

Inspection framework: NHS acute hospitals

Core service: End of life care

End of life care encompasses all care given to patients who are approaching the end of their life and following death, and may be delivered on any ward or within any service of a trust. It includes aspects of basic nursing care, specialist palliative care, bereavement support and mortuary services.

End of life care that relates to terminations of pregnancy, miscarriages and stillbirths at any stage of a pregnancy are inspected under maternity services.

End of life care services that relate to children and young people are inspected under services for children and young people.

*The definition of end of life includes patients who are 'approaching the end of life' when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

- (a) advanced, progressive, incurable conditions
- (b) general frailty and co-existing conditions that mean they are expected to die within 12 months
- (c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition

(d) life-threatening acute conditions caused by sudden catastrophic events.

*GMC 2010, Treatment and care towards the end of life: good practice in decision-making.

Areas to inspect*

The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

- Palliative care unit / ward / service. Including Care of the Elderly service
- Chaplain's office, chapel, multi-faith rooms and ablution areas
- Family rooms and / or other facilities associated with wards / services (these may or may not be in the immediate area, and may include overnight accommodation)
- Mortuary viewing area and bereavement office

Interviews/focus groups/observations

You should conduct interviews of the following people at every inspection:

- People who use services and those close to them (inspectors must consider whether it is appropriate to speak to people who use services and families who are experiencing EOLC at the time of the inspection)
- People who use services who are on wards / attending services where other people are receiving EOLC
- Clinical director/lead, including lead geriatrician
- Nursing lead for each ward/unit/area
- Directorate/divisional manager
- Board member with responsibility for oversight of EOLC
- Service improvement lead for EOLC, if there is one

You could gather information about the service from the following people, depending on the staffing structure:

- Privacy and dignity lead
- End of Life Facilitator or similar role
- Staff involved in consent for organ and tissue donation
- Doctors of varying seniority on wards where people experiencing EOLC are nursed
- Non-specialist staff on the wards involved in caring for

(internal staff as well as NHSBT)

- Religious representatives (Chaplain, Rabbi, etc.)
- Porters who transport bodies to the mortuary
- Specialist palliative care team

people at the end of their life.

- EOLC volunteers
- External providers / services that may be involved in EOLC, e.g. coroners and hospices
- Mortuary staff (note that Bereavement Officers may or may not be members of the mortuary)

Service-specific things to consider

We have identified a number of specific prompts for this core service that are set out below. Inspection teams should use these **together with** the standard key lines of enquiry and prompts. These are not intended to be a definitive list or to be used as a checklist by inspectors.

*Indicates information included in the inspection data pack.

Safe

By safe, we mean people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Requires further investigation:

Data to be considered when making judgements:

Key lines of enquiry: **S1 & S2**

S1. What is the **track record** on safety?

S2. Are **lessons learned and improvements made** when things go wrong?

Report sub-heading: **Incidents**

| Generic prompts | Professional Standard | Additional prompts |
|---|---|---|
| <ul style="list-style-type: none"> • What is the safety performance over time, based on internal and external information? • How does safety performance compare to other similar services? • Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? • Have safety goals been set? How well is performance against them monitored using information from a range of sources? | <p>Serious Incidents are investigated using the Serious Incident Framework 2015</p> <p>NHS England serious incident framework</p> <p>Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.</p> <p>http://www.cqc.org.uk/content/regulation-20-duty-candour</p> | <p>Only include incidents reported directly by or about EOLC:</p> <p><u>Never Events:</u> “Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.”</p> <p>Serious Incidents Requiring Investigation (SIRIs) or SI (serious incident)</p> <p>Only include incidents reported directly by or about the palliative care service</p> |

| <ul style="list-style-type: none"> • Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result? • When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation? • How are lessons learned, and is action taken as a result of investigations when things go wrong? • How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service? | | |
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| <p>Report sub-heading: Safety Thermometer</p> | | |
| <p>Generic prompts</p> | <p>Professional Standard</p> | <p>Additional prompts</p> |
| | <p>NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.</p> <p>NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.</p> | <p><i>(Normally not applicable and only include if there is a palliative care ward)</i></p> <ul style="list-style-type: none"> • Safety Thermometer: Does the service monitor the incidence of any of the following for inpatients? Does the service take appropriate action as a result of the findings? |

