

NEXT PHASE METHODOLOGY (2017)

Core services

Community Health Services

Inspection framework: Community health services

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. End of life care helps people with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.

End of life care may be delivered by community health services in a community hospital, to people in their own home or in hospices. It includes aspects of nursing and personal care, specialist palliative care, and bereavement support. End of life care may be provided by specialist palliative care teams, including nurses, doctors and therapists, or they may be more general services, for example delivered by district nurses. Multidisciplinary working is a key feature of care and there will usually be links with various other local services including acute hospitals, voluntary sector providers, GPs and social care providers.

For the purposes of this guidance, people are approaching the end of life when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and co-existing conditions that mean they are expected to die within 12 months
- existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by a sudden catastrophic

Where an NHS trust or large social enterprise provides community health services and has a hospice as part of its services the approach and assessment framework described in this guidance should be used and the service should be reported and rated as part of the end of life care core service.

Areas to inspect and inspection methods

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.

The scope and approach to the inspection will need to be tailored depending on what services are provided and how they are organised. All aspects of End of Life Care (EOLC) must be addressed during inspection of this core service as described in the definition above. This includes:

- Specialist end of life care or palliative care services
- Community-based teams caring for people approaching the end of life
- Community hospital wards which care for people approaching the end of life
- Bereavement services available and mortuaries where they exist

For a large and complex provider, such as an NHS trust or large social enterprise, the inspection team may not be able to cover all of a local area; therefore a sampling approach may be taken to ensure a sufficient number, range and geographical spread of teams and settings are included. When selecting the sample it is important to consider both risk (e.g. information about concerns, patient acuity or complex needs) and context (e.g. size and patient volumes, location, management arrangements or changes).

A variety of methods should be used to gather and review a range of evidence before and during the inspection including:

- Review recent inspection reports and information within the end-of-life care core service and provider sections of the inspection data pack
- Assessment of governance arrangements and assurance about quality across all community teams (not just those included in inspection)
- Observations of care and environment
- Review of patient care records and pathway tracking
- Review of data and feedback provided by the provider as well as local commissioners, local Healthwatch, other patient groups and agencies
- Shadowing some home visits
- Feedback from people who use services, carers and families through interviews, comment cards and telephone calls.
- Feedback from a range of staff through interviews, focus groups and all staff questionnaire

Where the inspection team gathers feedback that may be relevant to other core services this should be shared as appropriate.

Interviews /observations

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

- Clinical director/lead
- Nursing/AHP/medical leads
- Directorate/divisional manager
- Non-Executive Director on the Board with responsibility for service area

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

- Patients, their families and carers (where this is appropriate during the inspection)
- End of Life Care or Palliative Care nurses
- End of Life Facilitator or Coordinator
- Palliative care consultant working in the community
- Care assistants involved in EOLC
- District nurses and other community nurses
- Ward staff in community hospitals
- Allied healthcare professionals such as physiotherapists, occupational therapists
- Chaplains and where applicable organ donation coordinators and mortuary staff
- External providers / services that may be involved in EOLC, e.g. coroners and hospices

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.

Examples of data to be considered when making judgements:

- Mandatory training data
- Safeguarding training data
- Actual staffing numbers compared to establishment
- Staff vacancy rates and use of bank/agency staff
- Records audit and other safety audit results
- Safety performance measures – e.g. safety thermometer, harm free care, pressure ulcers, reported incidents

Key lines of enquiry: **S1**

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Prompts

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.5 Do staff receive effective training in safety systems, processes and practices?

Sector specific guidance

- What are the mandatory training rates for staff working in these services and where are the re gaps?

Report sub-heading: **Safeguarding**

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.2 How do systems, processes and practices protect people

- What safeguarding arrangements are in place, including for:
 - Identifying and assessing need and providing early help
 - Adult safeguarding training
 - Reporting and learning from safeguarding incidents

from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?

- S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.
- S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks).
- S1.5 Do staff receive effective training in safety systems, processes and practices?
- S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?
- S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?

- Have there been any local safeguarding/serious case reviews? If so, how have they responded to them?

Report sub-heading: Cleanliness, infection control and hygiene

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?

