Multiprofessional Education & Training (MPET) Final Report

April 2015 – December 2017

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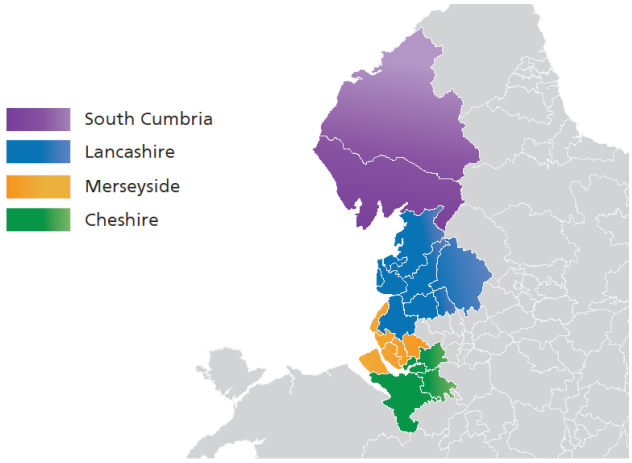
Contents

1. Introduction

The Palliative and End of Life Care Network aspires to improve education and training for health and social care professionals to deliver high quality, effective care to those people who may be at the end of their lives supported by Multi-Professional & Education Training (MPET) funding to develop the skills required to support people irrespective of disease or setting.

The previous national EoLC priorities included response to the independent review of the Liverpool Care Pathway *"More Care, Less Pathway" 2013*. The Department of Health Mandate to HEE was to promote dignity in death and dying and support implementation of the recommendations of the independent review. In addition, embedding the Priorities for Care of the Dying Person published by the Leadership Alliance for the Care of Dying People 2014, and the Ambitions for Palliative and End of Life Care were the drivers for education strategy.

In April 2016 the Cheshire and Merseyside (C&M) network footprint expanded to include Lancashire and South Cumbria (L&SC), to become the North West Coast Strategic Clinical Network (NWCSCN). In C&M the MPET evaluation tools had been embedded for some time to ensure a robust reporting system. Previously L&SC were part of the Greater Manchester Network and, although the MPET evaluations were shared between the two networks, the process may not have been as well embedded in L&SC. Therefore figures prior to April 2015 are unavailable for L&SC.



North West Coast Strategic Clinical Network footprint, post-April 2016

The C&M and L&SC network areas each has an Education Strategy Groups (ESG) with full representation from all localities within their footprints stated within the terms of reference. The purpose of the ESG is to operate as a collaborative group to influence quality of care by ensuring the Health and Social Care workforce is enabled to provide excellent care and improve the patient and family experience through education appropriate to their role. In C&M the ESG reports into the Palliative and End of Life Care PEoLCN steering group; similarly in L&SC the ESG reports to the Palliative and End of Life Care Advisory Group.

This report will give an overview of:

- Education delivered across C&M in Advance Care Planning; Communication Skills; Symptom Management, Care of the Dying, End of Life Care Training.
- Education delivered across L&SC in Care of the Dying Patient Documentation; Care of the Dying Patient Education; Community Transform; Fylde Coast Rolling Programme in Syringe Pump, Verification of Death and End of Life Care Training and the CLEARER communication skills programme.

2. Overview

2.1 Funding

Across both networks funding for 2014/15 was transferred to the network late in the financial year, which resulted in education delivery rolling over into the 2015/16 financial year and further continuing into 2016/17 and 2017/18. This final MPET report gives information pertaining to the period April 2015 – December 2017.

2.2 Local Plans

Each locality in C&M was required to produce a delivery plan addressing four key areas using the education frameworks agreed by the ESG.
Four Key Areas:

- Communication skills (core and intermediate)
- Advance Care Planning (ACP)
- Symptom Management
- Principles of End of Life Care

In L&SC information on delivery plans was not available for this report.

2.3 Target Workforce
The National End of Life Care Strategy describes staffing groups across all settings, e.g. acute, community, care homes and tertiary care, as follows:

- Group A staff

Staff working in specialist palliative care and hospices that essentially spend the whole of their working lives dealing with end of life care.

- Group B staff

Staff who frequently deal with end of life care as part of their role.

- Group C staff

Staff working as specialists or generalists within other services who infrequently have to deal with end of life care.

Education was available to all groups as prioritised by each locality including health and social care.

3. Education Frameworks

In C&M the ESG developed and agreed frameworks for the delivery of communication skills (core and intermediate) and also Advance Care Planning (ACP) training. These frameworks promote consistency across the network in the delivery of communication skills and ACP and underpin the rationale in providing excellent education and training to the workforce.

3.1 Advance Care Planning

The ACP framework is intended to provide consistency and clarity on the key educational elements that all health and social care staff require in relation to Advance Care Planning (ACP) and sets out to provide clear direction and resources to all commissioners and providers.

The important aim of this framework is to ensure that health and social care staff, when faced with the difficult conversations/breaking bad news or the surprise question, have the information and knowledge to help the patient and or carer and link them into the most appropriate resource if required. The framework sets the direction to assist staff with the skills to achieve this.

