



**PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 December 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Progress of the Recommendations Contained within the National Audit of Care at the End of Life (NACEL) Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Jina Hawkes, General Manager Community & Primary Care Annette Edwards, Consultant Palliative Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper describes the progress of the Palliative and End of Life Care Strategy (PEOLC) implementation which addresses the recommendations from the NACEL report 2020.

Cefndir / Background

The report presented to the Quality, Safety and Experience Committee (QSEC) in June 2021 detailed the recommendations from the NACEL audit report which was undertaken in late 2020. Each hospital or Trust was required to complete an organisational audit, a minimum of 40 case note reviews and at least five quality survey responses.

All the audit returns were collated and the summary findings of the report were:

1. Whilst 71% of patients had an individualised end of life care plan, everyone should be striving for higher compliance in this key area.
2. Although most people felt that the patient and families had received good care overall, there remains a gap in identifying the needs of families and others.
3. 80% of participants perceived that hospital was the 'right' place to die; however, 20% remarked there was a lack of peace and privacy.
4. Two thirds of hospitals lack face-to-face specialist palliative care (SPC) provision, seven days a week.

A more detailed evaluation by acute or community hospital submission was undertaken around a set of key themes;

Key Theme	Source	Component Indicators
Communication with the dying person	Case note review	5 questions on discussions with the dying person on plan of care, the possibility that the patient may die, side effects of medication (including drowsiness), hydration and nutrition.
Communication with families and others	Case note review	6 questions on discussions with the nominated person on plan of care, notification of possible and imminent death, side effects of medication, hydration and nutrition.
Needs of families and others	Quality Survey	5 questions covering families and other's needs, emotional, practical, spiritual/religious/cultural support and being informed about the patient's condition and treatment.
Individual plan of care	Case note review	25 questions on having a care plan that was reviewed regularly, assessment of 14 needs, the benefit of starting, stopping or continuing 6 interventions, review of hydration and nutrition status and preferred place of death.
Families' and others' experience of care	Quality Survey	4 questions on how families and others would rate the care and support given and communication.
Workforce / SPC	Hospital / site overview	Information gathered on hospital bed numbers, SPC workforce, education provided etc

Key Theme	National Summary Score	Hywel Dda University Health Board Score
Communication with the dying person	7.8	6.5
Communication with families and others	6.9	6.1
Needs of families and others	6.0	4.7
Individual plan of care	7.2	6.8
Families' and others' experience of care	7.0	8.0
Workforce / specialist palliative care	7.4	6.3

The Health Board's scores, apart from the families' and other' experience of care, are slightly lower than the national summary scores. This highlights areas for improvement across the key areas, particularly in relation to:

- recognising the possibility of imminent death; discussing this with the patient and carers/relatives and
- Individualised end of life care planning.

Through Palliative Care national funding the Health Board commissioned an external consultancy service Attain, to initially undertake a discovery phase as a precursor for our formal strategy development, and then further commissioned Attain to develop and commence the implementation of the PEOLC which would address the key findings outlined above.

The work of Attain covered the following areas:

Phase 1 – Discovery phase:

- National and international best practice
- Benchmarking (via use of a maturity matrix) of the “as is” position across the region, which identifies different practices and gaps versus the best practice articulated in the West Wales Palliative and EoLC Principles (Published October 2020)
- Data and Business Information gaps, resulting in weaknesses in the evidence base

Phase 2 – Development of palliative and end of life care strategy

- Links in with dementia strategy / common themes
- Subgroups looking at data, workforce training/development, hospital environment

Phase 3 - Implementation (ongoing):

- Development of palliative and end of life delivery plan
- Development of palliative and end of life service model
- Roll out of the adapted Scottish palliative / EoLC framework

An All Wales PEOLC service review has recently been undertaken and the final report has been circulated to health boards. A review of this document has been undertaken to ensure that the local strategy will align to the direction of travel across Wales in the absence of an All Wales strategy;

All Wales Service Review Recommendations

- 1) Undertake a population needs assessment
- 2) Develop a clinical pathway
- 3) Review and modernise funding arrangements
- 4) Develop and support leaders for the future within the current workforce
- 5) Define a strategy for paediatric services
- 6) Review workforce requirements
- 7) Develop whole system SPC service
- 8) Develop a meaningful outcomes framework

Hywel Dda Strategy Development

- 1) Population needs assessment – Phase 1 Palliative / EoLC & Phase 3 Dementia
- 2) End to End clinical pathway – development Phase 2 and implementation phase 3
- 3) Strategy recommendation for pooled funding arrangements
- 4) Strategy recommendation for clear governance structure. Ensure access to ongoing education.
- 5) Strategy is through age and whole system
- 6) Ongoing work on workforce requirements and on addressing inequalities across the Health Board
- 7) Work ongoing looking at SPC model
- 8) Outcomes framework being developed across Wales. Local dashboard developed for data collection.

The NACEL report recommendations have either been part of the earlier phases of the PEOLC strategy discovery/development or are being taken forward as part of the implementation in Phase 3;

NACEL Recommendations

- 1) Staff gain competence and confidence in communicating effectively and sensitively with the dying person and people important to them in the last days of life.
- 2) The needs of people important to the dying person are assessed and addressed in a timely manner, both before and after death. Specific senior, strategic and operational responsibility is required.
- 3) Patients who are recognised to be dying have a clearly documented and accessible individual plan of care developed and discussed with them.
- 4) Provision of an appropriate peaceful environment that maximises privacy, for the dying person and people important to them.
- 5) Ensure adequate access to specialist palliative care in hospitals for holistic assessment, advice and active management.

Hywel Dda Strategy Development

The general NACEL recommendations will be addressed by :

- Rollout of adapted Scottish PEOLC training framework
- Development of a clear leadership team
- Audit of hospital environment
- Workforce capacity assessment
- Further development of Palliative / EoLC service model

**NACEL Recommendations
for Hywel Dda**

- 1) Strengthen management and governance around palliative and end of life care
- 2) Develop strategy – building on work from Attain review
- 3) Ensure adequate SPC CNS support across all hospital sites
- 4) Establish dedicated SPC pharmacy support across all 3 counties
- 5) Promote use of Care Decisions for Last Days of Life guidance
- 6) Promote and use All Wales Advance and Future Care Planning Document
- 7) Establish mechanism to ensure all hospital sites have access to adequate numbers of syringe drivers
- 8) Review training and education in end of life care

**Hywel Dda Current Update
December 2021**

- 1) Development of leadership team recognised as important in strategy – being clarified
- 2) Strategy document has been developed and taken forward through the Palliative and End of Life Strategy Group
- 3) SPC CNS support in hospital has been supported through MacMillan. Currently Carmarthenshire posts filled and Ceredigion out to advert
- 4) SPC pharmacy support across Carmarthenshire and Pembrokeshire although hours not necessarily being ring fenced
- 5) Education around Care Decisions, Advance Care Planning and general end of life care is increasing. Will be taken forward further by established hospital CNS posts, linking with the educational framework identified as part of the strategy

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is requested to take assurance that the implementation of the Palliative and End of Life Care Strategy is addressing the recommendations contained with the NACEL Audit Report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators. 3.8 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 6. Individual care

Effaith/Impact:

Ariannol / Financial:
Ansawdd / Patient Care:
Gweithlu / Workforce:
Risg / Risk:
Cyfreithiol / Legal:
Enw Da / Reputational:
Gyfrinachedd / Privacy:
Cydraddoldeb / Equality:

There is a reputational impact for the Health Board in non-compliance and participation with the National Clinical Audits which are publicly reported.