

Royal Papworth Supportive and Palliative Care Team Annual Report

April 2019 – March 2020

Introduction and Team Structure

Royal Papworth NHS Trust Supportive and Palliative Care team is led by a Consultant in Palliative Medicine, who is based at Arthur Rank Hospice in Cambridge and attends RPH for 3 sessions each week, funded by a Service Level Agreement. At the core of the team are two Band 7 Clinical Nurse Specialists (1.5 WTE in total) and the team secretary (0.6 WTE). We now have a Band 6 CNS in a permanent post, at 0.5 WTE and a rotating Specialist Registrar from Arthur Rank hospice (0.4 WTE). We have just appointed a second part-time Band 6 CNS who has yet to start but will be working 18.75 hours per week.

Clinical Workload

	Total Referrals	Type of referrals	Total contacts	Face to face	Tel	Professional	Non face to face	MDT
April 2015 to March 2016	268	outpatient 78 Inpatient 190		Inadequate data 725	131 480			
April 2017 to March 2018	285	outpatient 82 inpatient 203	3079	1313	188	531		
April 2018 to March 2019	283	Outpatient 39 Inpatient 231	2283	1805	181	297		
April 2019 to March 2020	252	Outpatient 42 Inpatient 210	2272	1395	121	91	14	651

Diagnosis

	Cancer	Non-Cancer	Not Recorded	Total
April 15 to March 16	34	216	18	268
April 17 to March 18	26	196	46	268
April 18 to March 19	30	253		283
April 19 to March 20	16	236		252

Inpatient outcomes

	Deaths	Discharges	Ongoing	Total
April 15 to March 16 (data includes 15 re-referrals)	38	126	41	205
April 17 to March 18 (data includes 17 re-referrals)	47	142	30	219
April 2018 to March 2019	62	196	25	283
April 2019 to March 2020	54	192	6	252

Our workload for the middle to end of March 2020 will have been affected by the beginning of the Covid-19 pandemic.

End of Life Care Strategy

We have reviewed and updated the End of Life care strategy which is now based on the 6 Ambitions for Palliative and End of Life Care and this is available on the SPCT section of the trust intranet. We now also have a trust-wide Education Strategy for Supportive and Palliative Care and End of Life Care, available on the Education section of the trust intranet.

Essential Team Documents

1. National End of Life Care Strategy (July 2008)
2. Route to Success in End of Life Care – Achieving Quality in Acute Hospitals (2010)
3. NICE End of Life Care for Adults (QS13: updated March 2017)
4. Department of Health’s Leadership Alliance for the Care of Dying People - One chance to get it right (June 2014)
5. NICE Care of Dying Adults in the Last Days of Life (NG31: 16 Dec 2015):
6. NHS England Transforming End of Life Care in Acute Hospitals. December 2015.
7. CN190 Guidance for Staff on Palliative Management of Patients Thought to be in the Last Days of Life
8. Ambitions for End of Life Care – a national framework for local action 2015 – 2020.

Audit of care in last days of life 2019

We audited all expected ward deaths between July and December 2019 inclusive against standards based on the NICE guidance for care in the last days of life. This was a total of 10 expected deaths on the general wards out of a total of 94 deaths across the trust.

Results:

N	Expected standard	Standard achieved 2019 N=10	Standard achieved 2018 N=16
Recognition of expected death	100%	9 = 90%	16 = 100%
Effective communication of expected death	100%	9 = 90%	16 = 100%
Daily monitoring of condition	100%	10 = 100%	16 = 100%
Evidence of shared decision-making	100%	10 = 100%	16 = 100%

N	Expected standard	Standard achieved 2019 N=10	Standard achieved 2018 N=16
Evidence of holistic care plan	100%	9 = 90%	16 = 97%
Evidence care plan was followed	100%	9 = 90%	16 = 100%
Evidence of discussion about CAH	100%	6 = 60%	8 = 50%
Evidence of daily review of hydration needs	100%	5 = 50%	10 = 62%
Evidence of appropriate anticipatory prescribing	100%	8 = 80%	12 = 75%
Support for families before death	100%	9 = 90%	15 = 94%
Support for families after death by clinical staff	100%	8 = 80%	22 = 81% (n=27)
Referred to the hospital palliative care team?		8 = 80%	11 = 69%

Conclusion

There are many elements of care of the dying patient which are carried out to a high standard in Royal Papworth Hospital NHS Foundation Trust and two areas which require improvement. This improvement will hopefully be effected by improving documentation on Lorenzo, which is planned for later in 2020.

Team Achievements 2019/20

1. Appointment of a second Band 6 CNS in a development role on a permanent contract.
2. Completion of Patient Satisfaction Survey – good feedback for SPCT.
3. Dr Grove presenting at EA-ILD network study day.
4. Dr Grove presenting at two RPH heart failure study days.
5. Dr Grove presenting at CF network meeting.
6. Weekly attendance at Critical Care Unit complex case MDT.
7. Leading in successfully rolling out ReSPECT document trust-wide.
8. Regular publication of performance ‘dashboard’ at EOL care steering group.
9. Participation in NACEL (national audit of care in the last days of life).
10. Participation in regular teaching of medical students from Cambridge University clinical school – students shadowing the team and participating in a seminar to discuss cases.
11. Successful link nurse study day and changing of name to ‘Supportive and Palliative Care Champions’ to reflect participation of allied HCPs and that it’s not just about end of life care.

12. Completion of audit into syringe pump prescribing and management.
13. Completion of audit into discussions around patient wishes prior to implementation of ReSPECT process.
14. 'Who to call out of hours' leaflet completed.
15. Completion of acupuncture survey – with very good results.
16. Teaching regularly on Preceptorship days and training for Healthcare Support workers.
17. Regular T34 Syringe pump training to ward nurses.

Key Team Meetings

1. Weekly MDT (Thursday).
2. End of Life Care Steering Group (meets 2-3 monthly).
3. Team Meetings (mid-point between the hospital-wide End of Life Care Steering Group with similar agendas including team issues and supportive agenda)
4. Arthur Rank Hospice Quality Development Group (bimonthly consultant attendance).
5. Consultant meeting with colleagues from other transplant centres to share learning – 6 monthly.

Team Objectives

1. Embed end of life care training into 'essential to role' training for nurses.
2. Continue to improve End of Life care champion role.
3. Audit of care in last days of life.
4. Repeat Staff Satisfaction Survey in November 2020.
5. Complete Acupuncture use survey.
6. Develop personalised care plan for last days of life in Lorenzo.
7. Obtain 'read only' access to SystemOne.
8. Improve access to palliative care services with focus on PH patients, ILD patients, VAD patients and transplant patients.
9. Consider re-advertising breathlessness clinic later in year if no increase in referrals.

Dr S. Grove 16th June 2020