3.2 Core and Intermediate Communication Skills

The frameworks are aligned with the National End of Life Care Strategy (2008) which reflects that a large group of health and social care staff have at least some role in the delivery of care to people at end of life or their families and carers. Each staff group must have the necessary knowledge skills and attitudes to fulfil their roles effectively; communication skills training at a level appropriate to the staff members role is integral to delivery of high quality care.

The framework can assist commissioners to determine the knowledge and skills they wish to see reflected in the services they fund. Provider organisations can respond by scoping the education requirements of their workforce and develop their own communication skills training strategy according to their workforce groupings. This grouping will vary between organisations dependent upon workplace setting and the individual staff member's exposure to patients and carers at end of life. End of life is considered to be the last year, months or weeks of life not just the last days of life.

Both the core and intermediate communication skills frameworks state the indicative course content, learning outcomes, links to KSF, numbers and facilitation and target staff. The core framework advises facilitators to target Group C Staff, whilst the intermediate framework advises the target audience to be among staff Groups A and B *(see 2.3; page 5 for staff groups).*

3.3 Generic Courses

As the content of the symptom management & principles for end of Life care education is variable a framework was not developed to support the evaluation process. For this reason the generic course evaluation forms were used, which allowed localities to tailor the questions to the course content.

3.4 Evaluation Process

The CMPEoLCN developed an evaluation form and data collection method for each of the courses; Core Communication Skills (*Appendix A*), Intermediate Communication Skills (*Appendix B*), Advance Care Planning (*Appendix C*) and Generic (*Appendix D*).

The self-assessment evaluations are completed by delegates' pre and post-delivery of a course. This gives the educators evidence of the impact of the course delivered. The data was collected and collated centrally by the Network. Average scores were used to provide comparisons.

The generic course questions were developed by the organisation delivering the education according to the course content. It became clear during the reporting process that due to the variability of the generic courses delivered a comparison of pre and post self-assessment scores could not be reported against. Therefore the Education Strategy Group agreed that the data that should be reported on would include the number of sessions and the attendance by job role.

3.5 Advanced Communication Skills Training

The Connected Advanced Communication Skills Training (ACST) course previously offered was a nationally recognised and proven training programme; although Connected has now ceased those Connected trained Facilitators have still been able to deliver ACST.

4. C&M Evaluation Report

The graphs below identify the outcomes of the training delivered in relation to knowledge, skills and confidence of delegates within Cheshire & Merseyside on ACP, core and intermediate communication skills.