- How does the provider protect people who are more susceptible to harm in relation to avoidable infections?
- 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?

Report sub-heading: Environment and equipment

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.9 Do the design, maintenance and use of facilities and

- Is specialist equipment needed to provide care and treatment to people in their home appropriate and fit for purpose so that people are safe?

<p>premises keep people safe?</p> <ul style="list-style-type: none"> • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) 	<ul style="list-style-type: none"> • Are syringe drivers maintained and used in accordance with professional recommendation?
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Key line of enquiry: **S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

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

Prompts	Sector specific guidance
<ul style="list-style-type: none"> • S2.5 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? • S2.6 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? Are staff able to seek support from senior staff in these situations? 	<ul style="list-style-type: none"> • How can urgent medical attention be accessed if needed at different times of day? • What EOLC advice and support are available out of hours? • How do staff ensure that if people have increased needs this is identified and responded to? (e.g. need for change to medication, especially if on syringe driver or if they need one)

Report sub-heading: **Staffing**

<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff 	<ul style="list-style-type: none"> • What tools do they use to plan and manage staff numbers, mix and caseloads? • What are the actual staffing levels compared to the planned establishment for daytime and out of hours, including medical cover (nights and weekends)? • Is there a lead for end of life care in each area?
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<p>keep people safe at all times?</p> <ul style="list-style-type: none"> • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	
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Key line of enquiry: S3

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Sector specific guidance
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Report sub-heading: **Quality of records**

<ul style="list-style-type: none"> • S3.1 Are people’s individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) • S3.3 When people move between teams, services and organisations (which may include 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? • S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) 	<ul style="list-style-type: none"> • Are audits of the quality of records undertaken, what are the results and how are improvements made? • What systems are in place to manage care records, including where care is provided remotely or in people’s homes? • How are these systems monitored and how do they ensure that staff have access to up to date care records? • Does the service use an Electronic Palliative Care Coordination System? If not, how is EOLC coordinated across areas, and with external providers and services?
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Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts

Sector specific guidance

Report sub-heading: **Medicines**

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| <ul style="list-style-type: none">• S4.1 How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)• S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?• S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?• S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?• S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?• S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow up in accordance with current national guidance or evidence base where these exist?• S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?• S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? | <ul style="list-style-type: none">• How does the service ensure that medicines, particularly those for use in people's homes, including controlled drugs, are managed safely? |
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Key line of enquiry: S5 & S6

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Sector specific guidance
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Report sub-heading: **Incident reporting, learning and improvement**

<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? • S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? • S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? 	<ul style="list-style-type: none"> • Is there evidence in incident investigations that duty of candour has been applied?
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Report sub-heading: **Safety performance**

<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar 	
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services?

- S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?

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.

Examples of data to be considered when making judgements:

- Local monitoring data of patient outcomes – e.g. are care goals being met, hospital admissions/avoidance rates, benchmarking data, End of Life Care Quality Assessment Tool (ELCQuA)
- Local and relevant national clinical audit results – e.g. National Care of the Dying Audit
- Appraisal rates
- Uptake of training and development opportunities
- Consent records and audits
- DNACPR audits

Key line of enquiry: E1

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts

Sector specific guidance

Report sub-heading: Evidence-based care and treatment

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| <ul style="list-style-type: none"> • E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and | <ul style="list-style-type: none"> • Is EOLC managed in accordance with NICE guidelines and is this evident in people's care plans? <ul style="list-style-type: none"> - NICE QS13 End of Life Care for Adults - NICE CG140 Opioids in palliative care • Do people have personalised care plans and how do they ensure that care is delivered in line with these? • Does EOLC achieve the Priorities for Care of the Dying Person |
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treatment decisions?

- E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?
- E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?
- E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?

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?
- Is the service working towards any standards or accreditation, e.g. Gold Standards Framework?
- Does EOLC follow Department of Health guidance:
 - End of life care strategy (2008)
 - End of life care strategy: quality markers and measures for end of life care (2009)?
- What percentage of people are referred to specialist palliative care?
- How does the service support and develop an approach that identifies patients where there is uncertainty about whether they may be approaching the end of life?
- Are people in the last days of life identified in a timely way and appropriate action taken?
- Are people approaching the end of life identified appropriately?

