

TRUST BOARD PUBLIC– JULY 2015

Agenda Item Number: 140/15  
Enclosure Number: (6)

<b>Subject:</b>	End of Life Care
<b>Prepared by:</b>	Linda Field
<b>Sponsored by:</b>	Cathy Stone
<b>Presented by:</b>	Cathy Stone
<b>Purpose of paper</b>	To update the Trust Board following the Co-Location of the Specialist Palliative Care team and End of Life Care team.
<p><b>Key points for Trust Board members</b></p> <p><i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<p>Both teams co-located under MOPRS 1<sup>st</sup> April</p> <p>New team launched at Operational Board</p> <ul style="list-style-type: none"> <li>▪ Improved access for patients</li> <li>▪ Shared learning across the team, improving the support available to patients and wards across the 7 day week</li> <li>▪ The team is better equipped to approach the Priorities of Care project</li> <li>▪ Improved communication/ awareness of patients who need the teams input</li> <li>▪ Single referral system from the wards.</li> <li>▪ Consultant Medical Advice more easily available for all palliative and End of Life Patients.</li> <li>▪ Improved MDT working with input from the Discharge Planning team.</li> </ul>
<p><b>Options and decisions required</b></p> <p><i>Clearly identify options that are to be considered and any decisions required</i></p>	For information only
<p><b>Next steps / future actions:</b></p> <p><i>Clearly identify what will follow the Trust Board's discussion</i></p>	For the board to receive regular updates of the progress of the End of Life Care Team.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	N/A

<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	Plans in place to gain feedback from relatives regarding their experience from relatives at an appropriate time following the bereavement
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<b>Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	
<b>Risk Description</b>	
<b>CQC Reference</b>	End of Life Care

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>

## **1. Purpose**

The purpose of this paper is to provide an update to the Trust Board regarding End of Life Care provision within the Trust.

The Director of Nursing is the nominated Executive Director for End of Life Care.

## **2. Current Position**

In April 2015 following extensive consultation, the End of Life Palliative Consultant, the Specialist Palliative Care Team and the End of Life Care Team have been co-located into one CSC, Medicine for Older People, Rehabilitation and Stroke.

## **3. Benefits**

The benefits of the merged teams are:

- Improved access for patients
- Shared learning across the team, enhancing and improving the support available to patients and wards across the 7 day week
- The team is better equipped to approach the Priorities of Care project
- Improved communication/ awareness of patients who need the teams input
- Single referral system with reduced uncertainty from the wards as to who to refer to
- Consultant Medical Advice more easily available for all palliative and End of Life Patients
- Improved MDT working with input from the Discharge Planning team
- Provision of Palliative Care Consultant either on site or through telephone support 24 hours, in partnership with the Rowans Hospice.

## **4. Strategy Launch**

The Trust wide End of Life strategy was formally launched on 1<sup>st</sup> July 2015.

The key themes are:

- Care quality
- Care co-ordination
- Culture of care

The strategy is supported by a revised operational plan with dedicated work streams, and monitoring of the CSC responses to the CQC report enabling the sustained improvement from 'requires improvement' to 'outstanding'.

## **5. Local Health System**

The Local Health System community strategy for End of Life is due for publication. However meetings have been held with the medical and nursing leads at the Rowans Hospice. Future meetings will be held to review the 'Fast Track' pathway to review its effectiveness and also the referral process to the Rowans Hospice to review if they can take a higher number of patients from PHT. This will strengthen the existing relationships between the hospital and the hospice.

Further meetings are planned to review the End of Life pathway and strategy across Wessex, which the Chief of Service, Head of Nursing for MOPRS and the Director of Nursing will be contributing.

## **6. Acute Provider End of Life Network**

The Trust has been networking with all acute providers across Wessex to establish an acute provider network.

## **7. Conclusion**

The establishment of the Trust wide End of Life Care Team has ensured that patients, carers and staff have a widened access to the specialist care team and avoids confusion following on from the single point of access.

Initial feedback has demonstrated early positive outcomes for patients and staff.

The End of Life Steering Group will formally report quarterly to the Quality and Governance Committee, but will also form a part of the monthly CSC business meeting.

The Board is asked to note the contents of the report.