4.1 Advance Care Planning

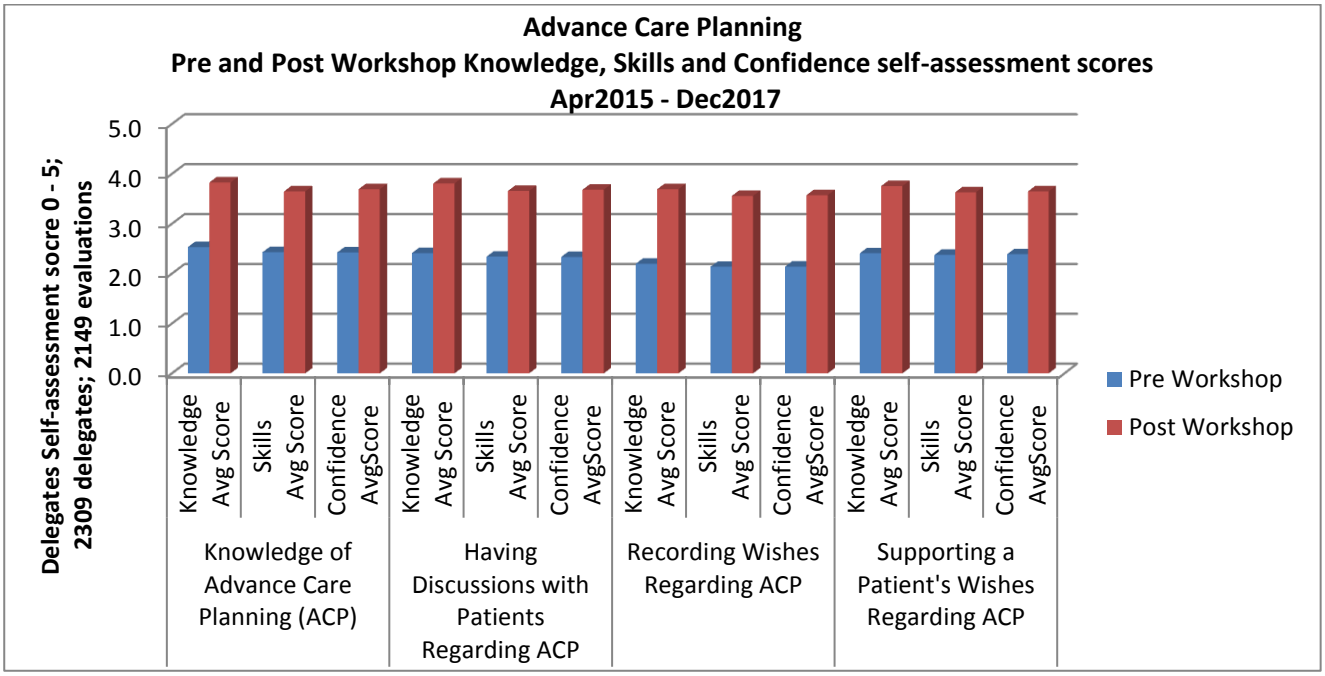


Fig 1: Pre and post workshop Advance Care Planning education self-assessment scores; reporting period April 2015 - December 2017

Qualitative feedback received from delegates attending Advance Care Planning training:

Is there anything you have learnt today that you may do differently in practice?
"More interesting and varied than I thought it would be. Continue to work with increasing confidence and knowledge of up-to-date procedures. Begin conversations earlier with awareness of advance care planning".

"Broach the issue of ACP more readily than before. To be more proactive in recognising issues to discuss ACP and liaise in MDT. Start the conversation early and avoid missing the opportunity. It has prompted me to be more aware of prompts to open a discussion or plan".

Did the workshop meet all of your expectations?
"Take part more in discussions. Further improved knowledge of ACP and how to implement. Exceeded my expectations. Extremely useful day."

4.2 Core Communication Skills

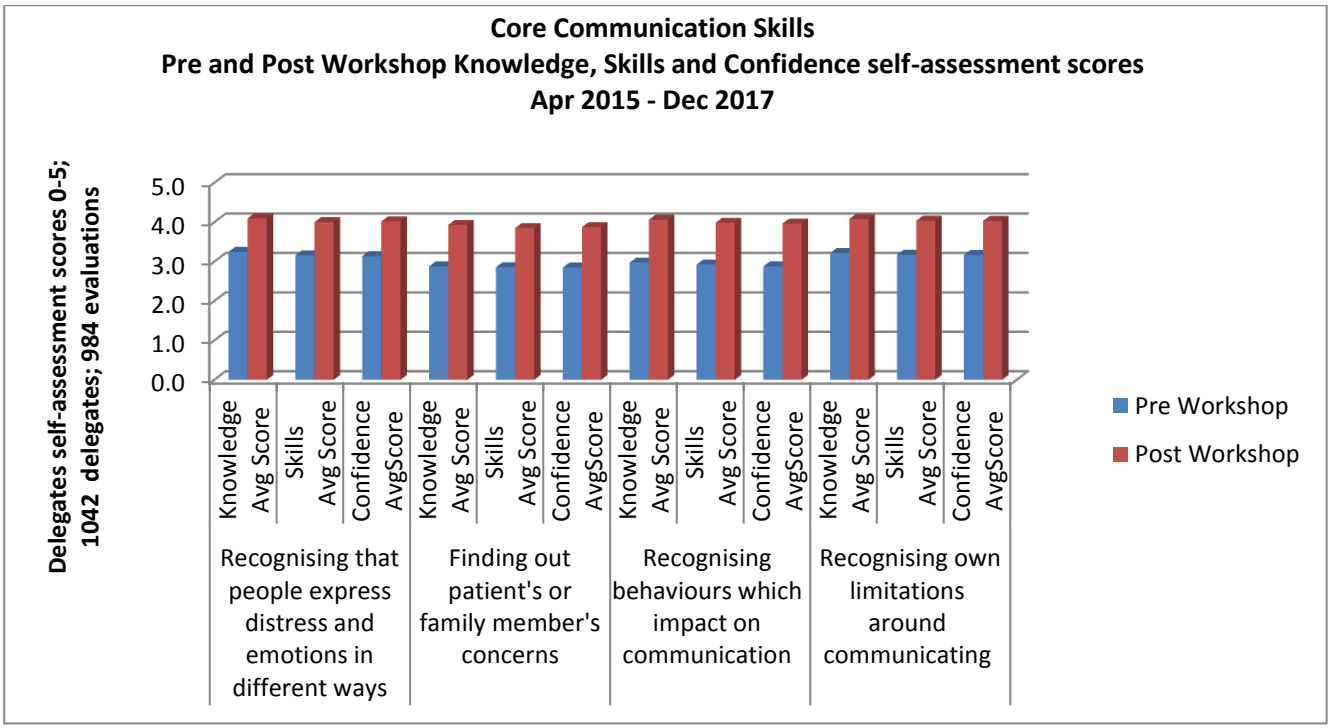


Fig 2: *Pre and post workshop Core Communication Skills education average scores; reporting period April 2015 – December 2017*

Qualitative feedback from delegates attending Core Communication Skills training:

Do differently in practice:
"Give back the questions to the patient". "Listen more and practice silence! "
"Slow down; more confidence in myself".
"Try slowing down; stop worrying about getting the next patient in on time".
"How to handle a situation appropriately. More confident to put the question back to the patient to find out why they are asking the questions and listen more."

