**Palliative Care Practice Development Steering Group**

**Minutes of Meeting held on**

**Tuesday 25th May 2021**

**10.00 am – 11.30 pm**

**Microsoft Teams**

**Present**: Patricia O’Gorman – Chair (PO’G), Paul Corrigan (PC), Sarah Gray (SG), Kathleen Halpin (KH), Susan Jackson (SJ), Bridget Johnston (BJ), Heather Lyle (HL), Karen MacKay (KM), David McCrohon (DMcC), Claire O’Neill (CO’N), Graham Whyte (GW)

**Minutes**: Emma Bradbury (EB)

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| **1.** | **Welcome and Introductions**  PO’G informed the group that this meeting will be recorded for minute-taking purposes, EB started recording. PO’G welcomed all to the meeting and everyone introduced themselves. |
| **2.** | **Apologies**  Apologies were received from: Dawn Allan, Shirley Byron, Margaret Connolly, Susanne Gray, Christine Hennan, Lorraine Sommerville and Anne Todd. |
| **3.** | **Minutes of Previous Meeting**  The Minutes from the meeting held on 24th November 2020 were accepted. |
| **4.** | **Action Points from Previous Meeting**   |  |  | | --- | --- | | Patricia O’Gorman | Action: Russell Jones to find a chaplain to replace him on the group as he was retiring.  Update: Dawn Allan, Spiritual Care Lead Manager at Gartnaval Royal Hospital, has now joined the group (was unable to attend today’s meeting) | |
| **5.** | **Sub-cutaneous injection by patient or carer policy** (Claire O’Neill)  A short life working group developed a policy for informal carers to administer sub-cutaneous medicines for adults at home. A draft policy and various appendices were prepared and sent to Karen Jarvis, Chief Nurse in Renfrewshire, on 1st of April. She came back with some minor comments and was going to take it through the various governance routes. CO’N asked if anyone present at the meeting from Primary Care has seen it, but no one had. Once approved, this information will be made available to all the Primary Care teams. The expectation is that this will be infrequently used, but the proper guiding SOPs and documentation will be available for those rare occasions when it is required. CO’N plans to email Karen soon to check on progress.  BJ confirmed that it has gone through Chief Nurse Acute and Chief Nurse IGB (BJ sits on both those groups), so it is progressing.  **ACTION:**  BJ will check with Emma Cardenas (PA to both Deputy Directors) regarding progress on approval of this policy. |
| **6.** | **Guidance at End of Life (GaEL)/Final Act of Care** (Patricia O’Gorman)  The GaEL document, which replaced the Liverpool Care Pathway document several years ago, has been recently updated after having gone through governance. It has been reproduced by Medical Illustrations and copies have been sent to all wards in acute hospitals in GG&C. Palliative Care teams carry copies of the GaEL document so that when they encounter a patient near the end of life they are able to put a copy in the patient’s notes to assist other staff members. The GaEL document is an NHSGGC document and is readily available on StaffNet by clicking the Palliative Care button and scrolling down to the End of Life Care subheading. It is widely used in hospitals but not so much in Community, however it is in the process of being looked at more now to see if it can be used more frequently in Primary Care.  CO’N informed the group that the request had been made to make the GaEL document available to those who don’t have StaffNet access on their device. PC has been working on this. Clinical Guidelines Repository for GGC is being moved soon to a new site, so it should then be readily available to staff without access to StaffNet.  An ST in Palliative Medicine has recorded a 15-minute presentation taking people through GaEL and tips for best care within last few days of life. The plan is to use this as part of education and to host it on the palliative care webpages, as well as putting a link to it in a future Core Brief.  There is currently work being done with Clinical Effectiveness to develop an audit tool to allow us to audit the documentation after someone has died against the GaEL document. A version is currently being tested, it is likely to be finalised by mid-June. The expectation is that any clinical area can use the audit tool and perhaps use it as part of their education sessions or meetings.  PC informed the group that there is a duplicate copy of the GaEL document on the Palliative Care website. The Clinical Guidelines Repository will be moving their content to a new site - an app through the Right Decisions service, which is likely to be available in the autumn, and all their guidelines will be accessible through that. When this is up and running a link to it will be added to StaffNet and the Palliative Care website.  PO’G updated the group that the Final Act of Care document will be replacing the Last Offices policy. It has been updated recently and has been sent to the Chief Nurses group to go through governance. |
| **7.** | **Community Palliative Care Kardex**  CO’N provided the following update: a group of people got together at start of the pandemic to develop an SOP for completing the Community Kardex for palliative care patients in acute prior to discharge. It was approved through Acute and Partnership Tactical groups for the pandemic, but it has now been approved as an ongoing part of care. The completion of the Palliative Care Community Kardex in acute for patients being transferred home towards end of life will continue to be embedded.  The HSCPs approved the funding of the Community Kardex in acute going forward.  Education is being developed for acute staff around what grade of staff should complete the Kardex, what needs to be done and when, as there have been some reports of the Kardex not being fully completed. Feedback is being sought from Primary Care regarding any challenges, so far have had some good feedback. The SOP is in place and the aim going forward is to address any challenges in a timely way. The Short Life Working Group meets again on Thursday 27th May. CO’N reiterated that any feedback on the Kardex is welcome. |