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| | <p><u>NICE QS86 Falls in older people</u></p> <p>The quality standard covers assessment after a fall and preventing further falls in older people in the community and during a hospital stay.</p> <p><u>NICE QS90 UTI Urinary tract infection in adults</u></p> <p>The quality standard covers the management of suspected community acquired bacterial urinary tract infection in adults aged 16 and over</p> | |
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For Use in QS

Key line of enquiry: **S3**

Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Generic prompts

- Do staff receive effective mandatory training in the safety systems, processes and practices?

Professional Standard

Additional prompts

- What mandatory training do **all** staff receive in relation to EOLC?

What specific training do the specialist palliative care team receive in delivering EOLC. For example, the five priorities for end of life care

Report sub-heading: **Safeguarding**

- Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?
- Is implementation of safety systems, processes and practices monitored and improved when required?
- Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?

Report sub-heading: **Cleanliness, infection control and hygiene**

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| <ul style="list-style-type: none"> • How are standards of cleanliness and hygiene maintained? • Are reliable systems in place to prevent and protect people from a healthcare-associated infection? • Is implementation of safety systems, processes and practices monitored and improved when required? | <p>Nice QS561 Statement 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.</p> <p>Nice QS61 Statement 5 People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed</p> | <p>Normally, not applicable and only include if there is a palliative care ward:</p> <ul style="list-style-type: none"> • Does the service ensure that after death the health and safety of everyone that comes into contact with the deceased person's body is protected? <p>How are transfers to the mortuary dealt with, are staff aware of cultural/religious differences in end of life care?</p> <ul style="list-style-type: none"> • Does the service ensure that after death the health and safety of everyone that comes into contact with the deceased person's body is protected? |
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Report sub-heading: **Environment and equipment**

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| <ul style="list-style-type: none"> • Does the design, maintenance and use of facilities and premises keep people safe? • Does the maintenance and use of equipment keep people safe? • Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where | | <p>Only apply to equipment and environment used specifically by the palliative care team</p> <ul style="list-style-type: none"> • Are syringe pumps maintained and used in accordance with professional recommendation? |
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| <p>appropriate, treatment and disposal of waste.)</p> <ul style="list-style-type: none"> • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? | | |
| <p>Report sub-heading: Medicines</p> | | |
| <ul style="list-style-type: none"> • Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? | <p>Nursing and Midwifery Council NMC - Standards for Medicine Management</p> <p>NICE QS61 Statement1: People are prescribed antibiotics in accordance with local antibiotic formularies.</p> | <p>Do not duplicate what is reported on in other core service frameworks e.g. medical, surgical. Focus instead on:</p> <ul style="list-style-type: none"> • How well are they prescribing, dispensing, delivering and monitoring medicines used in EOLC • When older people with complex needs are being discharged is medication explained to them and to people important to the patient and are they told what to do about their previous medication? |
| <p>Report sub-heading: Records</p> | | |
| <ul style="list-style-type: none"> • Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored | <p>code of practice for health and social care records management</p> | |

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| <p>securely).</p> <ul style="list-style-type: none"> • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? | | |
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Key line of enquiry: S4

How are **risks to people who use services** assessed, and their safety monitored and maintained?

