



Bradford Teaching Hospitals
NHS Foundation Trust

Appendix 2

Palliative Care Team

Annual Report

July 2018 – July 2019

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(On behalf of the Hospital Palliative Care Team)

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Executive Summary

This report is an overview of the operational performance of the Hospital Palliative Care Team (HPCT) for the period **July 2018 – July 2019**. The aim of this report is to inform our clinical, managerial and commissioning colleagues across Bradford, Airedale, Wharfedale and Craven about our ongoing developments, achievements and the challenges ahead.

Key Points:

- The Team were successful in securing substantive funding for an additional Clinical Nurse Specialist (band 6). This increase in team establishment will allow the team to provide more education.
- There has been an 8% decrease in the number of referrals to the team. The number of patients seen without a cancer diagnosis remains similar to previous years (43%). However the number of patients who have only 0-1 days involvement with the team continues to rise (now 44%).
- Members of the team have been key organisers of the Yorkshire & Humber Regional End of Life Conference and the Bradford Bereavement Conference. Both events were well attended and evaluation was excellent.
- The team took part in the National Audit of Care at the End of Life (NACEL) in summer 2018. For the first time this has included the Community Hospitals (SLH, Westbourne Green, Westwood Park). The results have been analysed and presented at the Quality Committee.
- There has been a 56% increase in education provided by the team.
- A new collaborative project with Marie Curie Hospice began in June 2019. This has allowed a Registered Nurse employed by Marie Curie to spend 8 weeks in the acute trust spending time with the team and oncology and haematology. Formal evaluation needs to be undertaken but the initial feedback has been positive.
- The team continue to provide annual reports reviewing End of Life Issues / Complaints / Compliments.
- The annual Bereaved Carer Survey report is also undertaken and available on the BTHFT Internet page. Results remain positive.
- 3 audits in addition to NACEL have been completed to inform continued service improvement and the quality of end of life care within BTHFT:
 - Do Not Attempt Cardio Pulmonary Resuscitation
 - Prescribing Practice (Hospital Palliative Care Team)
 - Outcome Assessment and Complexity Collaborative (OACC) measures

Key Challenges for 2018 / 2019

1. Last days of life guidance on EPR
2. Provision of end of life education
3. Partaking in the National Audit of Care at the End of Life (NACEL)

Individual reports can be obtained by contacting the HPCT directly.

1 Introduction

Palliative Care Core Team members:

Becky Owen	Consultant	0.6 WTE
Speciality Trainee	(training post)	Variable (currently 0.8 WTE)
Liz Price	Lead Nurse	1.0 WTE
Sam Coates	Clinical Nurse Specialist	1.0 WTE
Trudy Nurse	Clinical Nurse Specialist	1.0 WTE
Paul Fernandez	Clinical Nurse Specialist	1.0 WTE
Wali Nazar	Ethnic Liaison Worker	0.3 WTE (also with Hospice and Community team)
Tasleem Begum	Secretary	1 WTE

- Dr Andrew Daley (Consultant) retired in April 2019.
- A list of the extended team members is available in the operational policy.
- List of current team commitments in Appendix 1

2 Data Collection

Team activity:

Referrals	2014 - 2015	2015 – 2016	2016 - 2017	2017 - 2018	2018 - 2019
Total Referrals (seen by HPCT) *including patients seen by Last Days of Life Educator	689 (↑10%)	843* (↑18%)	870* (↑3%)	795 (↓9%)	730 (↓8%)
Hospital Face to Face Contacts ** not all contacts seen by Educator recorded on SystmOne	2151 (↑19%)	2000**	2485 (↑13% over past 2 yrs)	2729 (↑9%)	2521 (↓8%)
Diagnosis					
Non Cancer Referrals (new patients only)	228/572 (40%)	251/599 (42%)	346/729 (48%)	275/610 (45%)	254/592 (43%)
Respiratory	68	65	83	50	52
Heart Failure	44	52	72	58	53
Neurological	13	9	17	12	15
Renal failure	11	0	18	15	14
Liver failure	0	0	4	7	7
Stroke	0	0	3	6	3
Dementia	3	0	0	7	0
Motor Neurone Disease	5	8	1	2	2
Other Non-Cancer	84	117	148	118	108
Length of Team involvement					
0 – 1 day	255 (36%)	302 (43%)	342 (39%)	325 (41%)	324 (44%)
2 – 7 days	298 (43%)	283 (40%)	348 (40%)	332 (42%)	279 (38%)
8 – 14 days	106 (15%)	88 (12%)	134 (16%)	102 (12%)	94 (13%)
15 – 28 days	30 (4%)	28 (4%)	39 (4%)	31 (4%)	26 (4%)
29 + days	13 (2%)	7 (1%)	7 (1%)	5 (1%)	7 (1%)
Outcome of Referral					
Died (inc. those who died before	219 (31%)	243 (34%)	333 (38%)	265 (35%)	246 (34%)

assessment) (***% of all Hospital deaths)	***19%	***21%	***30%	***21%	***20%
Discharged care of ward	29%	22%	20%	25%	24%
Home	36%	23%	26%	27%	23%
Hospice	25%	17%	12%	10%	14%
Care Home	3%	2%	2%	2%	3%
Community Hospital	1%	1%	1%	1%	1%
Other	0	0	0	1%	0.5%
Other acute hospital	4%	1%	1%	1%	0.5%
Source of Referral					
Medicine (acute, respiratory, stroke, renal, neurology, cardiology, elderly)	56%	47%	64%	59%	64%
Cancer (oncology, Haematology)	25%	20%	16%	23%	19%
Surgery	19%	33%	20%	18%	17%
Level of Intervention					
Level 1: Patient not seen, advice given to professional	79 (11%)	71 (8%)	89 (10%)	94 (12%)	92 (13%)
Level 2: single contact with patient	Data not gathered		78 (9%)	65 (8%)	56 (7.5%)
Levels 3 & 4: several contact with patients/ complex problems			349 (40%)	340 (43%)	309 (42%)
Died			333 (38%)	265 (33%)	246 (34%)
Service Not Required			21 (3%)	31 (4%)	24 (3%)
Died before assessment			-	-	3 (0.5%)
Ethnicity (new patients only)					
White British	450 (79.5%)	483 (80.5%)	593 (81%)	486 (79%)	409 (77%)
White other	25 (4%)	23 (4%)	27 (4%)	18 (3%)	28 (5%)
Mixed white / black Caribbean	1 (0.5%)	2 (0.5%)	9 (1%)	6 (1%)	10 (2%)
South Asian	59 (10%)	87 (14%)	100 (14%)	89 (15%)	79 (15%)
Other	8 (1%)	4 (1%)	0	0	0
Nil recorded	29 (5%)	0	0	11 (2%)	3 (1%)

Time from referral to assessment:

All referrals to the team are categorised in terms of urgency:

- Red – patient to be seen within 4 hours of referral
- Amber – patient to be seen on the same day as referral
- Green – patient to be seen within 1 working day of referral

Following a referral, the date and time of referral, and the date and time a patient was seen is recorded. All referrals are triaged by a clinical member of the HPCT.

