

Domain 1: Commissioned or Provided Services	
<b>Service:</b> Palliative Care	
<b>Owner / Dept Lead:</b> Carla Smith (Operational Lead); Shelly Farr (PCST Team Lead); Emma Ceili (Community Team Lead); Sophie Maltas (Consultant); Abi Larvin (EDI)	
Outcome 1A: Patients (service users) have required levels of access to the service	Score: 2
<p><b>Evidence:</b> The Palliative Care service is comprised of 3 teams: The Palliative Care Support Team, The Specialist Palliative Care Team and the Fast Track Team.</p> <p>The Palliative Care Support Team provides care for patients and carers where the patient has life-limiting condition and are in the last 6-8 weeks of life. The service is delivered in patients' homes across the district by the team, seven-days a week between 8am and 9pm. Referrals are made by GPs, community staff, acute trusts and hospices, with newly referred patients typically seen within four hours of a referral being received. There are approximately 20 patients on the case load.</p> <p>The Specialist Palliative Care Team cares for patients with life limiting conditions, who appear to be in their last year of life, however this may be longer than the last year of life depending on the patients presenting condition. They provide specialist advice/symptom management, with the service being delivered in patients' homes within the Bradford Area. Allied to the team are liaison workers, psychologist, clinical educators and admin. The Specialist Palliative Care Service provides care Monday to Friday, flexibly from 8am until 5pm. Referrals may be received from GPs, acute trusts, social care, other professionals or self-referral. Newly referred patients are triaged, with urgent referrals seen within 2 working days. There are approximately 150 patients on the caseload.</p> <p>The Fast Track Team supports patients who wish to remain in their home setting where they have a life-limiting condition and are in the last 6-8 weeks of life. The Fast Track Service provides care Monday to Friday service, between 8am and 4pm. Referrals</p>	

may be received from GPs, community staff, acute trusts and hospices. Newly referred patients are typically seen within four hours of a referral being received by the service. There are approximately 60-100 patients on the case load. To ensure that service users and their families are able to access support out of hours, when the patient's usual professional support is unavailable, they are provided with the contact details for Goldline - a 24-hour telephone service, provided by Airedale NHS Foundation Trust. Goldline supports any person within Bradford District & Craven thought to be in or approaching the last year of life with senior nurses skilled in triage, assessment and support answering calls.

Patients in the last year of life diagnosed with an advanced incurable illness are identified via the Gold Standards Framework Proactive Identification Guidance. The team have produced guidance for community nursing service and matrons to facilitate referral and funding for the fast-track team, enabling better access for patients.

To build awareness across the local community of the palliative care service, the Palliative Care team engaged with the public via local radio stations as part of Dying Matters week. The team also engaged with BDCFT staff via an all staff broadcast, including guidance on how to speak to carers and families about death and dying and have also presented at a system wide quality event.

Staff identified key barriers which may prevent people from accessing the Palliative Care service, including homelessness and digital exclusion. They also highlighted sometimes poor communication between professionals within other parts of the system can be a barrier to referral.

Owing to the shared module within SystmOne, which ensures joined up care from providers across Bradford and Craven, the Business Intelligence team are not currently able to monitor the demographics of BDCT service users within reporting. Therefore, the scoring given is based on qualitative information of how service users are able to access care, with the EDI team and BI team planning a manual analysis in Spring 2025 to provide quantitative evidence and identify any underrepresented groups.

## Outcome 1B: Individual patients (service users) health needs are met

Score: 3

### Evidence:

Within feedback which the team have gathered from service users and their families, 100% of service users (188 in total) reported that they felt cared for, listened to and that their needs were met. The team proactively seek this

Once identified, the The Gold Standards Framework and The Electronic Palliative Care Co-Ordination System (EPaCCS) Template on SystmOne provides a systematic approach to improve quality, organisation and delivery of multi-disciplinary care for all patients in the last year of life. The Gold Standards Framework underpinned by best practice, to support and implement high quality care in line with patient's/carers wishes. Key metrics to include the percentage of deaths with an EPaCCS record, broken down for each PCN and GP practice, and these are monitored on a system level via the Palliative Care dashboard. While this monitors across the system, it is shared at the Quality & Safety meeting. The team have also developed a nursing standard on implementing Comfort and Dignity plans, in partnership with GPs, for patients in the last days of life to help identify and record their needs and levels of patient and consented family/carer involvement.

As well as supporting the patient with a personalised, creative care package, the Fast Track team support the families and carers by providing respite care via a daysitting service. The team are considerate to different families need including same sex couples, people with physical and learning disabilities. The team also work in partnership with Marie Curie, who provide a night sitting service. In response to some feedback around continuity, Marie Curie staff use the same SystmOne module as the BDCT teams, enabling clear handovers and continuity.

The Operational Lead for the service produced the trust's Death and Dying Policy, which includes details of religious considerations in dying and death, including specific guidance for Islam, Hindu Dharma, Sikh Dharam, Judaism and Christianity, with guidance to discuss this with the patient and family, to tailor care to their customs and beliefs. The team includes a bilingual support worker to support patients whose first language isn't English. The team also considers the needs of the families and carers and have produced a bereavement booklet, which is available digitally to enable translation.

The team have a toolkit of resources relating to Bereavement and Advanced Care Planning, including specific resources for those with Learning Disabilities such as easy read materials which can be shared with patients and as well as resources for staff to refer to develop their own understanding.

The team also engage with system partners, particularly via their End-of-Life facilitator and educator who works with care homes to provides training and guidance in palliative care for professionals across Bradford District and Craven.

The team are also working in partnership on a national scale to contribute to developing a broader understanding and evidence base for culturally appropriate palliative care as part of a research project with the International Observatory on End of Life Care,

hosted by the University of Lancaster. The mixed methods study will explore engagement with and experience of palliative care within ethnically diverse communities, influencing research to ensure the voices of seldom-heard communities are captured.

## Outcome 1C: When patients (service users) use the service, they are free from harm

Score: 2

### Evidence:

Staff reported that they feel service users are safe from harm. The service had 5 patient safety incidents in the past year but the demographic information of patients was unknown/not recorded. Any incidents, including learning from other incidents across the system, are discussed at the monthly quality and safety meeting which all staff attend. The service have documented policies and procedures to support consistency and safety, and these also include an Equality Impact Assessment which screens for equality around all 9 protected groups and the inclusion health groups, to ensure any changes are considered via an equity lens.

As mentioned in 1B, the service works in partnership with a VCSE organisation (Marie Curie) to provide a nightsitting service, to ensure care is provided overnight and to allow carers and families are able to rest as needed. There is a representative from Marie Curie in attendance at the monthly quality and safety to ensure a collaborative approach.

## Outcome 1D: Patients (service users) report positive experiences of the service

Score: 3

### Evidence:

The Service received 4 complaints in the past year. Themes related to medication and nursing care. As part of patient information leaflets, service users and families are given PALS information. Staff shared that they feel the care given to those under palliative care services is outstanding but they would ensure they are reaching groups within Bradford District & Craven who may not typically access palliative care services.

The service proactively seeks feedback from its service users and families. Recognising that feedback needs to be gathered in a sensitive way, particularly following a bereavement the service contacts family members by phone to seek feedback at an

appropriate time. This has resulted in 204 pieces of feedback between February and September 2024. Almost all of those contacted reported positive experiences: 90% Very Good, 9% Good, 1% Neutral.

**Domain 1 – Palliative Care Overall****Score: 11**