Report sub-heading: **Assessing and responding to patient risk**

| Generic prompts | Professional Standard | Additional prompts |
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| <ul style="list-style-type: none"> • Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? | | <ul style="list-style-type: none"> • How does the provider ensure that if people have increased needs this is identified? I.e. mouth care, need for change to medication (especially if on syringe driver or if they need one)? • How often are people who are dying reviewed and what is taken into account? |

Report sub-heading: **Nurse staffing**

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| <ul style="list-style-type: none"> • How are staffing levels and skill mix planned and reviewed so that people | | <ul style="list-style-type: none"> • If there is no palliative care ward, what |
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| <p>receive safe care and treatment at all times, in line with relevant tools and guidance, where available?</p> <ul style="list-style-type: none"> • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? | | <p>specialist nurse provision is there?</p> <ul style="list-style-type: none"> • Is there a nominated lead or champion/link worker for end of life care on each ward? <p>NB – if wards are very busy and therefore people identified as EOL are not seen regularly by either medical or nursing staff, this should be commented on in Effective</p> |
| <p>Report sub-heading: Medical staffing</p> | | |
| <ul style="list-style-type: none"> • How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available? • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? | | <p>NB – if wards are very busy and therefore people identified as EOL are not seen regularly by either medical or nursing staff, this should be commented on in Effective</p> |

Key line of enquiry: **S5**

How well are potential risks to the service **anticipated** and **planned** for in advance?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Major incident awareness and training**

- How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?
- What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?
- How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Does the mortuary service have a policy about how to respond in the event of a major disaster?

For Use in

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Requires further investigation:

Data to be considered when making judgements:

Key line of enquiry: E1

Are people's needs assessed and care and treatment delivered in line with legislation, standards and **evidence-based guidance**?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Evidence-based care and treatment**

How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).

- Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance?
- Is discrimination, including on grounds of age, disability, , gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions?

[NICE QS13 Statement:](#)

Defines clinical best practice within End of Life care for adults.

[NICE NG31 Care of dying adults in last days of life](#)

The guideline covers the clinical care of adults (those over 18) who are dying during the last 2-3 days of life.

National Framework for end of life care:
<http://endoflifecareambitions.org.uk/>

- Is EOLC managed in accordance with NICE guidelines?
- Does EOLC achieve the Priorities for Care of the Dying Person set out by the Leadership Alliance for the Care of Dying People?
- What action has the service taken in response to the 2013 review of the Liverpool Care Pathway?
- What actions are they taking in relation to the implementation of the 'Ambitions for Palliative and End of Life Care: A national framework for local action

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| <ul style="list-style-type: none"> • How is technology and equipment used to enhance the delivery of effective care and treatment? • Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice? | <p><u>NICE QS66 Statement 2:</u> Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience</p> <p><u>NICE QS3 Statement 5:</u> Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance</p> | <p>2015/2020?</p> <ul style="list-style-type: none"> • Has an action plan been created in response to the service's performance in the National Care of the Dying audit? • Have they audited any of the above – if so – what are the results? • What percentage of people are referred to specialist palliative care? • What percentage of people are seen by the Palliative care team within 24 hours? Is this audited? <p>How are the team made aware of newly admitted people with EOLC needs? Are they automatically flagged?</p> |
| <p>Report sub-heading: Nutrition and hydration</p> | | |
| <ul style="list-style-type: none"> • How are people's nutrition and hydration needs assessed and met? | | <ul style="list-style-type: none"> • Are they aware of GMC guidance for doctors in supporting nutrition and hydration in EOLC? • Are nutrition and hydration needs included in people's individual care plans? |

Report sub-heading: **Pain relief**

- How is the pain of an individual person assessed and managed?

The Royal College of Anaesthetists core standards for pain management:

[Core Standards for pain management](#)

Specifically:

Core Standards for Pain Management Services in the UK (Faculty of Pain Medicine, 2015) *As these are new standards, the Faculty of Pain Medicine have identified the following standards as particularly relevant and an indicator as good practice in this core service:*

6.5 Standard 1 - Patients with cancer-related pain must receive a pain assessment when seen by a healthcare professional, which at a minimum establishes aetiology, intensity and the impact of any pain that they report.

6.5 Standard 2 - Access to analgesia must be available within 24 hours following a pain assessment which directs the need for analgesia. This must include access to a prescriber as well as access to a dispensed prescription.

6.5 Standard 3 - Patients and carers must receive adequate information on the use of analgesics, especially strong opioids (in accordance with NICE guidance on Opioids in Palliative Care).

