the End of Life (NACEL) second round (currently embargoed and cannot be shared in this report), demonstrate a significant improvement in recognition of the dying patient. To maintain momentum in this area the Medical Lead for EOLC is leading on a Quality Priority on Recognition of the Dying patient. An evaluation of Specialist Palliative Care (SPC) support on the Acute Assessment Unit (AAU) showed that daily support led to reduced time to referral to the SPC team, increased numbers of dying patients known to SPC and reduced length of stay when compared with once to twice weekly support. Options for funding to provide regular SPC support to AAU are currently being explored.

The Trust employs a dedicated Advance Care Planning (ACP) Facilitator who works with clinical staff to ensure ACP conversations are incorporated into routine care. There is an ACP proforma which clinicians complete to ensure information is shared with health professionals external to the Trust. This proforma has been shared with and adopted by other community organisations. The number of ACP and Co-ordinate My Care (CMC) records created by KHFT has been steadily increasing and their high quality is consistently noted in regional South-West London bulletins. A front-door frailty model has led to an increase in ACP conversations being undertaken in the Emergency Department (ED). An evaluation of patients admitted from nursing homes via ED highlighted that only 17% of them had an ACP on admission, 26% of the admitted patients went on to have an ACP created, of which 55% of those were undertaken by KHFT. The results of this evaluation have been shared with the Kingston and Richmond CCG EOLC strategy group.

There have been a number of projects undertaken within the Trust, focusing on ACP. KHFT and Princess Alice Hospice were awarded a joint bid from Hospice UK, utilising volunteers to support ACP discussions with frail, elderly patients. There are exciting and innovative plans in place to extend this role to support ACP discussions with hospital inpatients. The Trust has a high rate of referrals for solid organ donation and consequently was chosen as a beacon site by NHS Blood and Transplant service to participate in a project increasing rates of tissue donation as part of ACP conversations.

A Quality Improvement Project (QIP) was completed by Junior Dr's, which sought to increase the rates of ACP conversations in patients undergoing Continuing Healthcare funded fast track discharge from hospital. This saw the rate of ACP in these patients increase from 40% at baseline to 100% after 12 months.

3. High Quality

The Trust provides high quality EOLC to patients, as evidenced by the low numbers of complaints, innumerable compliments and thank you messages. This is further highlighted in the Trusts excellent Bereavement Survey results, for example 94% of respondents stating there was enough help in meeting their loved ones personal care needs and 96% reported that doctors and nurses did do enough to relieve pain all or some of the time.

In the National Audit of Care at End of Life (NACEL) 2018 (published 2019) the Trust scored higher than the national average in 6 out of the 9 domains (Communication with families and others; Needs of families and others; Individual plan of care; Families and others experience of care; Governance; Workforce/Specialist Palliative Care (SPC)).

The Specialist Palliative Care (SPC) Team provides a seven day face to face service which has been maintained despite periods of staff shortage. Out of hours telephone support is provided by Princess Alice Hospice, ensuring there is access to SPC support 24 hours a day, seven days a week. The SPC team is responsive with, 79% of referrals seen the same day and 98% within 24 hours.

There are a number of electronic documents available on CRS to ensure that care for dying patients is holistic, high quality, standardised and comprehensively documented. These include the Recognition of Dying proforma, Medical Daily Review of the Dying Patient and Individual Nursing Care Plan. Completion of these documents was mandated in July 2019 and completion rates have been steadily increasing since then. A Treatment Escalation

Plan has also been developed and is currently being piloted in clinical areas, thus helping to establish ceilings of treatment earlier in the patient's admission, a reduction in inappropriate or unwanted treatments and improved communication between clinicians, patients and their carer's.

The provision of holistic end of life care is of paramount importance, an example of this was the development of an End of Life Care bag. This bag was launched by the Matron for Care of the Elderly, who recognised that the plastic bag for deceased patient's property was insensitive and with the support of the charity designed and developed a cloth bag, together with a personalised bereavement card signed by the team who had been caring for the patient.

The Spiritual and Wellbeing centre has undergone significant development and is available for patients, families and staff to access. Improving access to pastoral and spiritual support for patients, families and staff has been ongoing. The Pastoral and Spiritual Support team work closely as members of the MDT with the SPC and the ITU teams. Where required they provide Pastoral volunteers to sit with dying patients as part of support for families who cannot be present with their loved one for reasons of distance or illness. All new starters, new nurses and F1& F2 doctors in the Trust now receive training in assessment of pastoral and spiritual needs, and this has led to earlier referral and increased uptake for specialist pastoral support for those of all beliefs and life philosophies.

4. Patient and Carer Information

There has been significant investment by the hospital charity to ensure that the hospital environment is well equipped to care for dying patients and their families. There is a new relatives' room on AAU and a child viewing room is currently being built within ED. The Willow room for relatives has been refurbished, together with the patient side rooms on Kennet ward. These changes ensure that staff can provide holistic care in a calm and comforting environment, improving patient and carer satisfaction and experience.

An ACP patient information leaflet was developed for use in clinical areas, acting as a prompt for patients and clinicians to discuss patient's wishes and preferences for care. Information for patients and carers is widely available and objective evidence shows they feel well supported by staff. Support for carers extends to care after the patient's death: there is a twice yearly memorial service led by the hospital pastoral support team and monthly bereavement cafés, run collaboratively with Princess Alice Hospice on site at KHFT. Bereavement support is an area of ongoing focus and development. The Trust's local bereavement survey 2019 demonstrated that 73% of carers rated the level of emotional support provided by staff to be excellent. The NACEL audit 2018 demonstrated that the hospital scored higher than average on areas related to support for those important to the dying person.

