Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

bwrdd gweithredol gofal lliniarol cymru
palliative care cymru implementation board

ABMU Health Board Specialist Palliative Care Team Swansea/Neath Port Talbot

End of Life Care Peer Review

Date of Visit November 19th 2014

End of Life Care Peer Reviewing Team

Name (Print)	Job Title	Organisation
Dr Ian Back (Chair)	Consultant Palliative Medicine Clinical Lead	Cwm Taff Health Board
Kay Jeynes	Locality Lead Nurse/Professional Lead for District Nursing/Lead Manager for Palliative Care Cardiff & Vale Health Board	Cardiff & Vale Health Board
Tracy Livingstone	Director of Nursing and Patient Services	Nightingale House Hospice Wrexham
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Facilitation Support: Veronica Snow End of Life Care Programme Manager		

Organisation Title	ABMU Health Board	
Team title	Swansea, Neath Port Talbot Specialist Palliative Care Team	
Review Date Title	November 19th 2014	
Name (Print)	**Job Title**	**Organisation**
Dr Idris Baker	Consultant Palliative Medicine Associate Clinical Director Cancer Services	ABMU Health Board
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Teresa Pace	Clinical Nurse Specialist	ABMU Health Board
Claire Job	Clinical Nurse Specialist	ABMU Health Board
Kate Tucker	Clinical Nurse Specialist	ABMU Health Board
Jean Archer	Senior Physiotherapist Ty Olwen	ABMU Health Board
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Les Hammond	Assistant Directorate General Manager Cancer Services	ABMU Health Board

REVIEWERS REPORT

Review Summary
The ABMU Health Board Swansea/ Neath Port Talbot integrated specialist palliative care team deliver a service to a population of 394,000, across the community, 3 hospital sites, a Cancer Centre, 2 day care centres and a specialist inpatient Hospice. The Hospital inpatient team also attend Cancer Site Specific Multi disciplinary team meetings. Delivering a service to such a wide catchment area is not without its challenges. The Clinical leaders also manage the adjacent team based at Princess of Wales Hospital. This structure supports joint working and communication but can be logistically demanding. The team are to be commended for the delivery of a well run and organised service that has evidence of good governance to support staff and patients. A full Multi Disciplinary Team (MDT) structure is in place; all patients are discussed at weekly MDT meetings and recorded on CANISC. The Staff are appropriately qualified and trained. The team report that psychology services are available but access is limited. There are examples of good practice that can be shared e.g. Support for the Homeless in the community. The use of audit to change practice is evident. Historically, the service has been seen as part of Cancer Services and relationships in secondary care need ongoing development, but progress is being made e.g. joint working with the Cardiology and thoracic teams have resulted in Cardiac patients benefitting from the team and services at Ty Olwen Hospice. The team recognised that access to information, in particular for hard to reach groups needs improving. A plan is in place to address this shortfall.

Good relationships are reported with Primary Care and rapid discharge home for dying patients can be achieved, although risk assessment processes can affect patient choice.

A 'learning culture' is embedded within the team and this is further enhanced with the specialist medical trainee programme. Many examples of training/ study days offered to general staff were provided, but take up has been low. Over a 2 year period 300 of a possible 1700 staff attended any training in End of Life Care.
The recent Andrews Report Trusted to Care recommended that training in Care of the Dying be prioritised.
The Health Board can see the value and impact of good End of Life Care and the Health Board Andrews Report implementation group are now working with the team to support the delivery of End of Life Care education.

There is still a need for the service to be recognised more widely within the Health Board for its clinical expertise, the support they can offer to teams caring for non malignant palliative patients and for the contribution they could make to improving the knowledge and skills of generic staff in the delivery of End of Life Care.

Peer Review October 21st 2014

Key Themes

With reference to guidance on Key Themes in the evidence guides, please provide comments including details of strengths, areas for development and overall effectiveness of the team. Any specific issues of concern or good practice should also be noted in the following sections.

Structure and function of the service

Comment in relation to leadership, membership, attendance and meeting arrangements, operational policies and workload. Teams should specifically comment with regard to the following questions:

- Are all the key core members in place?
- Do all the key core members hold appropriate qualifications in Palliative Care?
- Is there an Operational Policy in place?
- Does the MDT meet weekly and record meetings on CANISC?
- Is there a communication protocol?
- How many referrals/ admissions were received into the service in the previous year?