	2016 - 2017	2017 - 2018	2018 -2019
% of Red patients seen with 4 hours	93%	87%	93%
% of Amber patients seen on the same day	93%	91%	89%
% of Green patients within 1 working day	87%	91%	86%
Total number of patients seen within 1 working day	91%	90%	89%

3 Key Professional Achievements

- Liz Price continues in her role as clinical lead for the Bradford, Airedale, Wharfedale & Craven Managed Clinical Network (Palliative Care).
- Liz Price was one of the key organisers for the Yorkshire & Humber End of Life Conference *Is Yorkshire & Humber Compassionate?*
- Liz Price presented a poster at the Y&H Regional End of Life Conference.
- Paul Fernandez and Liz Price were key organisers of the 4th Bradford Bereavement Conference *Death is an Everyday Occurrence*.
- Liz Price is part of the Y&H Regional CNS Workforce Group which have been successful in securing funding from the Local Workforce Action Board (LWAB) to pilot a CNS workforce development programme (see section 5.7)

4 Finance & Income Generation

- The Team are currently working within budget
- Data collection by the HPCT is provided monthly to the BTHFT coding team to ensure accurate coding data.
- The BTHFT management structure changed in April 2019, the Team are now part of Clinical Business Unit (CBU) 15. This also includes Oncology, Haematology, Transfusion Team, Mortuary, Pathology & Microbiology.

5 Strategy and Service Development

5.1 Bradford, Airedale, Wharfedale and Craven Managed Clinical Network Palliative Care (MCN)

- The MCN continues to provide a structure for all specialist palliative care services to collaborate in education, clinical governance and strategic planning and work closely with lead commissioners. In doing so, it ensures that specialist palliative care services are integrated across the district.
- The Team continue to attend relevant meetings:
 - Liz Price – Strategy (chair)
 - Becky Owen - Strategy

- Sam Coates – Clinical governance
- Trudy Nurse – Education (interim deputy chair)
- Paul Fernandez - Education

The action plan focusing on the *Ambitions for Palliative and End of Life Care* has been reviewed and is ongoing. A biennial report has been written.

- The End of Life Steering Group replaced the BAWC End of Life Programme Board in 2019. The purpose of this steering group is to oversee the development of a system wide strategy for end of life care and associated actions plans. It is made up of a range of stakeholders from across the system and will be supported by specific task and finish groups. The Bradford Districts and Craven End of Life Strategy will cover the populations of Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG. The strategy will cover all ages, and will be jointly led by the CCGs and City of Bradford Metropolitan District Council.

5.2 BTHFT End of Life Operational Group

- The group meets every 8 weeks and continues to be chaired by Dr Sarah Jowett (gastroenterology consultant). The group consists of representatives from clinical and non-clinical departments across the Trust. Dr Becky Owen and Liz Price represent the HPCT.
- The Group arranged the *Bradford Bereavement Conference: Death is an Everyday Occurrence* which took place on June 14th 2019. This was attended by over 100 participants from adult and paediatric services from primary, secondary and voluntary sectors. Evaluation was excellent. The next conference will take place on 5th June 2020.
- A plan to address gaps in delivery of bereavement support for carers has been drafted. This will include a pilot project to provide bereavement support to carers for those who died in AED and organising an Annual Shared Memories Event.
- The group will have input in the rewriting of the Family Friendly Policy, especially in relation to compassionate leave.
- The following Key Performance Indicators are monitored on a rolling programme:
 - Annual audit of Care of the Dying (either national or a local audit)
 - Bereaved carers survey
 - End of Life complaints, compliments and incidents
 - Certification of death performed in a timely manner
 - Education and training

5.3 Care of patients in their last hours/ days of life (Priorities of Care for the Dying)

- The use of the *Individualised Last Days of Life guidance* (SPICE) has continued to decline since the introduction of EPR in September 2017 (reduction from 58% to 8%). The guidance is a paper document which when completed is stored in the patient mini-file. A replacement has been written in collaboration with Calderdale and has been approved by each Trust and Cerner. We are waiting for this to become available on EPR. Education to support its use will be given.
- The Team took part in the National Audit for Care at the End of Life (NACEL) in 2018. For the first time this included the Community Hospitals (Westbourne Green, Westwood Park and St Luke's Hospital). see section 6.1.
- Use of the Care After Death form across the Trust has also greatly declined since the introduction of EPR. This paper document will be reviewed in October 2019 and assessed if still required.
- Funding for the 'Bradford Bags' (comfort bag for relatives staying overnight with a dying patient) continues to be provided by the BTHFT Hospitals Charity Fund.
- The *End of Life Companion* project continues in collaboration with the Chaplaincy Team and involves chaplaincy volunteers spending time with dying patients who have no visitors

or whose family need a few hours respite. 14 volunteers have been trained and have visited patients on several wards. Feedback from families, companions and nursing staff remains positive.

- The Bereaved Carers Survey continues and is now also available online. Funding for the paper documents have been secured by the Bradford Hospitals Charity. An annual report (see section 6.3) has been written; this is disseminated to all teams and is also available for public and staff on the BTHFT internet page.
- The team were asked to gather data to monitor the number of patients who did not die in a single room. This data cannot be gathered via EPR. The team are encouraging staff to complete Datix if a family request a side room when one is not available. This will be monitored as part of the annual end of life incidents report. The National Audit for Care at the End of Life (NACEL) Report highlighted that during the audit period 4% of families requested a single room but one was not available.

