End of life care - NHS Improvement

Palliative and End of Life Care Meeting
17th April 2018

Fran Davies
Head of Nursing – End of Life Care
NHS Improvement
NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

Our priority is to offer support to providers and local health systems to help them improve.
NHSI EOLC Team

• Dr Jacqueline Mckenna, Director of Nursing, Professional leadership. National lead for EOLC
• Sherree Fagge, Head of Nursing, End of Life Care
• Fran Davies, Head of Nursing, End of Life Care

NHSI works through 4 regions and each region has an EOLC lead
Nursing Directorate

- Professional Leadership of Nurses & Midwives
- Infection Prevention & Control
- Workforce
- Mental Health & Learning Disabilities Services
- Maternity Services
- Allied Health Professionals
- Quality Improvement Support

Experience

Patient

Clinical

Engagement
Ageing population: Percentage of older people in the UK 1985, 2010, 2035

Next 20 years number of people:

>85 in England will double

>100 will quadruple

Now “aged society”

By 2035 “super-aged society”

Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency
Number of people estimated to require end of life care

Fig. 2 Number of people estimated to require palliative care by age, 2014–2040

NHSI EOL Programme

• What we have done so far
  – Identified the trusts we wanted to work with
  – EOL collaborative

• What we are currently doing
  – Getting to Good
  – ELCHIP
  – Webinars

• What we plan to do
  – Follow up event
  – Masterclasses
Aims of the End of life Collaborative

- Improve the experience and quality of care received by patients at end of life.
- Learn about quality improvement tools and techniques and put into practice.
- Opportunity to share best practice
- Improved CQC ratings for EOLC
Structure of Programme

Launch event (2\textsuperscript{nd} May 2017)
- Selected project focus
- Quality improvement tools shared
- Driver diagrams and initial PDSA developed
- Sharing best practice

30 day event – 7\textsuperscript{th} June
- Measurement for improvement tools introduced
- Defining own measures
- Sharing best practice

90 day event – 10\textsuperscript{th} August
- Communication
- Sharing journey/challenges
- Sharing best practice i.e. training and development
- Sharing available tools

Final day – 5\textsuperscript{th} October – Celebrating success
## End of life care - Collaborative trusts.

<table>
<thead>
<tr>
<th>Trust</th>
<th>Project</th>
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<tbody>
<tr>
<td>The Rotherham NHS Foundation Trust</td>
<td>Individualising End of Life Care</td>
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<tr>
<td>Cumbria Partnership NHS FT</td>
<td>End of life care is everybody's business</td>
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<tr>
<td>Sheffield Teaching Hospitals NHS FT</td>
<td>Communication &amp; Information Sharing, Education &amp; Training, Care planning</td>
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<tr>
<td>Bridgewater Community Healthcare</td>
<td>From here to eternity bay - Staff will have the skills, knowledge, confidence and competence to enable safer administration of end of life medicines</td>
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<td>Staffordshire &amp; Stoke on Trent Partnership</td>
<td>A team based education, training &amp; development package</td>
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<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>Improving the sharing of the patients’ end of life plan of care between secondary and primary care settings</td>
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<tr>
<td>The Princess Alexandra Hospital NHS Trust</td>
<td>Fitting the pieces together - Developing a Treatment Escalation Plan</td>
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<tr>
<td>Colchester Hospital University NHS FT</td>
<td>Reduce the time taken to discharge our rapidly deteriorating patients</td>
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<td>West Hertfordshire Hospitals NHS Trust</td>
<td>Sarratt and Croxley-Education to Improve End of Life Care</td>
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<td>Chesterfield Royal Hospital NHS FT</td>
<td>Rapid Home Discharge</td>
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<td>James Paget University Hospitals NHS FT</td>
<td>Can you get me home? - Improving discharge process</td>
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<td>The Queen Elizabeth Hospital King’s Lynn NHS FT</td>
<td>Individualised plan of care for the last hours/days of life</td>
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<tr>
<td>St Georges University NHS FT</td>
<td>Care plan for the last hours and days of life</td>
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<td>Barts Health NHS Trust</td>
<td>Education and Training</td>
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<td>The Hillingdon Hospitals NHS FT</td>
<td>Cultural shifts and tangible differences</td>
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<tr>
<td>Kent Community Health FT</td>
<td>Improving personalised care planning for end of life patients</td>
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NHSI EOLC Improvement Collaboration – Hillingdon Hospital

**Why focus on EOLC**
- CQC 2014 – EOLC Requires Improvement.
- EOLC is a Priority on the Trust’s Quality Schedule for 2017/18.