Team Composition

The Swansea/ Neath Port Talbot team are a component of the ABMU Health Board team. The team is a fully functioning, integrated Specialist Palliative Care Multidisciplinary team and provide a service to a population of 394,000 across the following centres:

- Neath Port Talbot Hospital
- Y Rhosyn Day Care Centre
- Singleton Hospital
- Singleton Cancer Centre
- Morriston Hospital
- Ty Olwen Hospice
- Swansea and Neath Port Talbot Community

The service is Consultant led, with a team of 5 WTE consultants, 4 specialist medical trainees, 11.5 WTE Clinical Nurse Specialists delivering a service Mondays to Friday 9am – 5pm. The medical team participate in the on call rota across South West Wales area, providing support and advice 24/7. 11.5 WTE Clinical Nurse Specialists provide a 9am -5pm service 365 days a year. The service is supported by dedicated Specialist Palliative Care Physiotherapy and Occupational Therapy dedicated teams.

Access to Psychology services is limited. Liaison psychology is available for inpatients via the Maggie Centre. This has been raised with the Health Board and is being actively addressed, but recognises they are competing for resources.

Volunteers participate in a comprehensive and detailed ABMU Health Board training programme.

Child Bereavement Support is a signpost only service which uses a Matrix system to identify need

There are 14 specialist beds at Ty Olwen Hospice on the Morriston Hospital Site. During 2012, the Hospice admitted 315 patients. 210 were admitted directly from home with 105 transferred from ABMU Health Hospitals.

Access to beds at Singleton Cancer Centre can be arranged for patients requiring related interventions

There is strong clinical leadership from the medical and nursing leads. There is a robust process to manage the service, with support, supervision and formal guidelines and policies in place. Staff have 1-2-1 support meetings with manager every 3/12.

Total patients on the caseload for the period 01/11/2013 -31/10/2014 were 1,795 of which 1,292 were new patients.

Coordination of care/patient pathways

Is there a clear management pathway for patients requiring complex symptom management? E.g. Metastatic Spinal Cord Compression

Comment on coordination of care and patient centred pathways of care,

Clinical leadership and communication

Patient Pathway: There are clear management pathways for patients requiring complex symptom management. The team work closely with all cancer MDTs and can admit patients with suspected Metastatic Spinal Cord Compression to Singleton Cancer Centre for treatment if required. Patients can also be assessed, managed and rehabilitated at Ty Olwen.

Communication: A communication protocol is in place. Regular team meetings are held and an information cascade system is in place. Relationship with Marie Curie who provides community multi- visit service in Neath Port Talbot is reported as 'very good'. The Marie Curie team leader attends MDT meetings. The team think that the service could be expanded to improve choice for those wishing to die at home. Attendance at MND and other non malignancy clinics is helping to build strategic and professional relationships.

Co-ordination: One integrated team allows for good care coordination between Home, Hospital and Hospice. The Community team attend all GP practice Palliative Care MDT meetings. The use of palliative care registers in primary care is low compared to other Health Board areas and the team are working with primary care leads to improve this.

Integrated Care Priorities

The Hospice participate in the All Wales Integrated Care Priorities project for the last days of life and supports it's use in other care settings – hospital and community

Patient Experience

Comment on patient experience and gaining feedback on patients' experience, communication with and information for patients and other patient support initiatives. Teams should comment specifically with regard to:

- What arrangements are in place to support the rapid discharge/ admission of patients at the end of life?
- What are the national patient experience survey results (iwantgreatcare) feedback results?

The team report good arrangements for Rapid discharge. The community team being based at Ty Olwen and having the same senior management enables good communication and integrated working. This support both rapid discharge and admission into Ty Olwen Hospice. Patient choice can sometimes be hindered by the risk assessment processes, but every effort is made to discharge patients wishing to die at home.

Community services supporting rapid discharge include:

- Swansea community palliative care response team (SPICE) facilitating fast track discharge.
- Marie Curie multi visit service based at Port Talbot Resource Centre provides a rapid response service.
- 48 hour response time for Continuing Health Care Funding application for dying patients has made a positive difference

The iWantGreatCare (iwgc) User Feedback Survey reports high levels of patient satisfaction. The team raised concerns that they are not always able to follow up any negative iwgc feedback.

