

# South Tees Hospitals

NHS Foundation Trust

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	Tuesday 29th October 2013
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information  X
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<b>Title:</b>	Briefing on the Trust's action plan and response to recommendations from the Independent Review into the Liverpool Care Pathway ('More Care, Less Pathway':July 2013).
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<b>Purpose:</b>	The purpose of this report is to brief the Board members on the Trust's action plan in response to the recent independent review of the 'Liverpool Care Pathway' chaired by Baroness J Neuberger.
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<b>Summary:</b>	<p>The paper provides information on the specific items in the Trust's action plan which fall within six domains:</p> <ul style="list-style-type: none"> <li>• Engagement with National work</li> <li>• Assurance regarding provision of quality end of life care</li> <li>• Governance</li> <li>• Support to clinical teams in the management of the deteriorating patient</li> <li>• Education</li> <li>• Commissioning</li> </ul>
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<b>Prepared By:</b>	Mrs Elizabeth Price Dr Alex Nicholson	<b>Presented By:</b>	Dr Alex Nicholson
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<b>Recommendation:</b>	The Board of Directors is asked to note the action plan elements and provide support to the Trust in achieving these objectives.
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<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
		X	X	X	X

### **Title**

A report summarizing the Trust's action plan and response to recommendations from the Independent Review into the Liverpool Care Pathway ('More Care, Less Pathway': July 2013).

### **Background**

Following adverse coverage in several media rising to a peak in Autumn 2012 (and discussed at Board of Directors meeting on December 18<sup>th</sup> 2012) an Independent Review was commissioned to consider evidence relating to use of the 'Liverpool Care Pathway' in the management of patients in the last days of life.

This review was concluded with the publication of a report in July 2013.

### **Considering the report**

Acute and community based professionals employed by the Trust and working in palliative and end of life care have considered the 42 recommendations and formulated an action plan to address all which can have a local solution.

### **Regional position**

The North East, North Cumbria and Hambleton & Richmondshire District of North Yorkshire Strategic Clinical Network retains an End of Life group which met in early September and agreed a Regional stance to endorse continued use of whatever current end of life care pathway is in use across organisations until such time as a National replacement has been developed. A formal communication to this effect is expected imminently. When it has been received Prof Hart will liaise with colleagues in the CCG to agree a Press statement to the population of the South Tees locality.

The Trust currently uses a locally adapted version of the 'Liverpool Care Pathway' called 'Care Pathway for the Last Days of Life' (CPLDL). This guides decision-making and monitors patient care, is subject to regular audit and will continue to be used pending agreement on a National replacement.

### **Action plan**

The six key themes, and related actions, to the Trust response are listed below:

#### **1. National work**

Palliative Care Specialists in the Trust, like their regional colleagues, will do their utmost to contribute to consultations and/or working parties focused on development of a nationally agreed approach to end of life care plans and research.

We will use contacts in locality patient/carer focus groups to gather the user perspective on these developments.

#### **2. Quality of care**

The Trust will continue with implementation of 'Family Voice' pilot trial, led clinically by Elizabeth Price.

A quarterly survey of the perspectives on hospital care observed by bereaved carers will take place via the Bereavement Office.

The Trust has embarked upon the National Care of the Dying Audit (RCP).

The quarterly clinical case notes review of end of life care has been increased to monthly audit in tandem with mortality review group.

#### **3. Governance**

The Trust will establish an End of life Steering Group with wide specialty representation and reporting to Clinical Standards Sub-Group.

The three specialist palliative care teams in Trust will unite into a single 'directorate' in April 2014.

The Medical Director & Director of Nursing & Quality Assurance will issue a joint statement regarding professional responsibilities related to documentation and clinical records.

Assurance will be required that all clinical areas identify a **named** responsible senior clinician for every patient receiving care in the last days of life.

Professor Hart will approach the Trust Board of Directors to nominate a Non-Executive Director lead for EOL care.

Assurance will be required that all teams embed requirements of Mental Capacity Act in decision-making for incapacitated patients.

#### **4. Clinical management of deteriorating patient**

The Trust will explore implementation of AMBER care bundle as a support tool for decision-making in the patient with an uncertain outcome.

A briefing will be circulated to clinical teams to highlight aspects of best practice in clinical decision-making related to end of life care and management of the dying patient.

#### **5. Education**

The content of SPC/EOL programmes will be updated to include what guidance exists on prognostication, emphasising the importance of clinical decision-making about appropriate hydration & nutrition, and communication skills.

The palliative care teams will continue to promote and provide existing UG & PG medical and nursing training and seek support from Divisions/Centres to increase access to this from all clinical areas.

Existing guidance - NECN Palliative & End of Life Guidelines (3<sup>rd</sup> edition, 2012) & 'Top Tips for Difficult Conversations' pamphlet will continue to be promoted and distributed widely across the Trust.

The PG department will be asked to highlight the importance of all doctors being aware of the content of 'Treatment & care towards the end of life' (GMC 2010).

The Trust will move from its in-house end of life e-learning to adopt national EOL e-learning programme.

#### **6. Commissioning**

The Trust has requested that targets related to End of Life Care be removed from community-specific CQUIN targets.

A proposal has been put to the CCG requesting support to establish an out of hours specialist palliative care advice service, and the future united directorate will move forward on seeking commissioning support for 7 day service.

The necessary additional education requirements will be included in commissioning intentions.

#### **Conclusion**

Although the adverse media coverage of care pathways used in the last days of life has presented, and continues to present, challenges to clinical staff, we must use this difficult time to raise the profile of end of life care and to provide assurance to our patients and their carers, and to our clinical staff, that we provide excellent end of life care across South Tees. We will continue to support them to do so.