| **8.** | **Online education and future plans** (All)  PO’G: Acute, Primary Care and Hospices have worked together to deliver SAGE & THYME training online via Zoom. This started in January 2021 and some 19 sessions have been conducted so far. It has been a real learning curve for the facilitators to become familiar with using Zoom. The training is going very well and it’s likely to continue online even when face-to-face training is possible, as feedback from attendees indicate that the travel time saved is a real help.  CO’N updated on training within Acute. Education sessions based on Realistic Conversations have been delivered in conjunction with Realistic Medicine. They are 1hr and 15 minute virtual sessions, delivered during lunchtimes or late afternoons. The training is on having difficult conversations (e.g. about care planning or hospital ACP treatment escalation planning) within acute settings. Mainly medical staff and ANPs (Advanced Nurse Practitioners) have attended. The sessions are evaluated through EC4H (Effective Communication for Healthcare).  PO’G provided an education update on behalf of the acute Palliative Care Practice Development team. They are planning online End of Life Care training sessions (for trained staff and Healthcare support workers) and are currently working on developing an online resource in line with the updated GaEL document. The plan is for the 5 Day Palliative Care module for nurses in acute settings to recommence in autumn this year, discussions currently taking place as to whether this will be done online or face-to-face.  PO’G also updated the group on the training carried out by the Primary Care Palliative Care Team, they are carrying out face-to-face training in small groups, including the 5 Day Palliative Care module for nurses in community and care home settings, ACP Communication Skills training, T34 Syringe Pump training, Supportive and Palliative Action Register (SPAR) training in care homes.  SJ gave an update on education in Hospices. As well as carrying out the SAGE & THYME Online training mentioned above, they are looking into carrying out communication skills training. Accord & PPWH are using the ECHO (Extension of Community Healthcare Outcomes) model, which is a case-based learning model that they signed up to prior to the pandemic and will likely continue to use that as their main platform for learning.  The hospices have had internal discussions regarding reintroducing face-to-face training, but the general consensus is to continue to carry this out virtually, likely until the end of the year.  SJ acknowledged that the collaboration with Acute and Primary Care around the SAGE & THYME online training has been extremely useful and has enhanced their skillset greatly. It was acknowledged that gaining the technical skills needed to conduct online training has been a huge learning curve.  DMcC expressed his thanks to Shirley Byron, who has been carrying out bespoke face-to-face training, along with Ann Silver, for their DN students and new line managers, on difficult conversations, the new Kardex, advanced communication skills, etc. It has been very helpful to staff and is much appreciated.  BJ gave an update on Glasgow University education, currently the only face-to-face training carried out is clinical skills, all the rest is done virtually. From September to December it will be blended learning. It’s unknown at present when normal face-to-face learning will resume, as that will depend on government dictates.  HL mentioned that at the other universities they have large groups, often 500 student nurses on a module, so it is currently geared very much toward online learning, unless it is clinical skills training.  KM updated regarding training at the Beatson, they are carrying out some education face-to-face in small, socially distanced groups. Nurse inductions they are having to do more regularly and in smaller groups. But currently still a lot of training is happening online. |
| **9.** | **Bereavement update**  LS was unable to join the meeting due to Internet connection issues, she instead emailed the following paragraph re the GRI Bereavement Service:  *Just to give a quick update about our service. We were doing bereavement calls but were overwhelmed with the volume and grief we were facing every day so took a break but are now starting these back up. We have also had our service risk assessed and with modifications to furniture and number of people allowed in to the space we can have service users back in. This has been an adjustment but it is working and we have been able to support families and carers again.*  BJ, strategic lead across GGC, provided the following update.  They have not been able to have a GGC bereavement steering group meeting during the pandemic, but plan to hold one soon.  Bereavement calls in acute were initiated by BJ and Chief Nurse colleagues, which went through Covid governance. Two experienced CNSs from the Pain Service assisted BJ in doing a huge number of proactive bereavement calls across whole of GGC, initially for family members of patients who died alone. This initiative was well received and an academic paper has been written up about it. GRI Bereavement service carried this on after the 2 CNSs had to return to their posts.  Another GGC bereavement project is the knitted hearts, this was taken through senior level Covid governance. Initially they encouraged people in the community to volunteer to knit hearts. One heart went into the hand of the person dying and one or more to the relatives. This has been very well received, BJ expressed appreciation to those involved in distributing the hearts. This initiative was originally only in Acute but has now been extended to Primary Care and Care Homes. This is an ongoing initiative and has been written up as a paper.  