Negative feedback from any source whether formal or informal is placed as an agenda item at team meetings.

Ward sisters at Ty Olwen work weekends and evening shifts and are so able to meet relatives regularly to address any concerns.

The Health Board is changing their feedback process to introduce a 'Red Box' system, allowing patients and relatives to post feedback confidentially while on the ward.

The team recognise there is room for improvement with regard to meaningful User Involvement.

Official complaints are managed through the formal Health Board process.

Informal concerns are audited and taken to monthly clinical governance meeting. These are then shared as a way of learning.

Improving Care, Achieving Outcomes

Environment: The Ty Olwen inpatient unit is currently being refurbished with Health Board charitable funding. This will improve the environment for patients, relatives and staff.

Audit: The team report several audits undertaken to improve patient care. There is also evidence that the audit cycle has resulted in changing practice.

- A recent audit into the use of Steroids has resulted in the production of a steroid policy and guidelines to support the decision making process around the use of Steroids
- An audit of unmet Palliative Care need in patients with advanced Liver Disease was presented at the All Wales Palliative Care Conference at Gregynog in November 2014.

Clinical Trials: Evidence of audit and research. Participated in the 'IPAC' study. Links have been made the Marie Curie research unit in Cardiff and the team report being watchful for potential projects in which to participate.

Team Comments

The team feel that they work well together to provide a good service. They are frustrated by the lack of take up of education training opportunities they have to offer.

Case Note Review

6 sets of Case notes were reviewed on the day

- 6 sets of notes had a list of assessment and problems.
- 6 sets of notes had a Canisc record/ MDT Discussion sheet
- 6 sets of notes were all entries were signed , but not only 1 entry followed with the printed name
- 5 sets of notes had CPR status recorded.
- 2 sets of notes with Signatures difficult to decipher
- 1 set of notes had loose pages

Good Practice

Identify any areas of good practice

- Good links with nurse employed to support Homeless population. Undertake Joint visits. There is a GP practice with responsibility for this population and the team work closely with them
- Use of audit to change practice
- Comprehensive Training Programme in place to support general staff

- The use of video conferencing to deliver education sessions across the Health Board area
- Integrated community and acute team based on the Ty Olwen site facilitates rapid admission and discharge between community and the Hospice
- Electronic discharge summary to inform primary care on patient discharge

Areas for Consideration

- Explore alternative methods of delivery to improve take up of training e.g. use of training workbooks, blended learning.
- Working with Health Board to make End of Life Care training mandatory.
- Explore solutions to provision of information for patients
- Address access to psychology services with Health Board management
- Continue work to build partnerships in secondary care
- Raise the profile of specialist palliative care within the Health Board

Overall Findings

The ABMU Health Board team is a well run, appropriately qualified team, with strong leadership and a clear and concise operational policy. Multidisciplinary Team (MDT) meetings are held weekly. CANISC is used to record all information. All new patients are discussed at the weekly MDT and a care plan is agreed. Inpatients are reviewed in the MDT weekly. The review panel identified the following:

- User feedback demonstrates patient satisfaction with the service. Complaints and concerns are managed appropriately and learning is shared.
- There are examples of good practice that can be shared e.g. Support for the Homeless in the community.
- The use of audit to change practice is evident.
- Access to psychology services is limited.
- There is a comprehensive training and education programme available to ABMU Health Board general staff. Over a 2 year period 300 of a possible 1700 staff attended any training in End of Life Care. The recent Andrews Report Trusted to Care recommended that training in Care of the Dying be prioritised. The team should work with Health Board senior management to identify ways to improve staff take up of training offered
- The team are working to promote the service within secondary care to enable non cancer patients with Specialist Palliative Care needs to benefit from the service both directly and indirectly.
- A lack of available information, in particular for hard to reach patient groups has been recognised and a plan is in place to address this with support from Macmillan Cancer Support
- While user feedback is good through the iWantGreatCare survey, the team recognise the need to do more to engage service users

Concerns Refer to the guidance on identifying concerns. Any immediate risks or serious concerns must be brought directly to the attention of the core team
None

Serious Concerns:
None

This form must be completed at the time of the visit and agreed by the full review team

Identifying Concerns – Issues

Issues	Level of Concern Immediate Risk (IR), Serious Concern (SC), Concern (C)	What is the specific concern?
None		