

Cover Sheet

Trust Board Meeting in Public: Wednesday 13 July 2022

TB2022.059

Title: End of Life Care Annual Report

Status: For Information

History: Annual Reporting

Board Lead: Interim Chief Medical Officer

Author: Dr Mary Miller, Consultant in Palliative Medicine

Confidential: No

Key Purpose: Strategy, Performance

Executive Summary

1. This paper serves to update the board on adult palliative and end of life care (PEoLC) across Oxford University Hospitals.
2. In the National Audit of Care of the Dying 2021, OUH benchmarks well for care of the dying patient, benchmarks at national level for staff confidence and support and below the national benchmark for the needs of families and others and their experience of our care.
3. The palliative care department has successfully bid for funding to support rapid discharge of dying patients from hospital and enable care at home preventing admissions.
4. The palliative care department has successfully merged with Katharine House Hospice in 2021.
5. A medical end of life care lead, Dr Mary Miller, started in post in April 2022.

Recommendations

The Trust Board is asked to receive the report for information.

End of Life Care Annual Report

1. Purpose

- 1.1. This paper serves to update the board on adult palliative and end of life care (PEoLC) across Oxford University Hospitals Foundation Trust (OUH).

2. Background

- 2.1. PEoLC is provided by specialist palliative care teams who focus on patients with a life limiting illness and those who are dying. Care includes those important to the patient.
- 2.2. The Department of Palliative Care at OUH provides inpatient care (26 beds in Sobell House and Katharine House), across OUH and outreach into the community. Face to face service provision is available during standard working hours, 5 days a week in the Churchill, NOC and Horton hospitals. Specialist medical advice is available 24/7 via the OUH switchboard and there is a daily face to face service for adults on the JR site
- 2.3. Katharine House Hospice joined OUH palliative care department on 01.04.2021. Reviewing and streamlining both services to a single department was a major focus of work in 2021.
- 2.4. Dr Mary Miller was appointed to the adult end of life care medical lead, a role funded by Sobell House Hospice Charity, and commenced in post in April 2022.
- 2.5. Children's specialist palliative care is provided and fully funded by Helen and Douglas House whose staff hold honorary contracts with OUH.
- 2.6. The department of palliative care, with support from OUH, successfully bid for Social Finance funding to support a transformation project, enabling rapid discharge of dying patients and enabling patients to remain at home (where in line with the patient's wishes and where clinically advisable). This new service, which aims to address the rate of non-elective readmissions in the last 3 months of life, started on 01.04.2022.