- How has the service implemented the Faculty of pain medicines' core standards for pain management (2015)?

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| | <p>This must cover how to take analgesia, the likely effectiveness of this, how to monitor side effects, plans for further follow-up, and how to get help - especially out of hours.</p> <p>NICE CG140 Palliative Care for adults: strong Opioids for pain relief</p> <p>Opioids for pain relief in palliative care</p> | <ul style="list-style-type: none"> • Are anticipatory medications prescribed in people identified as requiring EOLC? <ul style="list-style-type: none"> ➤ Is this prescribed appropriately? ➤ Have they audited this? |
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Key line of enquiry: E2

How are people's care and treatment **outcomes monitored** and how do they **compare** with other services?

| Generic prompts | Professional Standard | Additional prompts |
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Report sub heading: **Patient outcomes**

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| <ul style="list-style-type: none"> • Is information about the outcomes of people's care and treatment routinely collected and monitored? • Does this information show that the intended outcomes for people are being achieved? • How do outcomes for people in this service compare to other similar services and how have they changed over time? | | <ul style="list-style-type: none"> • Does the service use the End of Life Care Quality Assessment Tool (ELCQuA) or similar tool? • Does the service contribute data about end of life care to the National Minimum Data Set? • What are the results from the National Care of the Dying Audit? |
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| <ul style="list-style-type: none">• Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials?• How is information about people's outcomes used and what action is taken as a result to make improvements?• Are staff involved in activities to monitor and improve people's outcomes? | <ul style="list-style-type: none">• Gold Standards Framework Accreditation for Acute Hospitals (GSF) | <ul style="list-style-type: none">• Is the service working towards an independent accreditation standard, for example, have any of the wards achieved routes to success for hospitals or GSF? |
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For Use in Q3

Key line of enquiry: **E3**

Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?

Generic prompts

Professional Standard

Additional prompts

Report sub heading: **Competent staff**

- Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis?
- How are the learning needs of staff identified?
- Do staff have appropriate training to meet their learning needs?
- Are staff encouraged and given opportunities to develop?
- What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)
- How is poor or variable staff performance identified and managed? How are staff supported to improve?

- What EOLC training have staff had in identifying people in the last 12 months of their life in the last year?
- What EOLC/ up-skilling is provided to ward staff, to ensure that peoples receive appropriate care 24/7. (i.e. specific training programme such as GSF Acute Hospitals Programme, Amber care bundle etc)
- Are staff trained in Advance Care Planning? Are there regular discussions about care plans?
- Is there specialist palliative care service staff providing support and training to generalist staff?
- If staff are found to be too busy to see people in a timely manner?

Key line of enquiry: **E4**

How well do **staff, teams and services work together** to deliver effective care and treatment?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Multidisciplinary working**

- Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment?
- How is care delivered in a coordinated way when different teams or services are involved?
- Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition?
- When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place?

- Does the service use an Electronic Palliative Care Coordination System? If not, how is EOLC coordinated across areas, and with external providers and services?
- Does the service have a Palliative Care Multidisciplinary Team meeting?
- Is there effective communication between the EOLC team and other services within the hospital; for example the medical services caring for older people?
- Is there a personalised end of life care plan in use which helps staff identify and care for people at the end of their life?
- Is there a clear process for the transfer of care from hospital to community services including care plans and medication?

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| | | <ul style="list-style-type: none"> • Does the service avoid discharging older people late at night if they have complex needs and live alone? • How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented? • Are all team members aware of who has overall responsibility for each individual's care? • How is key information about older people with complex needs communicated to members of the community health team on discharge? For example, sharing of assessments, including tissue viability (pressure risk) and nutritional assessment and risk? |
| <p>Report sub-heading: Seven-day services</p> | | |
| | | <ul style="list-style-type: none"> • Is there, at minimum a 9-5pm 7/7 week, with telephone support out of hours service provided? |

Key line of enquiry: **E5**

Do staff have all the **information they need** to deliver effective care and treatment to people who use services?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Access to information**

- Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.)
- When people move between teams and services, including at referral, discharge, transfer and transition, is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?
- How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper based systems and appropriate access for staff to records).