BJ mentioned that they are going to be doing a project on bereavement in care homes, BJ and colleagues have done a systematic record review of literature around bereavement in care homes during Covid.  Bereavement service in critical intensive care at the QEUH has kept going during Covid and has done a huge amount of work. The evaluation of that service is almost complete.  SJ mentioned the Renfrewshire bereavement network, which started in conjunction with Accord Hospice and the Renfrewshire HSCP. Bereavement calls have increased and the network has been very well received. The Renfrewshire HSCP is going to continue to financially support it and an admin support person has just been recruited. SJ said they have had quite a lot of contact from managers in local care homes, they have been directing staff to this network as needed, so they can get one-to-one support as some staff feel they need a bit more than the group support that the hospice offers.  GW gave an update on recent work being carried out by NES. The annual bereavement report (link below) has been published very recently and GW recommends viewing it. It is an interactive document with links to the various bereavement resources that have been developed over the past year.  [http://www.sad.scot.nhs.uk/media/16586/bereavement-annual-report-2020-21-final.pdf](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sad.scot.nhs.uk%2Fmedia%2F16586%2Fbereavement-annual-report-2020-21-final.pdf&data=04%7C01%7Cgraham.whyte%40mariecurie.org.uk%7C8680f20ace474e64cd8d08d9162352a3%7C36d575c371534aa2be33f562de6d63d9%7C0%7C0%7C637565164458934609%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=9pf5BDrECqJR9VBfKx9y9hofSqteM2eJ2zx84Oyl948%3D&reserved=0)  **ACTION**: PC to link to it from the Palliative Care website.  The next NES Bereavement Annual Conference is on Wednesday 24th November 2021, this will be held virtually. Monthly webinar series is still carrying on – details on Support Around Death website: <http://www.sad.scot.nhs.uk/events/>  There is ongoing work with developing resources around bereavement following suicide. There have been a couple of films about organ and tissue donation done recently, these will hopefully be launched soon. New films around anticipatory grief and the Bereavement Charter are also being developed. |
| **10.** | **NHSGGC Research Update** (Professor Bridget Johnston)  Further to details provided under point 9, BJ updated on their GGC clinical project which has now turned into a research project. They have received funding from the Scottish government to do a project on ‘Views of Care at the End of Life’. The plan is to look particularly at improving last days of life in acute hospitals and they will be working very closely with clinical staff across acute. A researcher was appointed and started at the end of March this year. They are currently at the stage of getting documents together to receive NHS Ethics approval and already have PPI (Patient and Public Involvement) sorted for the project. They have also established a steering group, the first meeting will probably be held mid-June.  Other NHS funded projects are their 2 clinical academic PhD students. One has almost finished her PhD and has a post already lined up. The other student is doing a project around nurses’ role in morbidity from a palliative care viewpoint. |
| **11.** | **Hospice update** (Susan Jackson)  All hospices are in slightly different situations with regards to education and practice development, as they have had a lot of staff changes over past year. But they are working as collaboratively as they can and are trying to keep the Education and Practice Development Group going and link it in with this meeting. They have not had a meeting in a while, but plan to meet in a few weeks and will email the Minutes from that meeting to PC.  SJ also highlighted the Inspiring Leadership programme, which was held completely online and which they managed to finish this year. They plan to do it again this year, it will be done virtually and this time nationally – it has gone out to all health boards in Scotland. A couple of the hospices are involved in this and all info is on GGC website, link below: [www.palliativecareggc.org.uk/ilp](https://www.palliativecareggc.org.uk/ilp) |
| **12.** | **A.O.C.B**  GW raised an issue they had recently around faith deaths/rapid funerals in OOH, particularly in home deaths. He asked if anyone was aware of any education resources or policies around this?  PO’G suggested adding it to future agenda, so that the group can give it thought and explore what is available in their areas. The issue may need to be addressed and perhaps a policy may need to be put in place, for both Primary Care and Acute, in order to better accommodate relatives who wish to have a rapid funeral for reasons of faith.  PC will give a website update at the next meeting, they have not had a website meeting recently, so hopefully at the next meeting he will have more information to share. There are a lot of online resources out there, particularly duplicated Covid resources, likely a lot of tidying up will be needed towards the end of the year. If anyone finds anything online that they want to share let PC know and he can try to link to it from the Palliative Care website.  PO’G asked group if alternating Tuesday and Wednesday for the meeting is still working ok for them. There were no dissenting voices, so will go ahead with the next meeting as planned. |
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The next meeting will be held on **Wednesday 25th August 2021** at 10.00 - 11.30 am (via MS Teams)