**Aims**
- Develop and deliver a suite of EOLC improvements on two showcase wards. Results will inform Trust’s first EOLC Strategy.
- Raise profile of EOLC across the Trust.
- Project team includes COTE, SPC, IT, Estates, Chaplaincy & PMO teams, and Hospital Charity.

**Outcome measures**
- Increase use of CCP from 20 -50%.
- Increase family and carer support – refurb plans and pre and post survey.
- Increase staff confidence to at least 80% in all domains.
- Increase frequency of CMC use by key staff.
- Increase number of discharge summaries with ACP information from 0 -20%.

**Progress so far**
- Dying matters week – 4 events throughout week, engaged with 440 staff & visitors.
- New Comfort Care Plan and Obs Chart designed, agreed & out to procurement.
- New electronic discharge summary with specific EOLC / ACP fields created.
- EOLC specific codes agreed for Trust’s new Nerve Centre handover rollout programme.
- Modular teaching programme for Drs Nurses and HCAs on show case wards agreed.

**Baseline Staff EOLC Confidence**

**What have we learnt?**
Combined input from multidisciplinary, multispecialty teams is vital.

Trust support through allocation of PMO support is essential.

Potential is huge! Focussed team work including agreement of driver diagram helps to define scope.

Agreeing specific outcome measures will inform success of interventions and thus an EOLC Strategy that is fit for purpose.

When specific time for working on EOLC is available then much more can be achieved in specified time frame.

Mutual support through committed team work is necessary as breaking new ground in Trust that already has multiple work streams.

**The tests we are planning next:**
Refurbishment of two day rooms, quiet room and two staff offices using charitable monies

10 week intervention period on two showcase wards beginning 11th September

- Deliver teaching modules to ward staff on show case wards, with repeat Staff Confidence Questionnaire completion
- Launch CCP and Obs chart in showcase wards, and monitor use
- Launch new discharge summary with ACP fields and monitor use
- Qualitative questionnaire of visitors views of communal areas on showcase wards before and after refurb
Getting to Good & ELCHIP

Getting to Good

• Identified all trust sites with an RI or inadequate overall EOL CQC rating
• Offer to visit and review services. Help prepare for CQC. Share practice. Develop a community of practice
• Initially 66 sites in January. Now 59.

ELCHIP

• 8 Trusts involved. Initial pilot of 4 trusts. To improve the quality of care for patient admitted as an emergency who may be in their last three months of life.
• Involved a site walkthrough and case note review.
• Trusts identify project to focus on.
### CQC Ratings: week beg 10.04.2018

#### Getting to Good: 11 site visits so far

#### ELCHIP: 8 site visits

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<tr>
<th></th>
<th>London</th>
<th>Midlands and East</th>
<th>South</th>
<th>North</th>
<th>Total</th>
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<tbody>
<tr>
<td>Inadequate</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
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<tr>
<td>RI</td>
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<td>17</td>
<td>17</td>
<td>13</td>
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<tr>
<td>Good</td>
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<td>34</td>
<td>24</td>
<td>49</td>
<td>129</td>
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<tr>
<td>Outstanding</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>23</td>
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Next steps for NHSI and EOLC?

- Continue to work with trusts to improve the EOLC CQC ratings – sharing good practice and developing resources through our website and webinars.
- Collate the information and intelligence gained so far from the visits.
- Identify themes and scope out a programme for a masterclass.
- Provide more intensive support for trusts with an Inadequate rating and continue to offer service reviews and support to trust with a rating of Requires Improvement.
- Continue to work with Ambitions partners.
- Complete the work with Hospice UK on emergency care and EOLC patients and share the outputs from this programme.
- Dying Matters week support.
- Ensure links are made with other related programmes such as dementia and frailty.
Thank You

Questions?