[NICE QS15 Statement 12:](#)

Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals

Discharge summaries should include:

- Reasons for admission
- Investigations done and results
- Changes to medication
- Destination on discharge
- Plan for follow up
- Plan for rehabilitation if appropriate
- DNACPR status if appropriate
- Important information that will aid community management e.g. pressure risk, weight

Are GP's informed that a person has been identified as requiring EOLC? If so, how is this done?

Are medication changes, in particular those of older people with complex needs communicated promptly to the GP, and care home staff or domiciliary care staff if appropriate?

How is discharge communicated to GPs? How soon after discharge does this occur?

Are care summaries sent to the patient's GP on discharge to ensure continuity of care within the community?

How does the service ensure that details of the surgery, and any implant used, are sent to the patient and the patient's GP?

Do GPs have direct access? Can they speak to a medical consultant/SpR for advice on the

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| | | phone? |
| Key line of enquiry: E6 | | |
| Is people's consent to care and treatment always sought in line with legislation and guidance? | | |
| Generic prompts | Professional Standard | Additional prompts |
| Report sub-heading: Consent, Mental Capacity Act and DOLs | | |
| <ul style="list-style-type: none"> Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004? How are people supported to make decisions? How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded? When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation? How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance? Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty? | <p>Consent: patients and doctors making decisions together (GMC)</p> <p>Department of Health Reference guide to consent for examination or treatment</p> <p>Consent - The basics (Medical Protection)</p> <p>BMA 2015 consent toolkit</p> <p>Resuscitation Council DNACPR decision making guidance</p> | <ul style="list-style-type: none"> Are DNA CPR decisions made appropriately and in line with national guidance? Is this audited? Specifically looking at DNA CPR forms, have they been signed by an appropriately senior clinician? When was the last audit of their DNA CPR forms and what was the results? Do they audit what time forms are signed? i.e. what proportion are signed out of hours? (implication that decisions made by more junior members of staff) |

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| <ul style="list-style-type: none">• Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use? | | |
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For Use in Q3

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Requires further investigation:

- Complaints

Data to be considered when making judgements:

- Only include Family and Friends Test results if specific Palliative Care

Key line of enquiry: C1

Are people treated with kindness, **dignity**, **respect** and **compassion** while they receive care and treatment?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: Compassionate care

- Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account?
- Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner?
- Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?
- Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?

[NICE QS15 Statement 1:](#)

Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty

[NICE QS15 Statement 2:](#)

Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills

[NICE QS15 Statement 3:](#)

Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team

- What do porters say about how ward staff handle bodies before they are transferred to the mortuary?
- What do mortuary staff say about the condition of bodies when they arrive in the mortuary?
- Does the service ensure that care after death includes:

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| <ul style="list-style-type: none"> • How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care? • When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way? • Do staff respect confidentiality at all times? | <p>NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care</p> | <ul style="list-style-type: none"> ○ Honouring spiritual and cultural wishes of the deceased person and their family and carers whilst making sure legal obligations are met ○ Preparing the body for transfer to the mortuary or funeral directors premises. ○ Offering family and carers present the opportunity to participate in the process and supporting them to do so. ○ Ensuring the privacy and dignity of the deceased person is maintained. ○ Honouring people's wishes for organ and tissue donation. ○ Returning the deceased person's possessions to the relatives in a sensitive caring manner. |
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For Use in QS15

Key line of enquiry: **C2**

Are people who use services and those close to them **involved as partners** in their care?