5.4 Last Year of Life Project

The project has continued to be on hold due to staffing within the team. The aim of the project is to improve staff recognition of when a patient is in the last year of life; increase discussion and recording of a patients Preferred Place of Care / Preferred Place of Death; reduce hospital admissions and patients length of stay in their last year of life. Following the induction of the new CNS education provision will be increased to support this project.

5.5 Education

A full education report on the formal education provided by the HPCT between April 2018 – March 2019 is provided in appendix 2.

Summary:

The HPCT continues to provide an extensive education programme across the Trust: A total of:

- 114.5 hours of face to face teaching (medical and nursing)
- 76.5 hours shadowing – 24 hours student nurse, 52.5 hours medics
- A total of 632 staff received education

The total of 114.5 hours of face to face teaching represents an increase of 56% on last years' total hours which were 73.25. There has also been an increase in the number of staff who shadow the team.

Trudy Nurse is the interim deputy chair of the BAWC MCN Education Group and the team continue to provide education on the 2 day End of Life / Palliative Care Course. Formal and informal training to medical students and medical staff continues and the team aim to expand this over the coming year.

5.6 BTHFT and Marie Curie Hospice Project

A collaborative project between BTHFT & Marie Curie Hospice was introduced in June 2019. This involved a Registered Nurse from Marie Curie Hospice undertaking an 8 week placement in BTHFT spending time with the HPCT and also gaining ward experience from 2 different specialities.

The aim was to improve the knowledge and skills of the Registered Nurse from Marie Curie Hospice on the provision and care of palliative patients/carers in an acute setting:

- To understand the challenges and benefits of working within a multi-professional team across differing specialities in an acute setting

- To acknowledge and understand the attitudes and culture of staff in relation to end of life care and its impact on the provision of care in an acute setting
- To positively influence the care of their patients / carers on return to the hospice; staff in the acute setting will have a greater understanding of the role of the hospice
- Caring for patients in their final days; communicating difficult end of life decisions etc....
- To promote succession planning in the field of Specialist Palliative Care.

Anecdotal this has been very successful but evaluation will be undertaken. A second placement will be arranged for the end of 2019.

5.7 Yorkshire and Humber (Y&H) Regional Clinical Nurse Specialist (CNS) Workforce Development Pilot Project

The group was established in 2018 in response to concerns from senior nurses across the region within Specialist Palliative Care (SPC) of difficulties of recruiting CNS's to teams (hospital, community and hospice). Challenges to teams include:

- Recruitment and retention of staff with the appropriate skills and knowledge
- Each individual team is spending increasing amounts of time developing new CNS's in their practice areas utilising a variety of skills – individual tutorials, peer support, education programmes, and mentorship. This places additional pressures on services.
- Access to specialist education and training for new nursing staff, especially for the hospice sector is very limited. This has cost implications and can be infrequent (depending on area).

The original bid was for a 3 year project but the funding allocated will only allow for a 1 year pilot project (non-recurrent payment of £25.000).

Project summary:

The CNS Workforce have developed a joint, cross service Core Competency Framework & Learning Outcomes for Specialist Palliative Care Nurses. This framework is based upon the Health Education England End of Life Learning Outcomes (Taylor 2016) and has been adapted in partnership with the group and university colleagues.

Project ECHO ® (Extension for Community Healthcare Outcomes) was established across the Y&H region in Sheffield and more recently in St Gemma's Hospice, Leeds. This is in line with the Hospice UK 5 year strategy to create communities of practice among hospice teams and other healthcare practitioners, facilitating the sharing of knowledge and expertise to improve quality decision making for patients and their families. ECHO ® will allow junior CNS's to access interactive online teaching sessions in their own place of work.

This innovative approach to delivering a standardised nurse education programme will benefit SPC Teams across the region to support new nurses working within SPC. This will include:

- The sharing of education resources and the delivery of education which will reduce the workload of individual teams.
- The ECHO ® model allows participants to undertake training in their own place of work so reducing time spent travelling to outside venues.
- Working in cohorts will foster a supportive network amongst participants so encouraging good communication and sharing of practice between teams.

This collaborative project will support a standardised education programme across the region based on the Core Competency Framework & Learning Outcomes for Specialist Palliative Care

Nurses. Staff completing the programme will have a recognised portfolio of evidence which is recognised and easily transferrable across organisations within the region.

The revised project will be evaluated and opportunities for further funding from other agencies will be explored.

5.8 Quality Surveillance Programme (QSP)

Specialist Palliative Care (SPC) are core members of the Lung, Upper Gastrointestinal (UGI) and Cancer of Unknown Primary (CUP) Calman MDTs. The QSP stipulates that Calman MDTs require 95% attendance by core members, of which 66% attendance must be undertaken by a named person. Attendance has been variable over the past few years due to CNS vacancies within the team and the required target has not been achieved. In 2016 following discussion with the Cancer Team it was agreed that a CNS could attend the CUP MDT instead of the stipulated Consultant; and the named core member would attend the final 30 minutes of each of the required MDT's. Attendance has been monitored.

MDT attendance (by any member of the palliative care team, not the named individual):

	2016 (9 mths)	2016 / 2017 (9 mths)	2017 / 2018 (10 mths)	2018 (12 mths)
Upper Gastro Intestinal (UGI)	61%	30%	55%	49%
Cancer of Unknown Primary (CUP)	73%	30%	48% (19% cancelled by CUP Team)	34% (24.5% cancelled by CUP Team)
Lung	54%	40%	71%	66%

Attendance has continued to be poor due to the increasing demands of the team and have been unsuccessful in meeting the required targets. The Team are hoping this will improve with the increase in Team establishment in August 2019. Attendance will continue to be monitored.

5.9 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) document has been launched nationally. When implemented this will replace the locally devised DNACPR forms (although patients may have a completed ReSPECT document and be for Cardio Pulmonary Resuscitation).

Audit of the use of the document has been undertaken within pilot sites and a report is due in 2019. Anecdotal evidence highlights the benefits of using the document (improved communication in relation to end of life decisions); there is also a risk that staff will presume all patients with a ReSPECT document are not for CPR.

Discussion regarding implementation across BAWC has begun. Each organisation will need to identify a lead person. A meeting has been arranged for September 2019 in the Trust with the Chief Nurse, Medical Director, Head of Education and HPCT.

There is no funding available nationally to support implementation.