Use pathway tracking to help assess this KLOE

Report sub-heading: Nutrition and hydration (only include if specific evidence)

- E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?

- Are nutrition and hydration needs included in people's individual care plans?
- Are they aware of GMC guidance for doctors in supporting nutrition and hydration in EOLC?

Report sub-heading: Pain relief (only include if specific evidence)

- E1.6 How is a person's pain assessed and managed, particularly

- Is pain being regularly assessed and appropriate pain relief

for those people where there are difficulties in communicating?

administered in a timely manner?

- Are anticipatory medications prescribed in people identified as requiring EOLC?
- Is this prescribed appropriately and has it been audited?
- Are symptoms such as nausea and vomiting being managed?
- Is specialist palliative care advice in relation to symptom control available 24/7?

Key line of enquiry: E2

E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?

Prompts

Sector specific guidance

Report sub heading: **Patient outcomes**

- E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?
- E2.2 Does this information show that the intended outcomes for people are being achieved?
- E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?
- E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?

- Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment?
- Does the service use the End of Life Care Quality Assessment Tool (ELCQuA) or similar tool?
- Do specialist palliative care services contribute data about end of life care to the National Minimum Data Set?
- Is the service working towards an independent accreditation standard, for example, the Gold Standards Framework (GSF) Quality Hallmark in End of Life Care?
- What are the results from the National Care of the Dying Audit?

Consider available data and use pathway tracking to help assess this KLOE.

Key line of enquiry: E3

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Sector specific guidance
Report sub heading: Competent staff	
<ul style="list-style-type: none"> • E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 	<ul style="list-style-type: none"> • Have all staff who are involved in caring for people who are approaching the end of their life (including care assistants, community nurses, ward staff and palliative care specialists) received the training they need? • Have staff received bereavement training and support? • What EOLC training/ up-skilling is provided to ward staff, to ensure that peoples receive appropriate care 24/7? • Are staff trained in Advance Care Planning? • Is there specialist palliative care service staff providing support and training to generalist staff?
Key line of enquiry: E4	
E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?	
Prompts	Sector specific guidance
Report sub-heading: Multidisciplinary working and coordinated care pathways	
<ul style="list-style-type: none"> • E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? 	<ul style="list-style-type: none"> • Does the service coordinate with other providers and services, including GPs, to ensure patients approaching the end of life are identified and are supported to die where they want to? • Are GPs informed that a person has been identified as requiring EOLC? If so, how is this done?

<ul style="list-style-type: none"> • E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? • E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? 	<ul style="list-style-type: none"> • Do staff hold or attend multidisciplinary meetings to discuss end of life care? • Are all team members aware of who has overall responsibility for each individual's care? • Is there a clear pathway for referral to specialist palliative care services? • How well do services work with other local services to ensure appropriate plans are in place when people move between services (e.g. discharged from hospital) and require end-of-life care in the community?
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Key line of enquiry: E5

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts	Sector specific guidance
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Report sub-heading: **Health promotion**

<ul style="list-style-type: none"> • E5.1 Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> • people in the last 12 months of their lives • people at risk of developing a long-term condition • carers • E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary • E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, 	
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<p>people and their carers where necessary?</p> <ul style="list-style-type: none"> • E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.). 	
<p>Key line of enquiry: E6</p>	
<p>E6. Is consent to care and treatment always sought in line with legislation and guidance?</p>	
<p>Prompts</p>	<p>Sector specific guidance</p>
<p>Report sub-heading: Consent, Mental Capacity Act and Deprivation of Liberty Safeguards</p>	
<ul style="list-style-type: none"> • E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan? • E6.7 Do staff recognise when people aged 16 and over and who 	<ul style="list-style-type: none"> • Is good practice in DNACPR followed in line with national guidance? This includes ensuring that: <ul style="list-style-type: none"> - DNACPR decisions made appropriately and in line with national guidance - DNACPR forms are completed by a clinician with sufficient seniority - Decisions are clearly and appropriately documented - Forms are audited and action taken when necessary - Records and decisions are reviewed as appropriate - Forms and decisions are available to those who need to know • What evidence is there that the Mental Capacity Act has been applied appropriately, where relevant?

lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?	
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Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Examples of data to be considered when making judgements:

- Service level patient experience feedback - e.g. Friends and Family test results, local patient experience surveys
- Relevant staff survey feedback

Key line of enquiry: C1, C2 & C3

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts

Sector specific guidance

Report sub-heading: Compassionate care

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| <ul style="list-style-type: none"> • C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive | <ul style="list-style-type: none"> • How do staff ensure that when a person is in the last days and hours of life an individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion? • Does care provided to people at the end of life meet the psychological and spiritual needs of people receiving care and those close to them? • Is the body of a person who has died cared for in a sensitive |
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<p>attitude to people who use services and those close to them?</p> <ul style="list-style-type: none"> • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 	<p>and dignified manner?</p>
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Report sub-heading: Emotional support

<ul style="list-style-type: none"> • C1.5 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? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? 	<ul style="list-style-type: none"> • How does the service ensure that people who use services, their carers and those close to them have the competencies required to manage their care at home? • How do staff recognise and support the broader emotional wellbeing of people receiving end of life care, their carers and those close to them? How are patients supported emotionally 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? • What arrangements are in place to refer people for carer's assessments or to further information and support for carers?
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Report sub-heading: Understanding and involvement of patients and those close to them

<ul style="list-style-type: none"> • C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this 	<ul style="list-style-type: none"> • Are patients who are approaching the end of life identified, and offered and given the opportunity to create an advance care plan, including preferred priorities for care and an advance decision?
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necessary?

- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?
- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?
- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?
- C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?

- 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?

Responsive

By responsive, we mean that services meet people's needs

Examples of data to be considered when making judgements:

- Time that patients wait to be seen by district nurses – urgent and non-urgent
- Waiting times – e.g. time to assessment, time to follow-up and RTT
- Did not attend (DNA) rates
- Service level complaints data

Key line of enquiry: R1 & R2

R1. How do people receive personalised care that is responsive to their needs?

R2. Do services take account of the particular needs and choices of different people?

Prompts

Sector specific guidance

Report sub-heading: **Planning and delivering services which meet people's needs**

- R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?
- R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?
- R1.3 Are the facilities and premises appropriate for the services that are delivered?

Report sub-heading: Meeting the needs of people in vulnerable circumstances

- R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?
- R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?
- R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?¹
- R2.3 How are people, supported during referral, transfer between services and discharge?
- R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?
- R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?
- R2.6 Where the service is responsible how are people encouraged to develop and maintain relationships with people that matter to them within the service and wider community?
- R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate to have access to education and work opportunities?
- R2.8 How are services delivered and coordinated to ensure that people who may be approaching the end of their life are
 - What arrangements are in place to help address inequalities and to meet the diverse needs of local people?
 - What arrangements are in place to access translation services?
 - Are end of life services accessible to all members of the community including people with conditions such as dementia?
 - What arrangements are in place to enable access to the service for people in vulnerable circumstances?

¹. For example, people living with dementia or people with a learning disability or autism.
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identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared?

- R2.9 How are people who may be approaching the end of their life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?
- R2.10 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?

Key line of enquiry: R3

R3. Can people access care and treatment in a timely way?

Prompts

Sector specific guidance

Report sub-heading: **Access to the right care at the right time**

- R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment?
- R3.2 Can people access care and treatment at a time to suit them?
- R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice?
- R3.4 Do people with the most urgent needs have their care and treatment prioritised?
- R3.5 Are appointment systems easy to use and do they support people to access appointments?
- R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations

- How many patients achieved their goal of dying in their preferred place?
- How rapidly are people discharged from inpatient services if they wish to be cared for at home?
- What services are available out of hours for patients approaching the end of life? Do they know how to access them?
- Is there access to specialist palliative care advice at any time of the day or night?

<p>explained to people, and are people supported to access care and treatment again as soon as possible?</p> <ul style="list-style-type: none"> • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? 	
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Key line of enquiry: R4

R4. How are people’s concerns and complaints listened and responded to and used to improve the quality of care?