| Generic prompts | Professional Standard | Additional prompts |
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| Report sub-heading: Understanding and involvement of patients and those close to them | | |
| <ul style="list-style-type: none"> Do staff communicate with people so that they understand their care, treatment and condition? Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.) How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment? | <p>NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care</p> <p>NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences</p> | <ul style="list-style-type: none"> How are patients who are likely to be in the last 12 months of life identified and what action does the service take to? For example are people who are approaching the end of life identified, and offered and given the opportunity to create an advanced care plan, including EOLC wishes and any advanced directives (including organ donation)? How do staff ensure that sensitive communication takes place between staff and the dying person, and those identified as important to them? When a person is in the last days and hours of life, are the dying person and those identified as important to them, involved in decisions about treatment and care to the extent that the dying person wants? When older people with complex |

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| | | needs are being discharged, do the staff involve those close to the person so that correct clothing can be brought into hospital? |
| Key line of enquiry: C3 | | |
| Do people who use services and those close to them receive the support they need to cope emotionally with their care, treatment or condition? | | |
| Generic prompts | Professional Standard | Additional prompts |
| Report sub-heading: Emotional support | | |
| <ul style="list-style-type: none"> Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? What emotional support and information is provided to those close to people who use services, including carers and dependants? Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? How are people enabled to have | <p>NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety</p> <p>Bereavement Care Standards</p> | <ul style="list-style-type: none"> How are people receiving EOLC supported emotionally, especially people who do not have family, friends or carers to support them? How do staff ensure that the needs of families and others important to a person who is dying are actively explored, respected and met as far as possible, including after the person has died? |

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| contact with those close to them and to link with their social networks or communities? | | |
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For Use in Q3

Responsive

By responsive, we mean that services are organised so that they meet people's needs

Requires further investigation:

Data to be considered when making judgements:

Key line of enquiry: R1

Are **services planned** and delivered to meet the needs of people?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Service planning and delivery to meet the needs of local people**

- Is information about the needs of the local population used to inform how services are planned and delivered?
- How are commissioners, other providers and relevant stakeholders involved in planning services?
- Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?
- Where people's needs are not being met, is this identified and used to inform how services are planned and developed?

- Are there designated beds for people receiving palliative care?
- How do they ensure that people receive a side room if requested?
- What facilities are there for relatives?

- Are the facilities and premises appropriate for the services that are planned and delivered?

Key line of enquiry: R2

Do services take account of the **needs of different people**, including those in vulnerable circumstances?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Meeting people's individual needs**

- How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
- How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
- How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability?
- Are reasonable adjustments made

[NICE QS15 Statement 9:](#)
Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions

<http://www.england.nhs.uk/ourwork/accessibleinfo/>

Age UK (<http://www.ageuk.org.uk/>) operates a welcome home service in some areas and ensures houses are warm and fridges stocked with essentials for people on discharge

- Are people's spiritual, religious, psychological and social needs taken into account and provided, rather than just religious and emotional needs?
- Are staff involved in care informed of a person's Advance Care Plan and preferred place of care. Is this discussed?
- What provisions are made for end of life care for disadvantaged groups e.g. Travellers, people where English is not their first language, LGBT?
- Does the provider comply with Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a

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| <p>so that disabled people can access and use services on an equal basis to others?</p> <ul style="list-style-type: none"> • How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services? | <p>http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/</p> | <p>disability/sensory loss?</p> <ul style="list-style-type: none"> • Are appropriate arrangements put into place to take account of individual needs of people being discharged who have complex health and social care needs that require special considerations, for example older people with complex needs? • Does the mortuary service have a policy to deal with deaths of those from different faiths and cultures? |
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Key line of enquiry: R3

Can people access care and treatment in a **timely** way?

| Generic prompts | Professional Standard | Additional prompts |
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| Report sub-heading: Access and flow | | |
| <ul style="list-style-type: none"> • Do people have timely access to initial assessment, diagnosis or urgent treatment? • As far as possible, can people access care and treatment at a time to suit them? • What action is taken to minimise the time people have to wait for treatment or care? • Does the service prioritise care and treatment for people with the most | | <ul style="list-style-type: none"> • What percentage of people die in their preferred place of death? • How rapid is their rapid discharge? • Is there an audit of the above points? • What provision is made for end |