" Utilise the SPIKES tool. I find sometimes feel awkward when put on the spot for information, I feel I will be more confident now. Don't make assumptions. Confidence and listening skills. Active listening and asking more open ended questions"

"Explore patient understanding rather than giving a straight answer straight away"

4.3 Intermediate Communication Skills

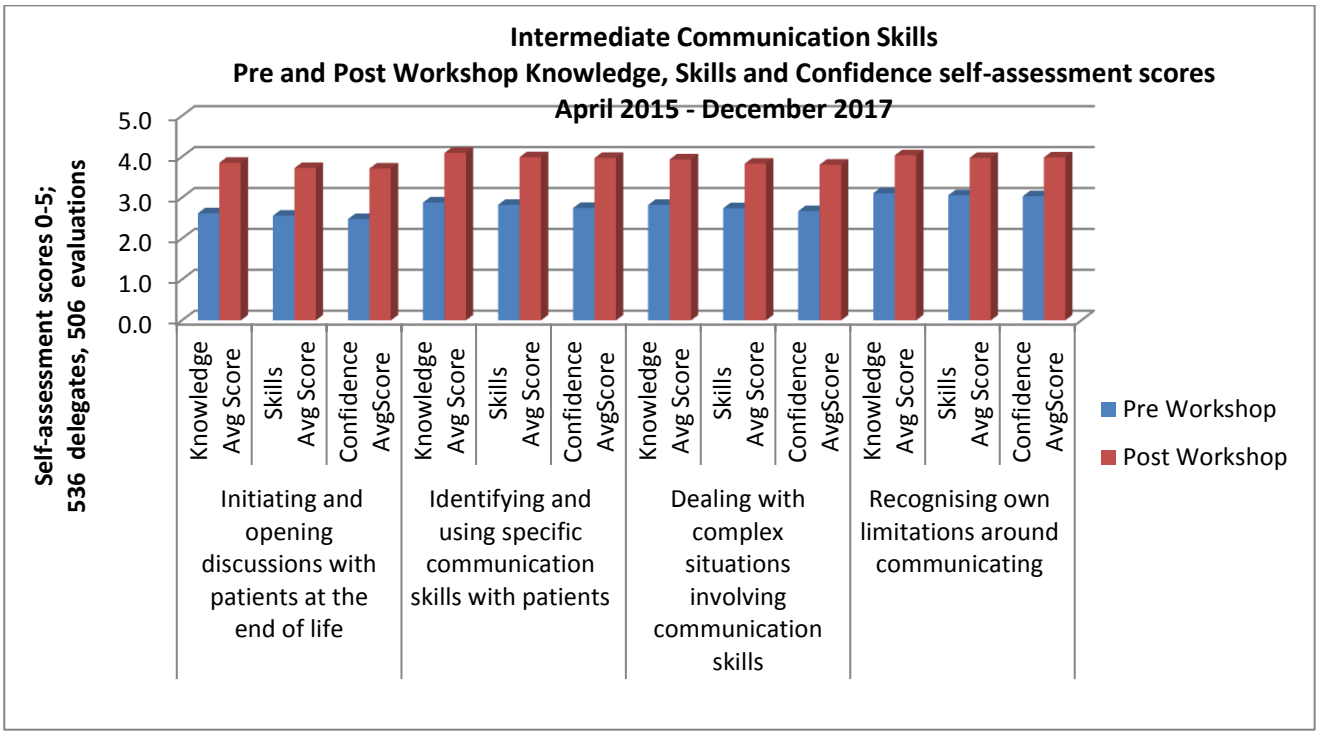


Fig 3: Pre and post workshop Intermediate Communication Skills education average scores; reporting period April 2015 – December 2017

Qualitative feedback from delegates attending Intermediate Communication Skills training:

"Look for cues. How to phrase sentences/use the right language"

"Use pauses. Reflect back with patents own words."

Is there anything you have learnt today that you may do differently in practice?
"Dealing with denial and difficult questions; Enhanced my communication skills with patients and family; Answering difficult questions dealing with anger and denial"

"Be non-judgemental.
Other way of support given - listen, pause, not judge."

4.4 Generic Courses

Although pre and post knowledge, skills and confidence scores were submitted for each generic course delivered it proved to be a challenge to provide comparisons. This was due to course content being very different and also the fact that some courses asked less than 4 evaluation questions therefore submitting zero values, which would have contaminated the data.

Therefore the ESG agreed that numbers of courses delivered and number of staff would be reported against. It is worth noting, however, that the pre and post workshop assessments consistently scored higher knowledge, skills and confidence post-workshop and evidence of this can be provided on request.