Support for families and carers also extends to care after the patient's death. There is now a twice yearly memorial service led by the hospital Pastoral & Spiritual Support team to which recently bereaved families are personally invited. The new Gathering Rooms set aside for Wellbeing activities provide an ideal setting for a Bereavement Café. In conjunction with Princess Alice Hospice a number of Pastoral team volunteers attended Bereavement training in January 2019, and now run a café each month on site at KHFT. Further development of Bereavement support is an area of ongoing strategic focus.

There are user representatives actively engaged with the Trust EOLC strategy group to ensure a model of co-production is maintained.

5. Staff Support

In order to provide high quality EOLC to patients, staff need to be supported to do this. As mentioned previously there is comprehensive education and training available for all staff, equipping them with the relevant knowledge and skills. Mandatory training modules on

EOLC have been developed, which all clinical staff must complete annually. There are also additional study days and teaching sessions covering clinical aspects such as recognition of dying and symptom control, assessing pastoral and spiritual support needs as part of holistic care, extending to Sage and Thyme communication skills training, and EOLC simulation training will be launched later this year.

Opportunities have been taken to facilitate new placements with the SPC team for junior doctor and physician associate students, allowing them to gain first-hand experience of caring for patients with palliative care needs. This has led to some pursuing careers in Palliative Medicine; undertaking formal qualifications in palliative care; or presenting quality improvement work they have undertaken with the team at national conferences.

Caring for dying patients is rewarding, but can be emotionally challenging at times. Schwartz Rounds are offered at the trust, providing staff with the opportunity to come together to talk about the emotional and social challenges of caring for patients. Two Death café events were also held over the last year, raising awareness for staff around EOLC issues such as wills, Lasting Power of Attorney, cultural and belief implications for attitudes towards death and dying.

A Staff Wellbeing Chaplain has been appointed as part of the Trust's Health & Wellbeing strategy, providing pastoral support, the opportunity for staff to talk about personal wellbeing, workshops on resilience and holistic wellbeing, and facilitating debrief sessions after difficult interactions in the clinical setting.

6. Cross Boundary Working

As mentioned above, our Trust EOLC strategy does not exist in isolation and aligns closely with the Kingston and Richmond CCG and South-West London STP EOLC strategies. Sage and Thyme communication training held at KHFT are open to care home staff and community nursing teams to attend.

The SPC team work closely and collaboratively with Princess Alice Hospice, and there are exciting opportunities to develop a more integrated model of working with them which are being explored. Currently a community Clinical Nurse Specialist from Princess Alice attends the weekly SPC multi-disciplinary team meeting, helping to ensure continuity and co-ordination of care for patients. The Planning Ahead volunteer project is a joint collaborative with Princess Alice Hospice and the twice yearly Death Café events are held in conjunction with the hospice. Support is offered to local GPs through the 'Geriatrician of the Day' telephone service which provides advice on the clinical management of frail, elderly patients; the appropriateness of hospital admission and EOLC when clinically indicated.

There is integrated working both within and outside the Trust with representation at external and internal meetings as detailed below:

External

- CMC stakeholder meetings
- South West London STP EOLC meetings
- Kingston and Richmond CCG EOLC strategy meetings
- Princess Alice Hospice Ethics Committee
- Princess Alice Hospice joint Consultants' meeting
- UCL Partners community of practice
- Palliative Care Nurse Consultant group
- South West London Palliative Care Lead Consultant group
- National EOLC Practitioners Network

- National Palliative and End of Life Care Educators group
- South West London frailty network meeting
- NHS England (London) Clinical Leadership Group EOLC – Spiritual Care
- NHSBT SE Regional Organ Donation Collaborative

Internal

- KHFT EOLC strategy meeting
- Non-Medical Prescribing group
- Trust mortality surveillance group
- Cancer Board
- Cancer CNS meeting
- KHFT ANP/CNS meeting
- Medical staff committee
- Clinical Audit group
- Cancer management/budget meetings
- Schwartz round steering group
- Dementia steering group
- Treatment Escalation Plan working group
- Deteriorating Patient Group
- Senior Sisters' meeting
- Nursing, Midwifery and AHP forum
- Senior Leadership forum
- Organ and Tissue donation committee
- Trust pain improvement group
- KH Health and Wellbeing steering group meetings

Current Challenges

1. EOLC as 'everyone's business': Continuing to engage staff with the importance of good EOLC, particularly in a clinical system which is stretched. Maintaining engagement and momentum in recognising dying and providing good end of life care is essential to continuing and improving upon the high standards of care which exist currently.
2. Interoperability between Cerner and Co-ordinate My Care (CMC): This is imperative if we are to ensure a robust system is in place for information sharing across clinical boundaries. The trust needs to ensure that clinical staff are able to access a patient's Advance Care Plan when they are admitted to the trust, particularly as the number of ACPs created in the community is set to increase. This will ensure patients' wishes are respected; enable communication between clinicians and patients/their carers and mean that patients do not undergo inappropriate or unwanted hospital treatment.

Key Priorities for 2020

- Quality Priority: Recognition of Dying
- Bereavement support
- Interoperability between Cerner and CMC
- AAU support: Identification of patients in the last year of life; ACP; Symptom control; Care of the dying; Integration with community services

References

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf
2. https://www.gosportpanel.independent.gov.uk/media/documents/070618_CCS207_CCS03183220761_Gosport_Inquiry_Whole_Document.pdf
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