3. End of Life Care Strategy Group

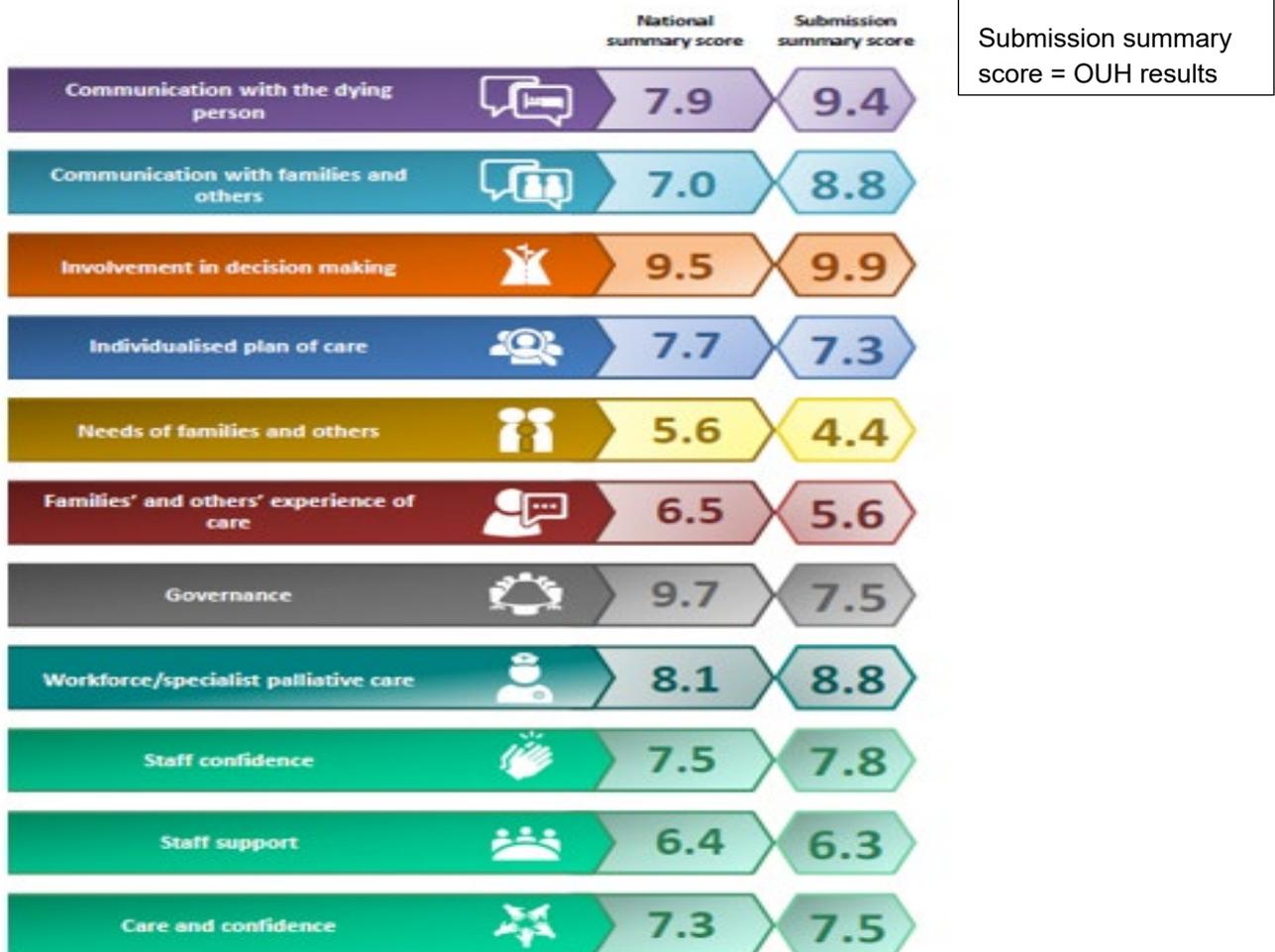
- 3.1. The End of Life Care strategy group has not met for two years due to Covid-19 and is scheduled to reconvene in September 2022. This group focuses on Education, Quality Improvement and Research.

4. National Audit of Care at the End of Life (NACEL)

- 4.1. [NACEL](#) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland.
- 4.2. The three main elements of NACEL are care of the dying patient, feedback from those at the bedside (those important to the patient) and staff feedback. An overview of OUH results is summarised in the figure below.

NACEL results: Overview

Except for the theme 'recognising the possibility of imminent death', a summary score has been developed and calculated for each theme for each hospital, with the mean values for the summary scores shown



- 4.3. OUH benchmarks well for care of the dying patient and at the national level for staff confidence and support. OUH benchmarks below the

national level for the needs of families and others and their experience of our care.

- 4.4. Areas identified for improvement in care of the dying person include:
- anticipatory prescribing
 - the needs of families and others and their experience of care (see Appendix 1).
- 4.5. These findings are not reflected in the feedback gathered by the medical examiners nor by a rise in complaints.
- 4.6. NACEL has been reporting on an annual basis since 2018-19. NACEL 2022 is underway collecting feedback from families from 01.04.2022 until mid-September 2022. The patient experience team are also supporting a trial of a modified friends and family test in the palliative care department from September 2022 for ongoing real time feedback.
- 4.7. NACEL also sought staff feedback. 81 staff completed the staff questionnaire. 43% reported not having completed EOLC training within the last 3 years (see figure below).



