

# PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Palliative Care Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt County Director Ceredigion Lead for Implementation of the Palliative and End of Life Care Strategy

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

### ADRODDIAD SCAA SBAR REPORT Sefyllfa / Situation

This report provides an update on the implementation of the Palliative and End of Life Care Strategy that Hywel Dda University Health Board (HDdUHB) has approved, the paper describes the steps taken and those currently being worked through to ensure full implementation of the Strategy.

### Cefndir / Background

The West Wales Care Partnership Palliative and End of Life Care Principles (PEOLC) were agreed in September 2020. Following this the Health Board commissioned a company to work with front line staff, partners, individuals, carers and their family to develop an Integrated Palliative and End of Life Care (EOLC) strategy. This strategy was approved by Hywel Dda University Health Board in 2022 and Peter Skitt, County Director and Commissioner Ceredigion was appointed as Senior Responsible Officer to oversee the delivery of the strategy.

The work was developed in phases and the key deliverables and findings are outlined below:

The Ask	Deliverables	Key Findings
<ul> <li>Phase 1</li> <li>Map existing service delivery against best practice</li> <li>Analysis of demand against best practice</li> <li>Review of information sharing arrangements</li> <li>Review of how the needs of our population are being supported</li> </ul>	<ul> <li>Phase 1</li> <li>Map of existing service provision</li> <li>Develop a maturity matrix based on WWCP Palliative and End of Life Care (PEoLC) standards</li> <li>Benchmark workforce</li> <li>Create an indicative dashboard</li> <li>Review of best practice</li> </ul>	<ul> <li>Phase 1</li> <li>1. Governance and Strategy development – need to develop a structure and strategy</li> <li>2. Workforce development – need for equitable training</li> <li>3. Service development – need to develop service model</li> <li>4. Business Intelligence (BI) – need to develop dashboard and data dictionary</li> <li>5. Digital &amp; estates – need to review current arrangements and benchmark against best practice</li> </ul>
<ul> <li>Phase 2</li> <li>Governance &amp; Strategy Development</li> <li>Workforce &amp; Service Development – benchmark against best practice</li> <li>BI – develop a dashboard &amp; data dictionary</li> <li>Digital &amp; Estates - Audit current environments and benchmark against best practice</li> </ul>	<ul> <li>Phase 2</li> <li>PEoLC Strategy developed including end to end service pathway &amp; service transformation plan</li> <li>Report on training needs assessment with recommendations</li> <li>Dashboard</li> <li>Report on environment and recommendations against best practice</li> </ul>	<ul> <li>Phase 2</li> <li>1. Ownership of strategy – develop leadership triumvirate</li> <li>2. Joining up of Dementia &amp; PEoLC strategy as key themes</li> <li>3. Review of service model re impact of COVID-19 late presentations in terms of diagnosis, demand, impact etc</li> </ul>

### Asesiad / Assessment

The strategy document has been approved by the HDdUHB and work is ongoing on the implementation of the PEOLC strategy. The PEOLC priorities are in line with the Ambitions for Palliative and EOLC National Framework, the 2019 National Audit of Care at the End of Life (NACEL) audit and builds on the initial continuous improvement programme.

There is a dependency on finance for the creation of the triumvirate future operational structures and timelines need to be aligned, this could impact the current ability to develop a regional service including where this service will be hosted in the future.

Progress to date against the key findings highlighted in the strategy:

#### **Key Findings**

- 1. Establish Leadership Triumvirate Lead Nurse, Clinical Lead & Service Delivery Manager
- 2. Develop of a governance framework
- Development of a Regional Specialist Palliative Care Service, including a transition between Children's and Adults' services including pooled budgets
- Development of PEoLC Service Model for the region with supporting business case, using best practice principles.
- 5. Development of bereavement services in line with the All Wales bereavement framework
- 6. Adaption of the Scottish PEoLC training framework and development of an implementation plan
- 7. Develop a regional commissioning framework for third sector delivered services