Generic courses included:

- Symptom Management
  - N&V, Delirium & Agitation, PC emergencies, Bowel Obstruction
  - Pyrexia, seizures, N&V, toxicity
  - Bloods, COPD, paracentesis, heart failure

- 5 Priorities for EoL Care
  - Principles of Care of the Dying: Our One Chance to Get it Right
  - Individualised Care Planning at the end of life
  - Care and Communication Record
  - Picking up the pieces

- Other non-specific (miscellaneous)
  - Knowledge, recognising, supporting, discussions [dying]
  - Supporting Carers
  - Shared decision making workshop
  - Domiciliary Care workers
  - Difficult Conversations Workshops – as part of intermediate communication skills
  - Understanding of definitions of end of life care and grief
  - Aintree's EPiC Programme:
    - Knowledge and understanding of pain assessment and management, nausea and vomiting, constipation and bowel obstruction, palliative care emergencies
    - Knowledge and understanding of the principles of palliative care; Understanding of holistic care; Knowledge of Specialist Palliative Care services, when and how to refer ; management of breathlessness
    - Knowledge and Understanding of the Amber Care Bundle; advance care planning; palliative care discharge and rapid discharge; how to care for the dying patient
    - Knowledge and understanding of the importance of family support; Knowledge and understanding of loss and grief; Awareness of spirituality; Knowledge and understanding of ethical issues in palliative care
    - Principles, holistic, knowledge, breathlessness
    - Symptom Management
    - Family support, loss and grief, ethical issues, food and fluids
    - Principles, essential care, spiritual care, supporting families

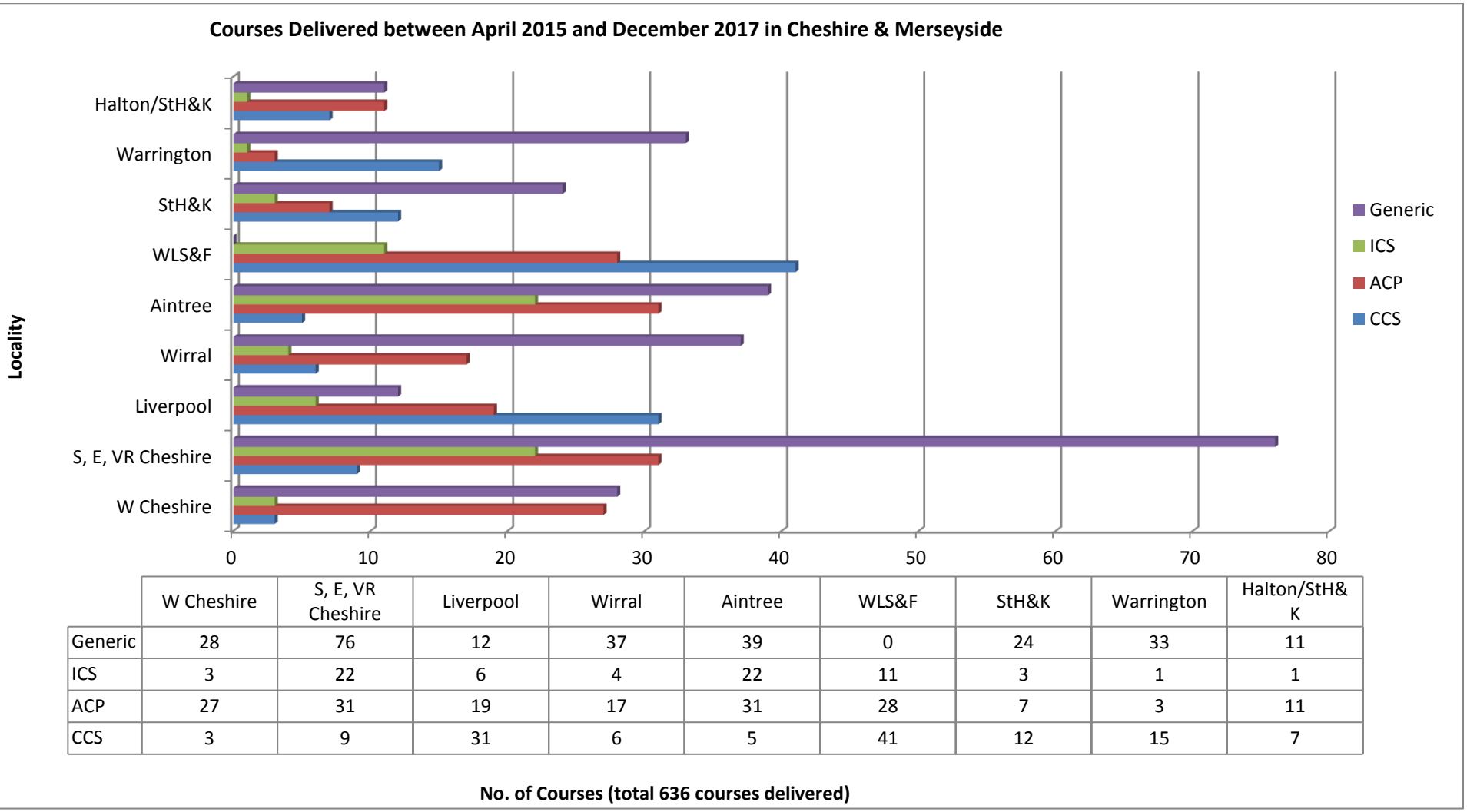
Qualitative feedback from delegates attending generic courses:

Palliative medicine course for doctors/GPs
"Will more confidently start at higher doses in syringe driver."
"Calculating the doses and ranges of meds in syringe driver."
"Continue with patch while starting driver."
"Feel better able to tackle DNACPR discussion/information."
"Using palliative drugs - when to use/avoid particular drugs."
"Greater awareness of doses for opioids and ratios for switching. "

5 Priorities
"Confidence and knowledge of discussing topic. Focus upon ensuring care is communicated to individual and family."