5.10 Hospital Palliative Care Team Service Provision

- Dr Andrew Daley retired in April 2019. The consultants are due to rotate in November (between BTHFT, BDCFT & Marie Curie Hospice). Dr Becky Owen has replaced Dr Daley and will work with the team until November when Dr Clare Rayment returns from maternity leave.
- The Team were successful in securing substantive funding for an additional Clinical Nurse Specialist (band 6). This increase in team establishment will allow the team to provide more education and cope with the increase in workload.
- There are many national recommendations for the provision of a 7 day face to face specialist palliative care service; however the team does not have the capacity within the current establishment to provide this. There are currently no plans to provide this due to the financial implications of expanding the service; however the team will begin to scope the need for a service and develop a business case.

6 Clinical Governance:

Dr Becky Owen has replaced Dr Andrew Daley (retired in April 2019) as clinical governance lead as per Trust policy. Sam Coates Supports Dr Owen in this role.

6.1 National Audit for Care at the End of Life (NACEL)

NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute and Community Hospitals. The audit comprises of:

- an **Organisational Level Audit** covering trust/University Health Board (UHB) and hospital/submission level questions
- a **Case Note Review** completed by acute and community hospital providers, which reviewed all deaths in April 2018 (acute providers) or deaths in April – June 2018 (community providers)
- a **Quality Survey** completed online, or by telephone, by the bereaved person

The performance of hospitals is measured against criteria relating to national guidance on care at the end of life, including *One Chance To Get It Right*, and the relevant *NICE Guideline* and *Quality Standards*. The audit has succeeded in establishing where hospitals are doing well and where the focus to improve care is required.

Key findings:

- Recognising the possibility that death may be imminent. Nationally compliance with documenting that a person may die within the next few hours or days is high (94%; 89% in BTHFT). However, for around half of patients, they are recognised to be dying less than one and a half days before they die, leaving a limited amount of time to discuss and implement an individual plan of care.
- Communication with the dying person. Recording of discussions with the dying person could be improved. Nationally in around one third of cases, a discussion with the patient about the plan of care, and discussions about medication, hydration and nutrition had not been recorded. Similar result in BTHFT. Nationally around three quarters of respondents to the Quality Survey reported a positive experience of communication, but concerns were raised about communication with the dying person not being sensitive or being 'mixed' in 22% of cases. BTHFT sent a Quality Survey request to only 21% of Carers and had only 1 return, therefore comparison with national data cannot be made.
- Communication with families and others. As would be expected given the timing of recognition of death, discussions about the plan of care were more likely to be held, and

documented, with families and others than with the dying patient. Discussions about medication, hydration and nutrition could be better recorded. Nationally in around a quarter of cases, the Quality Survey results suggest there was scope for improvement in communication with families and others.

- Involvement in decision making. In the majority of cases both nationally and locally, discussions with the patient and with the family/others about life-sustaining treatments and Cardio Pulmonary Resuscitation (CPR) were held and documented or reasons recorded as to why the discussion did not take place. Although the use of advance care planning nationally has increased slightly (in place in 7% of cases. 4% in 2016 audit), there remains scope for improvement.

Recommendations (local):

- Disseminate report to End of Life Operational Group, Patient Experience Group and Quality Committee.
- Electronic last days of life guidance to be made available on EPR as soon as possible (new guidance approved)
- HPCT to continue with short face to face ward based teaching sessions
- Encourage ward staff to complete datix if family requesting a single room but none available.
- HPCT to meet with the Community Palliative Care Team and ward sisters from Community Hospitals to agree action plan to improve end of life care.
- Repeat NACEL in 2019

6.2 Do Not Attempt Cardio Pulmonary Resuscitation Audit

A trust wide audit of all active DNACPR orders was first undertaken in 2014. The audit was repeated in August 2017 which included Community Hospitals (CH). In September 2017 BTHFT introduced an Electronic Patient Record (EPR) whereby the resuscitation status (CPR and DNACPR) is recorded for all patients on admission. This is the first DNACPR audit to be undertaken since EPR was implemented. Where possible the data has been compared to previous years. The aim of the audit was to have an overview of current practice within BTHFT (acute & CH) around DNACPR decisions and to establish the percentage of the hospital inpatients (on one day) for whom there is a valid DNACPR decision in place; to measure against agreed Policy standards whether the DNACPR document is completed correctly; to identify the rationale for the DNACPR decision; to evaluate documentation of communication with patients and relevant others; to evaluate whether ward clinical handovers include accurate information around the DNACPR decision; and to review the availability of supporting patient and carer information on DNACPR within ward areas

Key Findings:

- Increase in the number of DNACPR decisions noted since 2017 (also since 2014) especially in CH.
- Increased advance care planning within community likely to be impacting the improvement in resuscitation decisions being made prior to admission in both acute and CH settings (34% to 48% in acute and 44% to 79% in Community Hospitals).
- The vast majority of patients (92%) are being seen within the acute setting within 24 hours however discussion/rationale of their resuscitation status is only being documented for a minority (26%).
- The DNACPR decision is well documented for the majority of patients on the ward handover forms. However, there is the potential for CPR to be applied inappropriately for a small number (8%) where this is not the case.

- There has been a significant increase in the number of forms which have the *valid until the end of life* box ticked (from 50% in both settings in 2017 to 93% in acute setting and 73% in CH).
- There is poor availability of the 'What Happens if My Heart Stops' information leaflet in ward areas.

Recommendations:

- Educate all clinical staff on the importance of documenting resuscitation decisions in a timely manner for patients including those that have a decision made prior to admission (to be included in monthly classroom based session).
- EPR change request to be made to alter the wording for when a countersignature is required for a DNACPR decision.
- Educate medical team regarding undertaking timely documentation of discussions relating to DNACPR decisions and when a countersignature is required.
- Plan for reaudit in 2 years – may need to adjust timings depending on implementation of new resuscitation recommendations (Recommended Summary Plan for Emergency Care & Treatment).
- HPCT to ensure all wards have latest version of the 'What Happens if My Heart Stops' information leaflet when it has been reviewed.

6.3 Bereaved Carer Survey

In July 2017 Bradford Teaching Hospitals NHS Foundation Trust began to survey carers whose relative had died in Bradford Royal Infirmary, St Luke's Hospital, Westwood Park and Westbourne Green. Feedback from the returned surveys is important to help us monitor how well we care for patients who are at the end of life.