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| <p>urgent needs?</p> <ul style="list-style-type: none"> • Where there is an appointments system, is it easy to use and does it support people to access appointments? • Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • Do services run on time, and are people kept informed about any disruption? | | <p>of life care for disadvantaged groups e.g. travellers, English is not their first language, LGBT communities</p> |
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Key line of enquiry: R4

How are people's **concerns and complaints** listened and responded to and used to improve the quality of care?

| Generic prompts | Professional Standard | Additional prompts |
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| Report sub-heading: Learning from complaints and concerns | | |
| <ul style="list-style-type: none"> • Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up? | <p>NHS complaints The NHS Constitution gives people the right to have complaints dealt with efficiently and to be investigated. Know the outcome of the investigation, take their complaint to an independent Parliamentary and Health Service</p> | <ul style="list-style-type: none"> • This should be specific to complaints around Palliative Care/ EOLC |

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| <ul style="list-style-type: none"> • How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint? • Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept? • Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with? • How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others? | <p>Ombudsman and receive compensation if they have been harmed.</p> | |
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For Use in Q3

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Requires further investigation:

Data to be considered when making judgements:

Key line of enquiry: W1

Is there a clear **vision** and a credible **strategy** to deliver good quality?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Vision and strategy for this service**

- Is there a clear vision and a set of values, with quality and safety the top priority?
- Is there a robust, realistic strategy for achieving the priorities and delivering good quality care?
- How have the vision, values and strategy been developed?
- Do staff know and understand what the vision and values are?
- Do staff know and understand the strategy and their role in achieving it?

- Is there a clear vision and strategy specific to the EOLC service, i.e. is it distinct from the overall trust strategy and vision? Does it reflect the whole spectrum of EOLC i.e. includes conditions other than cancer, is it trust wide or focused on wards?
- How is the strategy being implemented, are activities appropriately aligned to delivering the strategy, are the targets realistic and how is progress reported on?

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| <ul style="list-style-type: none"> • Is progress against delivering the strategy monitored and reviewed? | | <ul style="list-style-type: none"> • Does the strategy reflect the findings of previous CQC inspection reports; and does it reflect the current challenges the trust faces in relation to EOLC services? • Does this strategy specifically look at end of life care for frail elderly, people with dementia and people with long term conditions? • Who monitors the EOLC strategy? • How is this strategy disseminated to staff? • How engaged are staff in providing EOLC? Do they see this as an important part of their job? |
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For Use in

Key line of enquiry: **W2**

Does the **governance** framework ensure that **responsibilities** are clear and that **quality, performance and risks** are understood and managed?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Governance, risk management and quality measurement**

- Is there an effective governance framework to support the delivery of the strategy and good quality care?
- Are staff clear about their roles and do they understand what they are accountable for?
- How are working arrangements with partners and third party providers managed?
- Are the governance framework and management systems regularly reviewed and improved?
- Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information?
- Are there comprehensive assurance system and service performance

[NICE QS61 Statement 2:](#)

Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems

[NICE QS66 Statement 1:](#)

Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing and patient outcomes

National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015

NatSSIPs sets out on page seven specific responsibilities for those providing NHS funded care in respect of for members of a Trust Board, Medical Director or Chief Nurse and local governance or safety lead,

- What systems are in place to learn from EOLC incidents specifically; and how is this information collected? For example, is it ward specific, or from across all divisions?
- What specific information is collated under each of the five domains e.g. safe, effective, caring, responsive and well-led for EOLC services?
- How do they get an understanding of EOLC performance at ward level? For example, how would they know which wards or services are providing 'good' EOLC?
- Has EOLC got its own risk register and how does this link to the governance arrangements, for example are actions clearly taken and outcomes Is there a clinical lead for EOLC?