Shared Decision Making
"More confident communicating with patients. Learnt to be aware about empowering patient in decision making Take more time empowering patients, listen more, hear what people say. Address the issues don't go around in circles."

EPiC - Aintree
"Do differently: Communicate about ACP. Using Care Plans in the Community. When to have the conversation with patient and family when dying. On discharge, make more communication with DN's to ensure effective safe discharge. (I) found it all very useful to get an insight to District Nursing perspective and discharges and how their concerns are different to inpatients. Look forward to using the discharge checklist guidance proforma for Drs/nurses/ discharge coordinators. I think this will be really helpful in practice."



	W Cheshire	S, E, VR Cheshire	Liverpool	Wirral	Aintree	WLS&F	StH&K	Warrington	Halton/StH&K
Generic	28	76	12	37	39	0	24	33	11
ICS	3	22	6	4	22	11	3	1	1
ACP	27	31	19	17	31	28	7	3	11
CCS	3	9	31	6	5	41	12	15	7

Fig 4: All courses delivered in C&M over the reporting period April 2015 – December 2017.

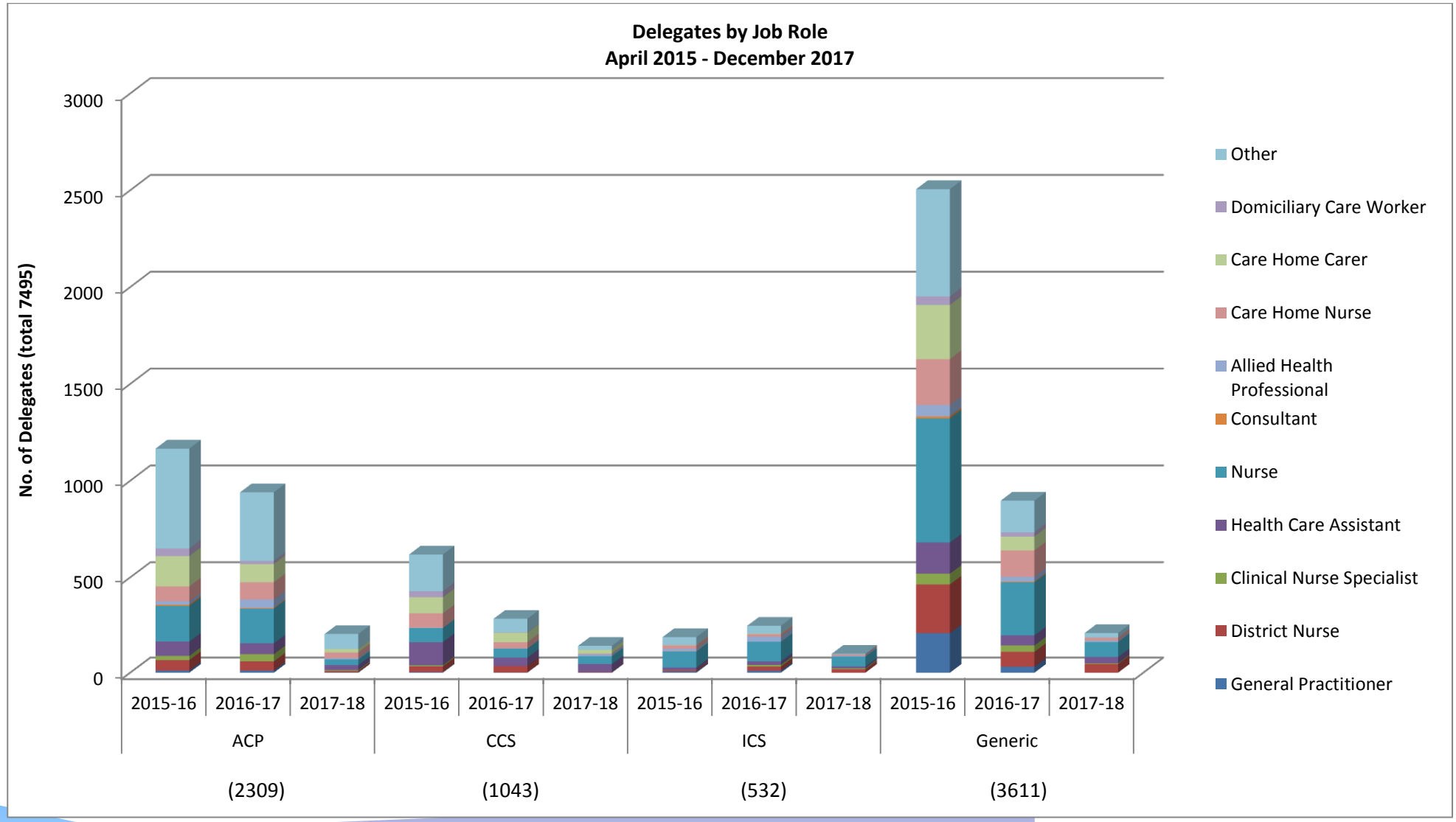


Fig 6: Delegates by job role recorded attendances for the reporting period April 2015 – December 2017

5. L&SC Evaluation Report

In Lancashire and South Cumbria education sessions in Care of the Dying Patient (CDP) Education and Documentation, and Community Transform have been delivered across many of the localities.

5.1 DNACPR Simulation Training