Prompts	Sector specific guidance
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Report sub-heading: **Learning from complaints and concerns**

<ul style="list-style-type: none"> • R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? • R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 	<ul style="list-style-type: none"> • Are staff in the service aware of any relevant complaints and action needed to make improvements?
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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.

Examples of data to be considered when making judgements:

- Relevant patient feedback
- Relevant staff survey feedback

Key line of enquiry: W1

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Prompts

Sector specific guidance

Report sub-heading: Leadership

- | | |
|---|---|
| <ul style="list-style-type: none">• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?• W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?• W1.3 Are leaders visible and approachable?• W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? | <ul style="list-style-type: none">• Do staff feel connected to other teams and sites within their service and to the organisation as a whole? |
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Key line of enquiry: **W2**

W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

Prompts

Sector specific guidance

Report sub-heading: **Vision and strategy**

- W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?
- W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?
- W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?
- W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?
- W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?
- W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

- Is there are clear strategy and vision for this service and are there clear links to the overall organisation strategy?

Key line of enquiry: **W3**

W3. Is there a culture of high-quality, sustainable care?

Generic prompts

Sector specific guidance

Report sub-heading: **Culture**

- W3.1 Do staff feel supported, respected and valued?

- What measures are taken to protect that safety of staff who work alone and as part of dispersed teams working in the

<ul style="list-style-type: none"> • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • W3.7 Is there a strong emphasis on the safety and well-being of staff? • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? 	<p>community?</p> <ul style="list-style-type: none"> • How is the lone working policy implemented? • Is enabling people to receive end of life care where they wish embedded in the culture of these services? • What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits.
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Key line of enquiry: W4

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Sector specific guidance
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Report sub-heading: **Governance**

- W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?
- W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?
- W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?
- W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

- What are the departmental/divisional governance arrangements and are they clear and accessible to staff?
- Are local governance arrangements clear about the role of the 'senior responsible clinician' in EOLC, particularly where the clinician is not directly employed by the service, for example a GP?
- Are there clear lines of accountability including clear responsibility for cascading information upwards to the senior management team and downwards to the clinicians and other staff on the front line?

Key line of enquiry: **W5**

W5. Are there clear and effective processes for managing risks, issues and performance?

Generic prompts

Sector specific guidance

Report sub-heading: **Management of risks, issues and performance**

- W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?
- W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?
- W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?

- Are lessons learned during mortality meetings within the service used to improve EOLC?
- How does the winter management plan ensure that people receiving end of life care continue to receive care at a safe and appropriate level?

<ul style="list-style-type: none"> • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is ‘on their worry list’? • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 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? 	
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Key line of enquiry: W6

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

Generic prompts	Sector specific guidance
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Report sub-heading: **Information management**

<ul style="list-style-type: none"> • W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and 	<ul style="list-style-type: none"> • What quality and risk information about the EOLC service, including feedback from people who use services and/or their carers, is regularly reviewed at divisional and Board level? What assurance is provided about the quality of information being considered?
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<p>performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?</p> <ul style="list-style-type: none"> • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? • W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches? 	
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Key line of enquiry: W7

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Generic prompts	Sector specific guidance
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Report sub-heading: **Engagement**

<ul style="list-style-type: none"> • W7.1 Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges 	<ul style="list-style-type: none"> • How does the service seek out and act on feedback from people who use services, their carers and staff?
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<p>within the system and the needs of the relevant population, and to deliver services to meet those needs?</p> <ul style="list-style-type: none"> W7.5 Is there transparency and openness with all stakeholders about performance? 	
<p>Key line of enquiry: W8</p>	
<p>W8. Are there robust systems and processes for learning, continuous improvement and innovation?</p>	
<p>Prompts</p>	<p>Sector specific guidance</p>
<p>Report sub-heading: Learning, continuous improvement and innovation</p>	
<ul style="list-style-type: none"> W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work? 	<ul style="list-style-type: none"> How does the service improve care and treatment being delivered to those patients approaching end of life when they are likely to die within the next 12 months? What are the current priorities for improving quality of EOLC? What actions are being taken and what progress is being made? How do they know progress is being made?