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| <p>measures, which are reported and monitored, and is action taken to improve performance?</p> <ul style="list-style-type: none"> • Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? • Is there alignment between the recorded risks and what people say is 'on their worry list'? | | <ul style="list-style-type: none"> • Is there a service improvement lead for EOLC? • Is there a Board member with EOLC responsibilities? And are staff aware of who this is? • Are local governance arrangements clear about the role of the 'senior responsible clinician' in EOLC, particular their involvement in decision-making? • Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. <p>Have they assessed the need for these against all invasive procedures carried out?</p> <ul style="list-style-type: none"> • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? |
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Key line of enquiry: **W3**

How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Leadership of service**

- Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?
- Do leaders have the capacity, capability, and experience to lead effectively?
- Do the leaders understand the challenges to good quality care and can they identify the actions needed address them?
- Are leaders visible and approachable?
- Do leaders encourage appreciative, supportive relationships among staff?

- Is there a Board member with EOLC responsibilities? Do they understand the EOLC issues within the trust and are they active and visible to staff?
- Is there a non-executive member for EOLC? Do they understand the EOLC issues within the trust and do they play an active role?
- Is there a clinical lead for EOLC?
- Is there a service improvement lead for EOLC?
- Who leads on the delivery of EOLC on the wards?
- Is there a trust wide EOLC steering group or committee, is it representative of the breadth of EOLC i.e. includes the full range of specialities? What are its plans for the EOLC service, how active is it and when did it last meet?

Report sub-heading: Culture within the service

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| <ul style="list-style-type: none"> • Do staff feel respected and valued? • Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • Is the culture centred on the needs and experience of people who use services? • Does the culture encourage candour, openness and honesty? • Is there a strong emphasis on promoting the safety and wellbeing of staff? • Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care? | <p>NMC The-professional-duty-of-candour NMC Openness and honesty when things go wrong: the professional duty of candour</p> <p>NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</p> <p>http://www.cqc.org.uk/content/regulation-20-duty-candour Duty of Candour – CQC guidance</p> <p>National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015. Applies to those providing NHS funded care.</p> | <p>How is the provider preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)</p> <p>How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding, be educated in good safety practice, as set out in the national standards.</p> <p>What priority is given to EOLC service as a whole; is it seen as important by staff?</p> <p>Do staff feel supported to deliver good EOLC?</p> <p>How do staff feel about the service is it regarded as an important aspect of their work?</p> |
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Key line of enquiry: **W4**

How are **people** who use the service, the **public** and **staff engaged** and **involved**?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Public and staff engagement**

- How are people's views and experiences gathered and acted on to shape and improve the services and culture?
- How are people who use services, those close to them and their representatives actively engaged and involved in decision-making?
- Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?
- How do leaders prioritise the participation and involvement of people who use services and staff?
- Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?

- How are staff engaged in providing EOLC e.g. through a champion or other role?
- Are staff engaged with bereaved relatives, what is the process for this interaction?
- Do they undertake a bereavement survey of relatives and friends? If so, what do the results tell them?
- Do they explore the results from the national voices survey of bereaved relatives?

Key line of enquiry: **W5**

How are services **continuously improved** and **sustainability** ensured?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Innovation, improvement and sustainability**

- When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored?
- Are there examples of where financial pressures have compromised care?
- In what ways do leaders and staff strive for continuous learning, improvement and innovation?
- Are staff focused on continually improving the quality of care?
- How are improvements to quality and innovation recognised and rewarded?
- How is information used proactively to improve care?

[NHS England. Developing Operational Delivery Networks: The Way Forward: The new commissioning system encourages the development of operational development networks \(ODN\) focused on co-ordinating patient pathways between providers over a wider area.](#)

- What improvements have been made to the service in the last year, or since we last inspected?
- What innovations are they involved in and what has been the impact of this innovation on EOLC, how do they evaluate innovations and what improvements have been made?
- Are there any issues in relation to the sustainability of EOLC services? For example, if the funding was cut how would this impact on EOLC services?
- Are end of life care performance measurements part of the service and Trust dashboard?
- Are lessons learned during mortality meetings within the service used to improve EOLC?

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| | | <ul style="list-style-type: none">• Is the service involved in NHS IQ's Transform programme for improving EOLC in hospitals? |
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For Use in Q3