Across the Fylde Coast a rolling programme was delivered, which included Syringe Driver training, End of Life Care training and Verification of Death. In addition, across the Fylde Coast 4-hour DNACPR simulation sessions were delivered. The sessions comprised a pre-brief looking at the legal aspects of DNACPR, 3 role plays using patient actors and peer-assisted video feedback. We then ask the actors to come in at the end and give their feedback. Unfortunately 2 courses had to be cancelled because of non-attendance.

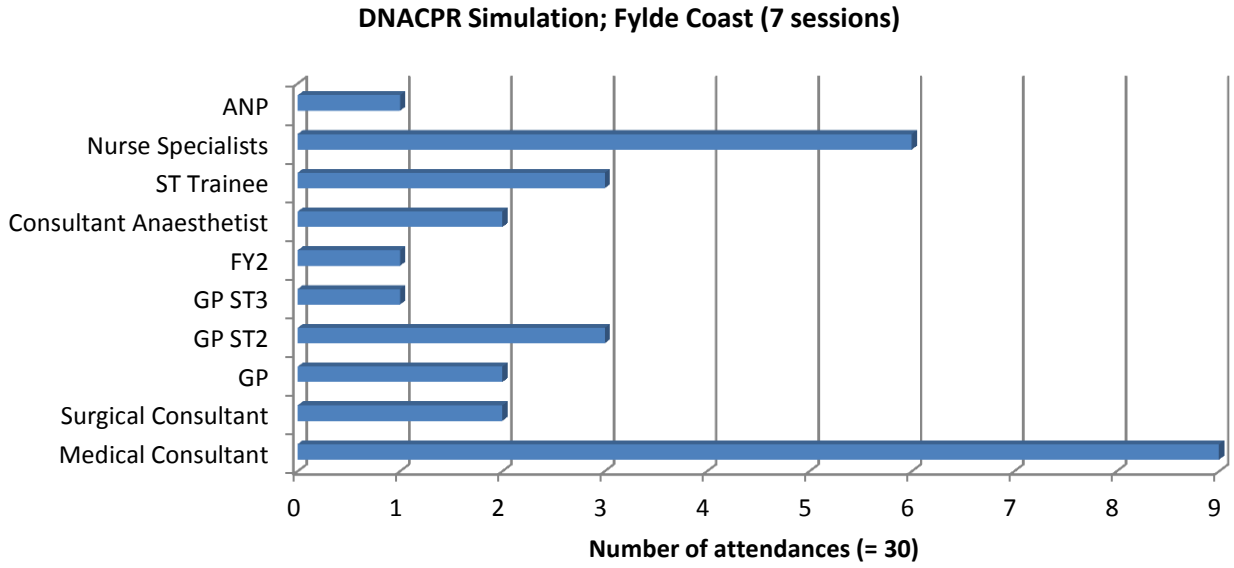


Fig 7: DNACPR Simulation Training delivered in Fylde Coast/Blackpool; January 2016 – December 2017

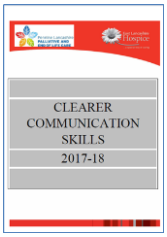
Feedback from delegates undertaking DNACPR Simulation Training:

"I just think it is perfect training all doctors and clinical staff should undertake as we deal with this difficult situation every day".

"Excellent. Enjoyed the discussions; very thought-provoking".

5.2 CLEARER Programme

In East Lancs / Blackburn with Darwen a programme of communication skills entitled the Clearer Programme was delivered. The programme is East Lancs Hospice own copyright communication skills programme, which uses a Train the Trainer approach to train Facilitators who in turn deliver the training in partnership with Pendleside/Rossendale Hospices, Lancashire Care Foundation Trust, Pennine Lancs CCG, Blackburn with Darwen CCG and East Lancs Hospice and Hospital. The MPET funding is used to train the facilitators and pays for those facilitators to deliver the programme.



