

York Health Overview and Scrutiny Committee – 11th September 2013

Report from the Chief Executive, York Teaching Hospital NHS Foundation Trust

1. Introduction and background

This paper provides a report from the Chief Executive which provides information on:

- Liverpool Care Pathway
- Francis report progress

2. Liverpool Care Pathway

Following publication of the Independent Review of the Liverpool Care Pathway by Professor Julia Neuberger, York Teaching Hospitals have carefully considered the implications for our patients.

The report acknowledges that the LCP “when operated by well trained, well resourced and sensitive clinical teams works well”. Although the report recommends the phasing out of the use of the LCP over the next 6 to 12 months the level of negative media coverage that the LCP had received made this difficult in practice. As a result the Medical Director met with Palliative Care Physicians and MacMillan Nurses from across the organisation and recognising that our priority was always to minimise the distress felt by families facing the imminent death of a loved one, our view was that discussing the LCP with the families might add further to this distress. Accordingly it was decided to discontinue use of the LCP throughout York Teaching Hospitals NHS Foundation Trust.

Making the diagnosis that a patient is within the final few days of life requires careful, skilled clinical assessment by a senior clinician with a sound knowledge of treatment options available. The Trust very much supports the recommendation within the Neuberger Report that making such key clinical decisions should not take place out of hours or over the weekend unless unavoidable, urgent or clearly in the patients’ best interests. Such a decision we have made clear should lie with the responsible clinician in consultation with the entire healthcare team and once this diagnosis has been made this must always be discussed fully with relatives, carers and the patient if appropriate. The Trust has been clear that it is imperative all discussions around the plan of care and clinical decisions regarding issues such as hydration, nutrition, DNACPR etc are all clearly documented.

Providing excellent end of life care for our patients and support for their families

remains an absolute priority for the hospitals. We recognise that withdrawal of the LCP poses risks in this respect and accordingly our Palliative Care Teams have worked to develop clear, specific and patient centred guidelines which have been disseminated to all staff around the clinical management of patients in the last few days of life. This allows us to retain that which was best in the LCP along with the ability to tailor care to individuals and their families.

This interim guidance compiled by the Specialist Palliative Care Team has been distributed and will evolve over weeks to come. It is available to support clinicians and ward staff and the Palliative Care Teams themselves are available to advise on the ongoing management of patients' symptoms.

A new set of documentation is being drawn up to allow careful, clear recording of symptoms and the treatments initiated as a result. These will be disseminated in due course. It is important to be clear that they are not "the Liverpool Care Pathway" by another name but rather a means of documenting good practice and supporting clinical decision making. They emphasise the importance of involving patients and their carers in decisions and responding swiftly to changes in patients' symptoms.

Our belief is that throughout the organisation the LCP has previously been implemented generally very effectively and has successfully supported excellent care in the last days of life both in the acute hospitals and in many areas of the community and care homes. The new guidance and the documentation to support this will do the same and provide us with an opportunity to ensure that this guidance is consistent throughout the enlarged organisation. Clinical algorithms have been revised and commented on by specialist pharmacists and are now widely disseminated. The Palliative Care Teams in Scarborough and York are working to create a "last few days of life" care plan that will be applicable throughout our care settings and both our staff and governors have been briefed to this effect. The Community Teams have been briefed and at a meeting in early August chaired by Dr Saxby, Consultant in Palliative Medicine at St Catherine's Hospice, Scarborough there was good representation from all relevant stakeholders, allowing a discussion of the content and format of a new care plan. This will incorporate recommendations of the review whilst providing clinical guidance, accompanying that which is being drawn up by the National Team. A further meeting is planned with the final document anticipated by mid September.

Throughout this process our priority has been to ensure that the best elements of the LCP are retained whilst implementing the recommendations of the review in a way that allows us to continue consistent, compassionate and high quality care over those critical last few days of life and mindful that this is a change in process it is one that we will continue to monitor most carefully.

3. Francis Report Progress

3.1 Introduction

The Francis Report made 290 recommendations following the Public Inquiry into the Mid Staffs Foundation Trust public inquiry into the failings of care at the hospital.

The recommendations implicate the need for a structure of fundamental standards and measures of compliance.

- Requires openness, transparency and candour throughout the healthcare system, underpinned by statute.
- Improved support for compassionate, caring and committed nursing with stronger patient centred healthcare leadership.
- For accurate, useful and relevant information to allow effective comparison of performance by patients and the public.

3.2 York Teaching Hospital NHS Foundation Trust Action To-date

Prior to and following the publication of the Francis report a number of actions were taken in response to the recommendations, these included:

- Review of key risk management processes
- Review of local Serious Incident processes
- Further development of compliance review systems
- Changes to senior nursing structure
- Introduction of It's My Ward programme - focus on nursing leadership
- Senior Nurse walkabouts & peer review planned
- New roles introduced to support teams in high volume areas (ACP)
- Weekly review of complaints by CEO & Chief Nurse
- Changes to care indicators to measure the quality of care at ward level
- Changes in Nursing management structure to ensure clear lines of accountability

In addition, and in order to undertake a robust and detailed review of organisational systems, the Trust has established a Task and Finish Group to examine the recommendations, assess the organisations current position, identify any gaps and to identify priorities and actions in response to the publication '*Patients First and Foremost*' the Government's initial response to the Francis report.

The report was published in April of this year and was signed up to by all key system organisations.

All healthcare providers' were asked to respond to the publication.

The 5 key domains in the work of the Task and Finish Group will mirror those in *'Patients First and Foremost'* are listed below:

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring that staff is trained and motivated.

Each member of the group has undertaken a review of the key domains from the perspective of the service area or function that they represent these include Nursing, Human Resources, Operations, Governance, Patient Safety, Applied Learning and Research.

The review included:

- A statement on the current position
- Identification of any gaps and an associated risk rating developing the organisational priorities
- Establishing action plans where required to mitigate risk

This first part of this critical piece of work has now been completed and has been summarised into key themes, with three priority actions in each category.

In addition, the Chief Nurse sought views and responses to the Government's initial response to the Francis Report from Matrons, Clinical Directors, Directorate Managers, Corporate Directors and the Corporate Nursing Team. Meetings and briefings have also taken place with the Governors, and with the Board of Directors.

The Group will continue its work and report to the October meeting of the Board of Directors on progress made. Detailed action plans re the delivery of re the delivery of the priority actions are either already in place, or in the process of being developed.

4. Recommendation

The Committee is asked to note the report.

Author	Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust
Owner	Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust
Date	August 2013