

Agenda Item 3.iii

Report to:	Board of Directors	Date: 21 st May 2024
Report from:	Dr Sarah Grove, Consultant in Palliative Medicine Jennifer Whisken, Deputy Chief Nurse	
Executive Sponsor:	Maura Screaton, Chief Nurse	
Principal Objective/	End of Life Care Annual Report 2022/23 and 2023/2024	
Strategy and Title:		
Equality Considerations:	None believed to apply	
Key Risks:		
For:	Information	

1. Purpose/Background/Summary

To provide the Board with a two-year report on End-of-Life Care at Royal Papworth Hospital (RPH), covering 2022 to 2024.

End of Life care is defined by NHS England as 'care in the last year of life' (https://www.england.nhs.uk/eolc/). Caring for those in the last year of their life will include holistic assessment and management of their needs, advance care planning, care in the last days of life and bereavement support.

2. Executive Summary

- There was a total of 397 deaths at RPH from April 2022 to March 2024 with most deaths occurring on Critical Care in the context of withdrawal of life-sustaining treatment.
- The Supportive and Palliative Care Team (SPCT) appropriately leads on much of the work supporting end of life care across the Trust. Our goal is for all staff at RPH to be equipped and prepared to care for people as they approach the end of their life. All urgent patient referrals are seen within 24 hours and all patients are seen within priority timeframes. The overall number of patient referrals is relatively consistent each quarter (2022-24).
- The current guidance on staffing from the Royal College of Physicians (RCP) suggests that
 hospitals should have 1 WTE palliative medicine consultant per 250 beds. RPH has 0.3
 WTE for 300 beds which is significantly under recommendation. SPCT have submitted two
 Authority To Invest Requests for additional medical and nursing resource to meet the
 palliative care service needs via the Trust operational planning process.
- End of Life care at RPH has a robust audit programme including Care in Last days of Life, NACEL (National Audit Care at End of Life), Bereaved Relatives Survey, Syringe Pump Use and Acupuncture. The Bereaved Relatives Survey was overall reassuring with some improvement noted between 2022 and 2023, but with an ongoing theme that improvement is required in communication skills. A key finding in the Audit of Care in Last Days of Life was that the use of the Personalised Care Plan for the last days of life (PCPLDL) has reduced over the last two years. The SPCT have recommended a relaunch of the PCPLDL with the aim of increasing in its use and documentation on both Lorenzo and Metavision. There has been a substantial change to NACEL for 2024 with a requirement to audit at least 20 deaths each quarter at RPH which is a significant increase in workload for the SPCT.



- In 2024 there was an increase in Chaplaincy support offered at RPH and Chaplaincy volunteers were welcomed back. These changes have enabled a significantly increased presence on the wards and have led to a better awareness of patients who are towards the end of life.
- A key milestone of 2023 has been the development and finalisation of a Standard
 Operating Procedure for the use of the PALS team regarding hospital funerals when there
 was no designated or discernible next of kin.
- There were 30 incidents relating to end of life over the 2-year period; syringe pumps, ReSPECT decisions and discharge planning were the main themes reported. There have been no patient complaints specifically about End of Life care within the 2-year report timeframe.
- Education continues to be a priority focus for SPCT including development of online learning and End of Life/ ReSPECT Champions, and a programme of two study days each year available for all staff, with the aim of enabling and equipping all staff to provide outstanding care to all dying patients.
- **3. Recommendation –** The Board is asked to review and approve the End of Life Care Annual Report.