#### Progress to date

- 1. Senior Responsible Officer appointed with the intention of appointing a leadership triumvirate
- Established integrated PEoLC meeting, this includes third sector provides and provides an opportunity to share best practice, approve any decisions and seek approvals from wider organisational committees
- SRO has established regular meetings with the PEoLC leads to move to a regional service. Future health board operational structures could impact on any regional service and therefore timelines need to be agreed
- Dependant on implementation of points 1 and 3 above.
- Bereavement services are managed separately, a Lead Officer has been appointed to deliver on the All Wales Bereavement Framework within the health board.
- Agreement obtained from the Scottish provider to utilise the framework locally, roll out is dependent on point 1 above. Macmillan funded training posts have been stablished within each acute hospital delivering training to ward staff in relation to PEoLC.
- 7. Working closely with the procurement team on the recommissioning of services provided by the third sector.

### Next Steps

#### **Regional Commissioning Framework**

In progress, with a view to having a 'meet the buyer' event in November with the contract being awarded this financial year. There may be Transfer of Undertakings (Protection of Employment) (TUPE) implications that will impact on these timescales.

Leadership Triumvirate

To enable funding to be realised to appoint a Senior Leadership Team a regional service with pooled budgets would be required.

The service model and business case originally costed in 2022/23 needs to be reviewed to understand the current service gap analysis and support would be sought from Finance colleagues to cost up the options. Without suitable resources we cannot progress this any further at this time.

## **New Ways of Working**

One of the suggested options was to utilise existing resources e.g. specialist palliative care (SPC) clinical nurse specialist (CNS), SPC occupational therapists (OTs), SPC physio, Spiritual Services and SPC Medical Staff, adopt new ways of working according to the new regional service specification.

This included the introduction of daily touch point and end of day hand over meetings, reducing time needed for the weekly multi-disciplinary team (MDT) meetings, making every contact count thus improving timely patient care. This was adopted in Ceredigion and there is scope to roll out to the other two counties. The Lead CNS for Ceredigion will discuss the benefits and opportunities with the counterparts in the other two counties with a view to having a consistent approach by the end of the financial year. This is now possible due to stability in the Palliative Care teams.

# Remote Based Model Led by Specialist Palliative Care Consultants

To support this new way of working and mitigate against any risk or access to consultant advice and support, a tender was awarded to Supportive Care to provide virtual MDT support on an as and when basis. This tender was re-awarded this year. This way of working will need to be reviewed as part of the service gap analysis as it may provide a solution for posts that are difficult to recruit and retain.

## Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

• **NOTE** the update on progress to date regarding the implementation of the PEOLC strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)		
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh	
Cyfeirnod Cofrestr Risg Datix a Sgôr	Government requirements, guidance and timescales. Not Applicable	
Cyfredol:		
Datix Risk Register Reference and Score:		
Parthau Ansawdd:	2. Timely	
Domains of Quality	1. Safe	
Quality and Engagement Act	5. Equitable	
(sharepoint.com)	6. Person-Centred	
Galluogwyr Ansawdd:	6. All Apply	

Page 3 of 5

Enablers of Quality: <u>Quality and Engagement Act</u> (sharepoint.com)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being</u> <u>Objectives Annual Report 2021-2022</u>	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Welsh Government (WG) 2017 PEOLC Delivery plan WG (2008) Palliative Care Planning Group Wales Report to the Minister for Health & Social Services National Palliative & EOL Care Partnership (2015) Ambitions for Palliative and EOL Care; A national framework for local action 2015 – 2020 WG (2020) COVID-19 Hospital Discharge Service Requirements (Wales) HDdUHB (2016) End of Life Delivery Plan HDdUHB (2019) Together for Health Delivering End of Life Care Marie Curie (2016) An Updated Assessment on Need, Policy and Strategy – Implications for Wales WWCP (2020) PEOLC Principles
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Palliative Care Steering Group Integrated Executive Team/ Regional Partnership Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	All accounted through funding streams outlined above.

Ansawdd / Gofal Claf: Quality / Patient Care:	Equitable outcomes for the population across all ages.
Gweithlu: Workforce:	SRO meets regularly with service leads.
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	The strategy is the first of its kind in Wales.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	This strategy reflects the needs of the population.