In Adult services, following a patient's death relatives are given a bereavement pack including information about the Bereavement Office, a *Coping with your Bereavement* booklet and the Bereaved Carer Survey with a covering letter and a prepaid self-addressed envelope.

Paediatric and Neonates have their own bereavement packs which are given to parents at a follow up appointment.

9% of all surveys given out were returned. They were all from adult services.

Key findings:

- Return rate remains poor (9%) although there has been a slight increase since 2017.
- The overall care given to patients in their last hours and days of life is excellent or good
- There has been a greater number of carers who were dissatisfied that their loved ones were not cared for in a single room.
- 98% of respondents are White British, this does not represent our local population.
- Addressing spiritual and religious needs remains poor despite inclusion of a definition of the term 'spiritual needs'.
- Limited number of carers were offered a free parking permit or a Bradford Bag despite raising staff awareness over the past year.
- Care after death is dealt with sensitively and for the majority of carers death certificates were available for collection in a timely manner although it caused distress for those where this did not happen.
- A small number of carers continue to express a wish for ongoing bereavement support; The End of Life Operational Group are in the process of developing a BTHFT bereavement strategy.

Recommendations:

- Agree action plan with the End of Life Operational Group and Patient First Group (March 2019)
- Disseminate report to Heads of Nursing so it can be cascaded within divisions.
- Post executive summary report to carers if requested on returned survey (April 2018)
- Place executive summary on the patient experience page on the BTHFT internet (April 2018)
- Hospital Palliative Care Team to continue to provide ward based teaching sessions for staff on the importance of providing high quality care at the end of life, including informing relatives of parking permits, Bradford Bags etc...
- Encourage completion of electronic survey which is now available via the BTHFT internet page.
- End of Life Operational Group to meet with the Head of Equality and Diversity to discuss ways to improve responses from the BAME community.

6.4 BTHFT End of Life Complaints and compliments:

Data is analysed annually, and comparisons made to previous reports. The report summarises complaints between April 2018 – March 2019. End of life compliments are also reviewed. The aims of the review are to monitor emerging themes and to use the information to support improvements in end of life care, training and education; and to record compliments in relation to end of life care.

Key Findings:

- The proportion of all complaints relating to end of life over the past year has risen to 11% compared to 6.5% 2017/2018.
- The percentage of end of life complaints over the past 12 months related to the total number of deaths has risen, 4.6% in comparison to 2.9% in 2017/18. Unfortunately this is the highest percentage of complaints since 2014/15 when it was 5.4%.
- There has been an increase in the number of complaints in relation to poor communication to 36% compared to 22% in 2017/18.
- It is acknowledged that the increases in the above percentages need to be monitored – however, this is the first report since the upgrading of the Datix system. A more accurate comparison of data will be seen at the next yearly report.
- There has been a decrease in the number of complaints related to discharge planning from 12% in the previous year to 2% for this year comparison. Likely due to the MAIDT team.
- 4 complaints were mixed sector and 2 related to lost or stolen properties.
- There has been a continued increase in the number of formal compliments recorded with an increase of 31% recorded by Division of Anaesthetics, Diagnostics & Surgery (DADS) compared to only 10% last year.
The continuance of recording this valuable data needs to be encouraged amongst the teams.

Recommendations:

- Disseminate report to the End of Life Operational Group and agree action plan.
- Disseminate to BTHFT Complaints Group
- Continue to publicise and encourage staff to report end of life compliments on Datix.
- To continue to undertake an annual report of end of life complaints and compliments.
- HPCT to continue with ward based last days of life education and to continue End of Life Communication Skills Sessions.

6.5 End of Life issues:

The HPCT explore the Trust's clinical incidents relating to patients at the end of life. The aim is to identify any common themes and issues that have been reported and then develop focused education, training and support where necessary.

Key findings:

- There were a total of 79 end of life incidents reported during this period. This is a 40% increase. Reasons for this are unclear although there has been an increase in the number of incidents reported in DADS and Intermediate Care (IMC). This may be related to good reporting culture in these areas but will need further monitoring to observe for trends.
- The majority (71%) of EoL incidents reported were within Division of Medicine & Integrated Care (DOMIC), this concurs with the previous reports. This is unsurprising as the majority of hospital deaths occur within DOMIC (75%).
- The same themes were not recurrent on the same wards; however, pressure ulcer incidents are now the highest reported end of life incident instead of medication errors as in previous reports. However there is a strong culture of reporting pressure ulcers due to the ongoing pressure ulcer prevention programme across the Trust.
- There has been a reduction in the number of prescribing errors during this report period which is likely due to the implementation of EPR in September 2017.
- There has been a marked increase in the number of issues relating to discharge from BTHFT and communication with primary care / IMC / family. Many are in relation to McKinley T34 Syringe Drivers; but others relate to equipment not being ordered; poor communication with community teams and end of life ambulance. However on investigation some of the communication issues are due to the BDCFT Single Point of Access.
- There were no incidents of patients being sent home with a locked box insitu as in the previous reports. This is likely due to the *Learning Matters* newsletter which focused on end of life incidents relating to the McKinley T34 Syringe Driver. However there has been a slight increase in the reporting of incidents involving syringe drivers. This again highlights the need for staff to undertake the annual competencies and e-learning programme as per McKinley T34 Syringe Driver Policy (2017). During 2017/2018 only 68 Registered Nurses have completed the e-learning and 28 their annual competency assessment.
- There were 4 reported incidents involving DNACPR. This is a concern as there have been no reported incidents in previous reports. This may be due to the implementation of EPR and will need ongoing monitoring.
- The outcome of the incident investigations continues to improve with 72% (57/79) being dealt with immediately compared to 49% (24/49) in the previous year.

Recommendations:

- Disseminate to BTHFT End Of Life Operational Group and agree action plan (Dec 2018)
- Feedback to Senior Governance and Risk Lead (Adele Hartley Spencer) regarding syringe driver incidents (Dec 2018.)
- Annual reporting of end of life incidents to continue. To also include incidents relating to the mortuary and paediatric and neonate services.
- HPCT to repeat DNACPR audit following the implementation of EPR (Jan 2019)
- Review Datix key search terms (Jan 2019)
- Feedback at HPCT Clinical Governance meeting (Jan 2019).

