

**Results** The cause of death for the vast majority of families was accident or illness. Death of a father was experienced by 41% of CYP. Six months after the end of support, improvements were shown for the following areas: peer relationship difficulties, emotional difficulties, behavioural difficulties, overall stress and impact of difficulties on the child's life.

**Conclusions** CYP with multiple needs who were supported through this programme experienced fewer mental health difficulties in the medium-term. Tailored psychosocial support can promote adaptive developmental outcomes after bereavement and it can be particularly helpful for CYP who face school or social adjustment difficulties.

## Free papers 4–6 | End of life care in hospitals

### 4 BUILDING ON THE BEST QUALITY IMPROVEMENT PROGRAMME – SUPPORTING IMPROVEMENTS IN END OF LIFE CARE IN ACUTE HOSPITALS

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**Background** Building on the best (Botb), a 24 month partnership quality improvement (QI) programme delivered by Hospice UK aims to improve the quality of end of life care in acute hospitals. The programme design uses a collaborative methodology with flexibility for teams to work in alignment with local priorities.

**Methods** Four Improvement areas were prioritised for the collaborative by a clinical reference group: outpatient setting, communication of transfer, shared decision making, pain and symptom management. Teams received structured improvement coaching, monthly Webex, and the development of a community of practice. In addition to headline outcome and process measures, key outputs include teams' improvement case studies sharing impact and learning.

**Results** Botb currently encompasses 13 Trusts across England and Scotland. The collaborative has had 9 face to face community of practice learning events plus 18 monthly webinars. An example case study from Guy's and St Thomas' outlines testing on an acute admissions ward of a symptom observation chart and care planning guide for dying patients. A working group including the clinical lead and matron for acute medicine identified alignment of a local priority with Botb. Staff surveys and clinical audit demonstrated a positive impact on care planning and delivery. A positive feedback loop strengthened staff pride in the work of the ward. Success was boosted by a focus on influencing culture and delivery of flexible on the job education. These staff will now champion and support roll out within elderly care wards. The materials have been shared within the community of practice.

**Conclusions** Building on the best programme collaborative enables improvements by embedding systematic QI change methodology, supporting a mature community of practice to democratise knowledge and deliver results within complex systems by peer to peer learning.

### 5 IMPROVING CARE FOR PATIENTS WHO HAVE CLINICAL UNCERTAINTY OF RECOVERY: THE LENS OF ACUTE ADMISSIONS

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**Background** Acute Trusts are an important provider of care for patients who may be in their last months of life; emergency admission may indicate underlying clinical decline. Acute admission processes are not generally designed to manage care for this group.

Wirral University Teaching Hospitals NHS Foundation Trust participated in an ECIP-funded End of Life Care Project in 2016/2017 to improve quality of care for this group of patients.

**Method** An acute physician and a consultant in palliative medicine reviewed 26 deceased patient records using a method designed to uncover clinical system issues and to create a 'common language' between the specialities. This review included focus on patients with clinical uncertainty of recovery. An acute and an elderly care physician carried out 'Plan Do Study Act' tests of change using the AMBER care bundle in the AMU and an elderly care ward for a total of 26 patients.

**Results** Qualitatively, the review showed that doctors struggled to recognise patients at risk of dying and viewed palliation as an 'all or nothing' approach to care. Tests of change showed an improvement from 75% to 100% recognition of expected deaths; 15% to 42% awareness of what is important to the patient; 53% to 78% preferred place of care recorded; 85% record of what family feels is important. 96% of patients had ceilings of treatment documented. 62% of patients were discharged.

**Discussion** The numbers are small. Qualitative feedback is initial conversations in AMU set the scene for the whole admission. Feedback was positive however time implications at the 'front door' can present a challenge. Redesign of the process to 'protect' time may be required.

**Conclusions** This is an important topic. Early recognition of clinical uncertainty, honest conversations can set the scene for the whole admission potentially resulting in improved patient and staff experience.

### 6 END OF LIFE CARE ON ACUTE HOSPITAL WARDS: THE IMPORTANCE OF DIALOGUE AND DECISION MAKING

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**Background** shared decision-making (SDM) has been recommended as the gold standard for decision making in end of life care when decisions may be complex and involve multiple possible courses of action. The perspectives of patients, relatives and staff members about decision making at the end of life on hospital wards have been little researched in reaching this recommendation. This presentation analyses the practice