

TRUST BOARD PUBLIC – FEBRUARY 2013

Agenda Item Number: 37/13  
Enclosure Number: (7)

<p><b>Subject:</b></p>	<p>Progress against the Independent Reconfiguration Panel (IRP) Recommendations</p>
<p><b>Prepared by:</b>  <b>Sponsored by:</b> <b>Presented by:</b></p>	<p>Dr Jane Williams, Chief of Service, MOPRS Dr Mark Roland, Respiratory Consultant Dr Ian Cairns, Specialist Palliative Care Consultant  Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing</p>
<p><b>Purpose of paper</b>  <i>Why is this paper going to the Trust Board?</i></p>	<p>For Information / Awareness</p>
<p><b>Key points for Trust Board members</b>  <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>	<ul style="list-style-type: none"> <li>• The IRP recommendations are complete.</li> <li>• Ongoing work continues to develop the Trust's internal End of Life Care Strategy, which will include the integration of the Specialist Palliative Care Team and End of Life Care Team.</li> </ul>
<p><b>Options and decisions required</b>  <i>Clearly identify options that are to be considered and any decisions required</i></p>	<p>The Trust Board is asked to note the completion of the actions in response to the IRP's recommendations.</p>
<p><b>Next steps / future actions:</b>  <i>Clearly identify what will follow the Trust Board's discussion</i></p>	<p>The End of Life Steering Group will consider the recommendations from the End of Life Care Reference Group and these will be built in to the updated End of Life Care Strategy, which will be complete by April 2013.</p>
<p><b>Consideration of legal issues (including Equality Impact Assessment)?</b></p>	<p>None.</p>
<p><b>Consideration of Public and Patient Involvement and Communications Implications?</b></p>	<p>None.</p>

## Progress against Independent Reconfiguration Panel Recommendations

### Background

In September 2010 the Medicine for Older People, Rehabilitation and Stroke (MOPRS) Clinical Service Centre implemented an initiative to remodel End of Life (EoL) care for older people within Portsmouth Hospitals Trust. This involved the replacement of G5, a dedicated inpatient ward for patients at the end of their life, with an in-reach team of experienced nurses. This team is positioned to provide direct advice, support, training and development to professionals involved in the core management of caring for patients at the end of their life.

The adoption of this model for the care of older people at the end of their lives proved to be publicly controversial, resulting in an Independent Reconfiguration Panel (IRP) review being commissioned by the Department of Health. The review commenced in January 2011 and its findings were submitted to the Secretary of State for Health on the 31<sup>st</sup> March 2011.

The IRP listed 10 recommendations and this report provides an overview and summary of progress made to date.

Recommendation	Status	Actions
1. The qualities that patients, their relatives and their carers most value in end of life care are peace, dignity, privacy, respect for personal and cultural needs, and compassionate care. These qualities should underpin all end of life care, including that provided by Portsmouth Hospitals NHS Trust and should be used as a benchmark to assess against the Panel's further recommendations.	Complete	<ul style="list-style-type: none"> <li>No action required.</li> </ul>
2. Portsmouth PCT and Hampshire PCT should support the emerging GP commissioners for Portsmouth and South East Hampshire to engage the public and patients in a re-appraisal for their end of life care strategy and plans. The process should also engage the local authorities and relevant providers, and be completed in time to inform commissioning plans for 2012/13. The output should make it clear what is required from providers in terms of the quality of end of life care. It should also demonstrate how more people will get the end of life care they choose, especially supporting more people to die at home if that is their choice.	Complete	<ul style="list-style-type: none"> <li>An End of Life cross provider steering group was set up under the considered chairmanship of Dr David Chilvers. This group met regularly to oversee the implementation of the IRP recommendations and to inform Commissioner Stakeholder events, which were attended and contributed to by representatives from Portsmouth Hospitals Trust.</li> <li>Regular progress reports have been provided to both the Hampshire and Portsmouth Overview and Scrutiny Committees.</li> </ul>
3. The Panel accepts that for clinical, operational and financial reasons it would be unsustainable to reopen G5 itself as an end of life care ward.	Complete	<ul style="list-style-type: none"> <li>No action required.</li> </ul>
4. MOPRS must develop a comprehensive	Complete	<ul style="list-style-type: none"> <li>The operational plan for the</li> </ul>

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<p>operational plan for end of life care, including quality, workforce, training and standards. The plan must also address the relationship of the model to the overall pathway for end of life care, including effective working relationships with specialist palliative care</p>		<p>MOPRS End of Life Support Team was updated to incorporate all of the key elements referenced in Recommendation 4.</p> <ul style="list-style-type: none"> <li>• Regular joint operational meetings were instigated between the End of Life Support Team and the Trust's Specialist Palliative Care Team.</li> <li>• Progress against the core components of the End of Life Support Team operational plan (e.g. quality, workforce, training) were included in all reports reviewing the model's effectiveness. A full end of year report was published in October 2011.</li> <li>• The operational plan for the End of Life Support Team, including comprehensive escalation arrangements, were logged with the PHT Operations Centre.</li> <li>• An internal group was established for the development of the Liverpool Care Pathway in Portsmouth Hospitals Trust. This group meets fortnightly.</li> <li>• Formal documentation of evaluation framework for End of Life care includes: <ul style="list-style-type: none"> <li>a) Skills and competency audit</li> <li>b) Liverpool Care Pathway audit</li> <li>c) Satisfaction surveys</li> <li>d) End of Life training delivery</li> <li>e) Side room audit</li> </ul> </li> <li>• Dr Ian Cairns, a full time Palliative Care Consultant, has been appointed and assumed responsibility for evaluating the framework for End of Life care and leading any further redesign of the service.</li> <li>• The End of Life care model has been rolled out across the Trust.</li> <li>• Dr Ian Cairns is currently undertaking a review of the End</li> </ul>