6.6 HPCT Prescribing Practice

Part of the team's clinical role involves medicines management in relation to symptom control. Historically the HPCT worked in an advisory capacity and would ordinarily expect the treating team caring directly for the patient to consider recommendations made and prescribe appropriately based on these recommendations. With the development of non-medical prescribing, this practice has shifted and now palliative care team members may prescribe the relevant medication in order to improve symptom management and expedite patients' access to medication. 3 of the 4 CNSs within the team are independent prescribers. All recommendations made are underpinned by good communication, documentation and education.

This audit sought to quantify the number of prescribing recommendations made, the actual numbers prescribed by the HPCT and understand the rationale for the HPCT undertaking the prescribing; Demonstrate the role of HPCT in improving patient safety by identifying any drug incidents or delays within this patient group found during this audit period and categorise these incidents; Ensure safe prescribing within policy guidance by the HPCT. The audit took place over a 2 week period in May 2019. Results have been compared to previous years where possible.

Key Findings:

- The HPCT saw a total of 26 patients in 68 visits, and made 98 medication recommendations.
- For the majority of medication changes made following a consultation with the HPCT, support and education was provided to patients (where possible), and/or families and ward staff.
- 87% of recommendations were prescribed by the HPCT. One of the clinical nurse specialists (CNS) on the team is not a prescriber.
- Less prescribing errors were identified by the HPCT compared with last year.
- Prescribing of 'as required' medication is undertaken but a maximum permissible doses of medication is often omitted from the prescription. This is not in accordance with best practice.
- There is evidence of good practice, with the majority of syringe drivers being administered within 2 hours of prescription as per policy.

Recommendations:

- The HPCT should continue to utilise prescribing practice to enhance their role, reducing delays in prescriptions and improving rapid access to medications where appropriate.
- Non-prescribing CNS to commence the NMP Independent Prescribing Course this Autumn.
- An audit of HPCT prescribing practice should be conducted on an annual basis.

6.7 Outcome Assessment and Complexity Collaborative (OACC) measures

Health services and health care professionals are required to demonstrate that they meet the needs of patients and their families in an effective and efficient way. In order to achieve this whilst striving towards higher standards of care, staff need to demonstrate that they are making a measurable and positive difference to patients and families. Within palliative care services the Outcome Assessment and Complexity Collaborative (OACC) measures are used to capture and demonstrate this difference. The OACC measures aim to drive quality improvement, whilst providing evidence of the impact of services.

In June 2017 the Hospital Palliative Care Team (HPCT) in line with the Bradford, Airedale, Wharfedale & Craven Managed Clinical Network agreed to implement OACC using the following measures:

- Phase of illness – to be completed on initial assessment, daily, discharge
- Australian Karnofsky Performance Status (AKPS) – to be completed on assessment, daily, discharge
- Integrated Palliative care Outcome Scale (IPOS) and Views on Care – to be completed on admission, daily if phase is unstable, and discharge.

A snapshot of the measures were reviewed between 1st – 30th November 2018. Where possible results have been compared to data gathered in November 2017. Patients were excluded if advice only given to the referring team (level 1); patient died before assessment or service was not required.

Key Findings:

- There has been an increase in the number of patients who have had OACC completed on initial assessment – 98% compared to 53% in 2017. There has also been a significant increase in the number of patients who have been reassessed, 48% in comparison to 2% in 2017.
- 24 (52%) patients did not have a full second OACC assessment completed. Of these 19 had no reason recorded; 3 had reasons recorded; and 2 had the phase of illness and Karnofsky only recorded.
- 38 (83%) of patients did not have a previous OACC assessment undertaken by other Specialist Palliative Care Teams. For the 8 who had a previous assessment 6 were conducted by the Community Palliative Care Team, 1 by the HPCT and 1 patient was previously assessed in the hospital, community and hospice setting.
- Assessments were completed by:
 - 22 (48%) patients with staff assistance
 - 15 (33%) staff only
 - 2 (4%) patient with family assistance.
- 10 (22%) patients were assessed as 'unstable' (Phase of Illness) at some point during admission. The agreed standard is that IPOS, Karnofsky and Phase of Illness should be completed daily until the Phase of Illness changes. This was only completed for 5 (50%) of patients.
- 22 (48%) patients had a subsequent OACC assessment completed so the impact of the HPCT was assessed:
 - 2 (9%) demonstrated no improvement in IPOS score
 - 8 (36%) demonstrated an improvement in physical symptoms
 - 2 (9%) had an increase in anxiety
 - 9 (41%) demonstrated no change in IPOS score regarding anxiety
 - 1 (4%) highlighted improvements in all IPOS scores

Recommendations:

- Share report and agree action plan at the Palliative Care Clinical Governance Meeting.
- Standards for completing OACC has been reviewed and agreed as follows in line with BAWC MCN:
 - Phase of Illness- to be completed on admission, at every review, on discharge, on death.
 - Karnofsky Performance Status – to be completed on admission, at every review, on discharge, on death.
 - IPOS (full) - to be completed on admission; change of phase of illness; discharge; and death.
- Analysis of the effectiveness of the impact of HPCT involvement will continue. Comparison will be made using the full IPOS rather than the shortened IPOS 5.
- Repeat review in 2020

6.8 Standards and Guidelines

The following guidelines have been written and ratified. Available on the Palliative Care Webpage:

- Guidelines for the use of naloxone in palliative care
- Withdrawal of Bi-level Non Invasive Ventilation
- Topical morphine in palliative care (information sheet)

Full reports are available from the Palliative Care Team on request.

7 Patient and Carer Feedback and Involvement

- Survey of Bereaved Carers is ongoing. See section 6.3
- Bradford Bags (comfort bags) are available for all relatives of dying patients who are staying overnight. These bags are funded by the Hospital Charitable Fund and continue to be well received.
- The Team had an information stand in the main hospital (BRI site) during Dying Matters Awareness week highlighting end of life care.
- The 'End of Life Companions' role developed in collaboration with the chaplaincy team continues. Feedback from staff and Companions remains positive.