- 4.8. A paper proposing a tiered educational approach for all clinically facing staff has been prepared for submission to the Clinical Governance Committee.

5. End of Life Care Education

- 5.1. Ward based education is provided directly and indirectly to staff across the OUH by the specialist teams.
- 5.2. Virtual PEOLC education is now included in medical and clinical induction days across OUH.
- 5.3. The e-learning programme 'End of Life Care for All' (e-ELCA) modules are available on OUH's electronic learning system, making training easily accessible for all staff across the Trust.
- 5.4. A proposal for tiered educational approach to mandatory / role-based training (see point 4.8) has been prepared for submission to the Clinical

Governance Committee to address the results of the National Audit of Care at the End of Life.

6. Research

- 6.1. The Palliative care department is leading a unique NHS cohort study (SUPPORT) looking at outcome metrics and cost effectiveness of pro-active palliative care for those over age 75 admitted to medicine via the emergency department. The study was paused during wave 1 of the pandemic and is now being evaluated.
- 6.2. The Palliative care department is also participating in the ORCHARD study seeking to identify those at risk of dying during admission or in the subsequent year.

7. Charitable Support

- 7.1. OUH is fortunate to have support from charities to enable its work in caring for patients approaching the end of their lives, dying and those important to the patient both within the Trust and across the Healthcare economy of Oxfordshire.
- 7.2. Sobell House Hospice Charity provides substantial funding to OUH annually supporting the palliative care department to deliver care services in the hospital, hospice and community as well as bereavement care. In 2021/22, £1.2million was donated plus a commitment to £5million in funding (alongside Social Finance funding) to support the transformation project to support care of the dying in their home.
- 7.3. Katharine House Hospice Charity provides substantial funding to OUH annually supporting the palliative care department to deliver care services in the hospital, hospice and community as well as bereavement care. In 2021/22, £1.4million was donated.
- 7.4. Oxford Centre for Education and Research in Palliative Care (OxCERPC) provide a significant amount of not for profit education to the OUH.

8. Future work

- 8.1. The palliative Care team aim to support staff in providing care at the end of life by:
 - Providing a 7 day a week, face to face palliative and end of life care across all hospital sites (NACEL 2019 recommendation)

- Continuing the provision of learning opportunities to improve anticipatory prescribing
- Understanding further the experience of families whose loved ones die in OUH and work to improve that experience through NACEL 22 and friends and family feedback.
- Progressing the EoLC strategy meetings and work programme, including a transition project with Oncology, Paediatrics and Helen and Douglas House Charity.
- Planned quality improvement project to implement ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) in Oxfordshire. The ReSPECT plan is created through conversations between a person and their health professionals and creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Conversations will enable us to prevent hospital admissions at times and provide excellent EOLC when a hospital admission is necessary. Conversations in advance will help involve families in care. Further information can be found here <https://www.resus.org.uk/respect/>

9. Conclusion

- 9.1. OUH is providing care of good quality at the end of life for patients and benchmarks well nationally. Plans to develop education and training to support those important to the patient are in progress.
- 9.2. The Palliative Care Department continues to participate in quality improvement, audit and research to improve the provision of palliative care to patients at OUH.

10. Recommendations

- 10.1. The Trust Board is asked to receive the report for information.

Ambition 5: <https://www.england.nhs.uk/wp-content/uploads/2022/02/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf>

<https://www.nice.org.uk/guidance/qs13/documents/previous-version-of-quality-standard>

Appendix 1 – Themes – Needs of families and others, and Families' and others' experience of care)

- 33 surveys sent out. 9 replies received (27%)
- 44% families and others disagree / strongly disagree that they were asked about their needs and given enough practical support
- 33% of families and others would have like to be more involved in the patients' care and 11% would have like to be involved
- 22% families and others disagree / strongly disagree that they had enough emotional help and support from staff