Recommendation	Status	Actions
		<p>of Life Care Strategy and the current model of working to ensure that all aspects of specialist palliative care, palliative care and end of life care services are appropriate and meet current requirements. It is anticipated that some of this review will be built in to the 2013/14 business plan and the revised End of Life Care Strategy will be complete by April 2013. The End of Life Care Strategy will also include any recommendations for change.</p>
<p>5. PHT's End of Life Steering Group should be augmented with a reference group drawn from the public and patient groups. The Steering Group should undertake formal evaluation of the changes to end of life care in MOPRS, including systematic feedback from carers and relatives, and report its findings and recommendations to the Trust Board and commissioners by November 2011.</p>	<p>Partially Complete</p>	<ul style="list-style-type: none"> <li>Portsmouth Hospitals Trust has had an End of Life Steering Group in place for some time. As a result of the IRP recommendations, a reference group was set up and chaired by Dr Chilvers. The End of Life Care Reference Group's membership includes a wide range of stakeholders to inform stakeholder suggestions for improving end of life care. The group has met several times, but has experienced a delay in introducing its final report. However, the Trust was made aware that a final report will be submitted in February 2013. This report will be used by the End of Life Steering Group to consider any recommendations as part of the End of Life Care Strategy.</li> </ul>
<p>6. An audit of the facilities to support end of life care should be carried out within three months, involving members of the End of Life Care Reference Group. The audit should include single rooms, as well as facilities to support relatives and carers. Action to address any deficiencies identified should be taken without delay.</p>	<p>Complete</p>	<ul style="list-style-type: none"> <li>An audit of facilities was undertaken by the Trust's internal staff, which made some immediate recommendations following the IRP report. This resulted in a number of changes including additional relative accommodation, guidelines for the use of side rooms and the development of leaflets to sign post facilities available.</li> </ul>
<p>7. The Trust Board should ensure that the business plan for MOPRS in 2011/12 is updated to reflect these recommendations and address specifically what further action and investment is required to achieve the</p>	<p>Complete</p>	<ul style="list-style-type: none"> <li>The MOPRS business plan and annual appraisal of the End of Life Support Team was presented to Trust Board in November 2011.</li> </ul>

Recommendation	Status	Actions
highest possible end of life care in MOPRS as set out in its improvement plan.		<ul style="list-style-type: none"> <li>As already stated the End of Life Care Strategy is currently being updated and recommendations will be included in the 2013/ 14 business plan.</li> </ul>
8. PHT should review its approach to public and patient involvement, and its communication strategy, in the light of the lessons to be learnt from their handling of the closure of G5.	Complete	<ul style="list-style-type: none"> <li>The Trust's specialty level business planning processes have been updated to include systematic consideration of PR and political implications arising from service developments.</li> <li>The Portsmouth Hospitals Trust Communications Strategy has been updated to reflect this recommendation, which was ratified by the Board in March 2012.</li> </ul>
9. Portsmouth HOSP should, with the local NHS, review its policies and procedures to ensure relevant issues can be identified and acted upon in a timely manner.	Complete	<ul style="list-style-type: none"> <li>The Portsmouth Health Overview and Scrutiny Panel was approached to understand how they wished to progress this recommendation and, to ensure the Trust is completely supportive of this process, a letter of response was received. The Trust checked with the South Central Strategic Health Authority that the proposed actions were sufficient to meet the recommendation, which they confirmed was adequate.</li> </ul>
10. South Central SHA should ensure that the NHS follows the recommendations of this report without delay or omission.	Complete	<ul style="list-style-type: none"> <li>The annual appraisal of the End of Life Support Team, and progress against this action plan, was discussed in full with the Strategic Health Authority who confirmed they were happy with progress.</li> </ul>

### Conclusion

The majority of the IRP recommendations are fully complete, although it must be recognized that many will require further ongoing review and development. The appointment of Dr Ian Cairns as Specialist Palliative Care Consultant will provide an opportunity to further review the Specialist Palliative Care and End of Life care services provided to ensure they are fit for purpose and reflect current patient needs. It is anticipated that this work will be completed by April 2013.

The remodeling the End of Life care service continues to be reviewed and evaluated through the End of Life Care Steering Group and continues to demonstrate improvement in care provided to patients at the end of their life. Audits have demonstrated that staff feel more confident in caring for patients at the end of their life and the Trust continue to receive positive feedback through surveys.