Strategic Objectives: Action plan 2019/2020			
	Actions	Timescale	Lead
Improving End of Life Care for All (Strategy)			
Lead, contribute and influence end of life care across Bradford, Airedale, Wharfedale and Craven (and wider area as appropriate) both within specialist palliative care and end of life care	<ul style="list-style-type: none"> Continued representation by HPCT on Managed Clinical Network Palliative Care Strategic, Governance and Education groups. Continued representation on Locality MDT as per Quality Surveillance Programme (QSP) Representation on regional groups as required 	Ongoing Ongoing	ALL (as identified) SC
HPCT Service Provision	<ul style="list-style-type: none"> Monitor Calman MDT attendance Audit the use of OACC within the HPCT. Continued review of Ethnic Liaison provision with Marie Curie Hospice (MCH) and Community Lead Continue with the Marie Curie Hospice (MCH) nursing placement with HPCT/unplanned care Evaluate MCH Project To explore possibility of rotational posts for RN's (BTHFT & MCH) Induct new band 6 CNS including completion of Specialist Palliative Care Core Competencies Exploration of CPD opportunities for team members Review CNS job plans Arrange Shared Memories Event' to support those who have died in BTHFT Pilot AED bereavement project 	July 2019 June 2019 Ongoing Oct 2019 Sept 2019 Mar 2020 Dec 2018 Ongoing Ongoing Mar 2020 Jan 2020	LP TN LP LP LP LP SC All All LP/BO/PF LP/BO
Last Hours / Days of Life To maintain high standards of end of life care across the trust and to support clinicians during the transition and roll out of the newly developed last days of life guidance.	<ul style="list-style-type: none"> Review the Care After Death Form Review the Facilities Leaflet Monitor the KPI's via the End of Life Operational Group Continue to provide face to face education for ward staff In collaboration with paediatrics & neonates develop a joint end of life communication skills sessions (in simulation suite). Take part in the National Audit for Care at End of Life (NACEL). Summarise NACEL report and disseminate when completed. Re-launch the role of the End of Life Champions Sustain and evaluate the End of Life Companions role. Consider and review any new national guidance 	Oct 2019 Aug 2019 Ongoing Ongoing Jan 2020 Oct 2019 June 2020 Mar 2020 Mar 2020 Ongoing	PF PF LP All TN / PF All LP PF/DL PF LP

	<ul style="list-style-type: none"> To provide 6 monthly report to the Quality and Safety Meeting 	2019/2020	LP / BO
Last Year of Life Project <ul style="list-style-type: none"> To improve staff recognition of when a patient is in the last year of life Increase use of EoL register (EPaCCS) on SystmOne Increase discussion & recording of Preferred Place of Care / Preferred Place of Death Reduce hospital admissions / length of stay in patients' last year of life 	<ul style="list-style-type: none"> Provision of end of life education including communication skills to enable delivery of key education objectives including LYL project. Ongoing attendance at key ward rounds (resp & haem) Refresh all wards on GSF / Gold Line information (especially following withdrawal of fax machines in March 2020) To attend Hepatology MDT to support GSF referrals 	Ongoing Ongoing Ongoing Ongoing	All All TN/PF SC
Patient & Public Involvement & Feedback	<ul style="list-style-type: none"> Continue to produce the annual Bereaved Carer Survey report and publish on the BTHFT website Monitor end of life complaints and compliments and provide annual report Monitor end of life incidents and provide annual report Arrange public information stand during Dying Matters Awareness Week Shared Memories Event 	Jan 19 April 2019 Oct 2019 May 2019 Mar 2020	LP SC SC All LP/BO/PF
Education			
To provide robust education to identified staff on end of life care.	<ul style="list-style-type: none"> Continue provision of education across BTHFT as agreed <ul style="list-style-type: none"> Last days of life GSF / GL Communication skills Evaluate above sessions Gather data regarding education provision 	Ongoing July 2020 Ongoing	All TN/PF TN/PF
Clinical Governance			
Feed into BTHFT Mortality project work	<ul style="list-style-type: none"> Continue with HPCT Mortality Meeting (record on mortality Datix) & send letter to the mortality lead to the appropriate Clinical Business Unit Representation by team on the BTHFT mortality groups including representation at the Learning Disability Review Group 	Ongoing Ongoing	All LP / SC

Team Prescribing Audit (inc safety issues)	<ul style="list-style-type: none"> • Re-audit of HPCT prescribing (including safe practice) • Undertake audit • Complete report and recommendations 	May 2020	SC + 1 other
HPCT Statistical Activity reporting	<ul style="list-style-type: none"> • Collate yearly HPCT activity data • Complete HPCT annual report 	June 2020 July 2020	LP LP
Guidelines / Policies	<ul style="list-style-type: none"> • Review & update HPCT Operational Policy • Participate in any key BTHFT policies as required (e.g. Bereavement Policy) 	Sept 2019 Ongoing	LP All
Research			
To improve research activity and awareness across BTHFT and Bradford & Airedale	<ul style="list-style-type: none"> • Participate in research as agreed. Local projects will be discussed via the MCN 	Ongoing	All

Appendix 1: Team commitments 2018 / 2019

Meeting	Frequency	Team rep
BTHFT		
MDT Specialist Palliative Care	weekly	all
Palliative Care Clinical Governance & Trust Business Meeting	6 weekly	all
End of Life Operational Group	Alt months	Liz & Consultant
Haematology Ward Round	weekly	Consultant + SpR
Respiratory Board Round	weekly	variable
Calman MDT Lung	weekly	Sam
Calman MDT Upper GI	weekly	Trudy
Calman Unknown Primary MDT	weekly	Trudy
Mortality (BTHFT) subcommittee	monthly	Liz
Mortality service improvement	monthly	Liz
Mortality (HPCT)	fortnightly	all
Learning Disability Mortality Review Group	monthly	Sam
Non-Medical Prescribers meeting	As arranged	Liz/ Sam / Trudy
Dementia Strategy Group	alt months	Trudy
Oncology Reflective Practice (CNS)	monthly	Paul
Cancer Steering Group	quarterly	Consultant / Liz
Cancer Board Meeting	8 weekly	Liz / Consultant
Learning & surveillance Hub	monthly	Sam
Deteriorating Patient & Resuscitation Group	monthly	Liz
End of Life Companions Meeting	quarterly	Paul
Patient Experience Committee	quarterly	Liz / Consultant
Joint Nursing & Midwifery Development Forum	monthly	Liz
Digital Clinical Advisory Meeting	Alt months	Paul
Schwartz Round Steering Group	Alt months	Becky
Clinical Business Unit Service Meeting	fortnightly	Liz
EoL ED /NED meeting	quarterly	Liz / Consultant
District		
NHS Bradford, Airedale Wharfedale & Craven End of Life Steering Group	quarterly	Liz
Bradford, Airedale Wharfedale & Craven MCNPC – Clinical Strategic Group	6 weekly	Liz (chair) & Consultant
Bradford locality MDT	fortnightly	Sam / Consultant
MCNPC Clinical Governance Group	quarterly	Sam
MCNPC Education group	quarterly	Paul / Trudy
MCNPC Education Workshop	quarterly	All (variable)
MCNPC Lead Meeting	quarterly	Liz
SystemOne (Electronic Patient Record) User group	quarterly	Taz
BAWC Learning Disabilities Group	quarterly	Sam
Bradford District Management Meeting	quarterly	Liz / Consultant
Network		
YCN Non-Medical Prescribing in Specialist Palliative Care Group	quarterly	Liz/Trudy/Sam
SpR's Learning Group. St Gemma's Hospice	2 monthly	Consultant
Yorkshire Palliative Medicine Training Committee	x3 year	Consultant
Y&H Regional End of Life Group	quarterly	Liz
Y&H Regional DNACPR Group	quarterly	Becky
Y&H CNS Workforce Development Group	quarterly	Liz

Appendix 2:

Education Report April 2018 – March 2019

The Hospital Palliative Care Team (HPCT) continues to provide an extensive education programme across the Trust:

A total of:

- 114.5 hours of face to face teaching (medical and nursing)
- 76.5 hours shadowing – 24 hours student nurse, 52.5 hours medics
- A total of 632 staff received education
- The total of 114.5 hours of face to face teaching represents an increase of 56% on last years' total hours which were 73.25. In the previous year there was a downward trend in the number of face to face teaching hours partly due to the difficulties of nursing staff being able to attend sessions (workload pressures) and also due to the increased demand on the Hospital Palliative Care Team (HPCT). A renewed effort to prioritise teaching and better monitoring of the teaching hours the team delivered has significantly improved results.
- There continues to be an increase in the number of staff who shadow the team. Requests for this are consistently high and this has been recorded for the first time this year (and will continue to be measured).
- The team reviewed their education strategy and in the previous year cancelled the formal half day last days of life session due to poor attendance. This was replaced this year by a rolling programme of ward based quick face to face sessions and included topics such as Last Days of Life and Gold Standards Framework. This began in August 2018 and 4 wards have been provided with teaching. In recent months sessions have not taken place due to low capacity within our own team and amongst ward teams. A refreshed programme is currently being arranged.
- The Team continue to provide formal and informal training to nursing and medical students in addition to medical and nursing staff, this included two End of Life Communication Skills training days this year which were well advertised but poorly attended. There will be further discussion to develop these sessions as a joint project with neonates and paediatrics and hopefully find ways improve attendance.
- The team teach in various settings both internally within BTHFT and externally. The team have recently agreed to deliver 3 x 1.5 hr sessions with the Community Palliative Care Team to nursing staff in the Community Hospitals (St Luke's, Westwood Park and Westbourne Green). The teaching will include topics such as care in the last hours/days of life and Gold Line/GSF. This is part of the action plan from the results of the National Audit for Care at the End of Life.
- It is important to note that informal education is provided by team members when assessing patients /families and supporting clinical staff in delivering palliative and end of life care across the Trust.

Summary:

Priorities of Care for the Dying Patient

- Informal Ward Based Teaching to embed Priorities of Care of Dying/Individualised Last Hours/Days of Life Guidance across BTHFT continues.
- The ward based sessions commenced in August 2018 encompass caring for patients in the last hours and days of life and the continued use of the nursing and medical Last Days of Life Guidance (SPICE) as its use significantly declined when the Trust introduced EPR (Electronic Patient Records). The guidance remains a paper version.

End of Life Education: Gap analysis

Training needs gap analysis of End of Life Education provision across BTHFT was undertaken in 2015 and a 5 year end of life education plan was developed. A successful business case resulted in the creation of a new Band 6 nursing post (role to begin August 2019) which will mean better staffing and hopefully enable the team to deliver this education as per the Policy for Caring for Patients in their Last Days of Life (Full report available from the HPCT).

McKinley T34 Syringe Pump

- E-learning programme remains available on ESR. All adult Registered Nurses are required to complete this (all new starters must complete within 3 months of employment) but compliance is poor. Between the period of October 17-February 2018 no staff completed the programme. Following a 'Learning Matters' information sheet highlighting incidents relating to the McKinley T34 the team developed a poster which focussed on the training requirements as per McKinley T34 Syringe Pump Policy. 45 Registered Nurses completed the e-learning between Apr 18 – Mar 19.
- An annual competency assessment must be completed by each RN as per the T34 McKinley Syringe Pump Policy. Completion is variable across the division.
- Monitoring of competency and completion of e-learning is undertaken by the Education Department as per McKinley T34 Syringe Pump Policy.

Managed Clinical Network Palliative Care (MCNPC) End of Life Care Education Programme.

- The 2 day End of Life / Palliative Care course continues to be delivered across Bradford & Airedale twice a year. Evaluation remains positive and the sessions are very well attended.
- Trudy Nurse (interim deputy chair) and Paul Fernandez represent the HPCT at the MCNPC Education Group.
- The network are developing a questionnaire to identify staff training needs

Student /Visitor Shadowing of the team

- 3rd year nursing students and final year trainee nursing associates can spend time with the team for a ½ day on an individual basis.
- Junior doctors and speciality trainees have also spent time shadowing the team.

New Training

- The team are developing a 3 hour teaching session that will run monthly from Autumn 2019 until spring 2020 (it will then be reviewed). It will be aimed at general staff who deliver end of life care on a daily basis. The sessions will include recognition of dying, symptom control and DNACPR. This will be open to medical and nursing staff.
- The Trust Interpreting Team expressed an interest in end of life care and it was agreed that the team would provide 3 end of life care teaching sessions (including communication skills) for their staff.
- During the next year the team intend to provide joint training sessions with the dementia nurse lead and education for porters, catering staff and ward clerks.

Ongoing commitments

The Team continue to provide:

- Education for FY1 training programme (twice per year), Core Medical Trainees (CMT) (twice per year), Care of Elderly Core Medical Trainees (CMTs) (as requested), newly qualified

nurses' introduction to palliative care (four times per year), ICU new starters and FY2 training day (twice per year).

- Weekly education (1 ½ hrs) for second year medical students continues during term time.

Trudy Nurse (CNS)
Paul Fernandez (CNS)
July 2019