The programme is split into 3 parts:

- Care – a 2-hour introduction to communication skills
- Clear – a 4-hour foundation communication skills course
- Clearest – a 6-hour intermediate communication skills course

The MPET funding also goes towards any admin and advertising resources. Although demand for the course remains high one of the challenges to delivering the programme has been difficulty in staff being released to attend training. Although there are no pre and post knowledge, skills and confidence data in the agreed MPET evaluation format, there is the evidence to support these scores held by East Lancs Hospice. A full end of year report detailing pre and post knowledge, skills and confidence scores is planned and will be reported to the Network when available. For the purposes of this report the number of courses delivered and number of staff trained is detailed below. A programme of training is planned in 2017/18; more information on this can be found here.

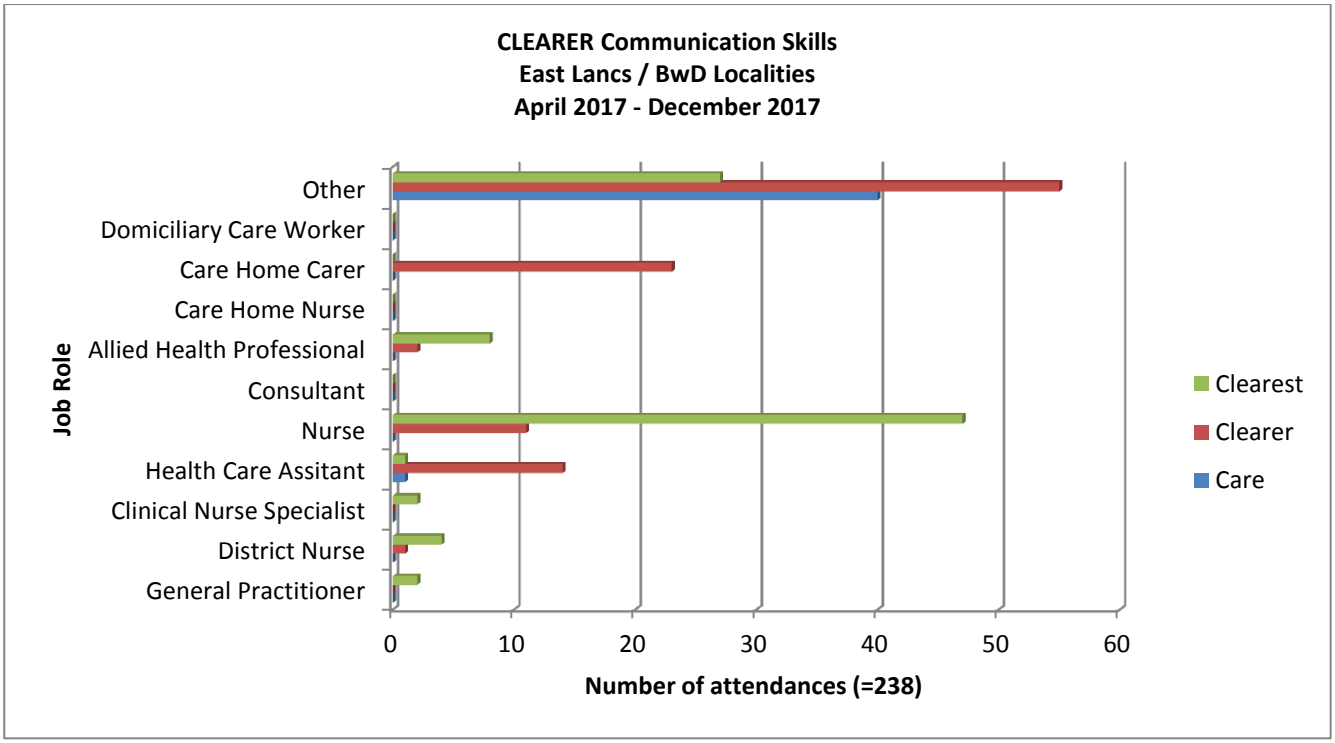


Fig 8: Clearer Programme delivered in East Lancs and Blackburn with Darwen; January 2016 – December 2017

The graphs below identify the outcomes of the training delivered in relation to knowledge, skills and confidence of delegates within Lancashire and South Cumbria on Care of the Dying Patient (CDP) Education and Documentation, Community Transform and the Fylde Coast programme that included syringe driver training, care of the dying patient, verification of death and End of Life Care.

5.3 Care of the Dying Patient Education

The Care of the Dying Person Study Day was developed collaboratively with Palliative Care Specialists in primary and secondary care across Morecambe Bay CCG, and focuses on best practice for the care of the dying person in their last days and hours of life in accordance with the National leadership Alliance "One Chance to get it Right" guidance document. The study day is suitable for RNs, HCAs, Care support staff and AHPs from any care setting. The programme includes:

- 5 Priorities of care for the Dying person
- Advance Care Planning and the Mental Capacity Act
- Communication skills
- Recognising dying
- Symptom Management
- Nutrition & Hydration
- Bereavement

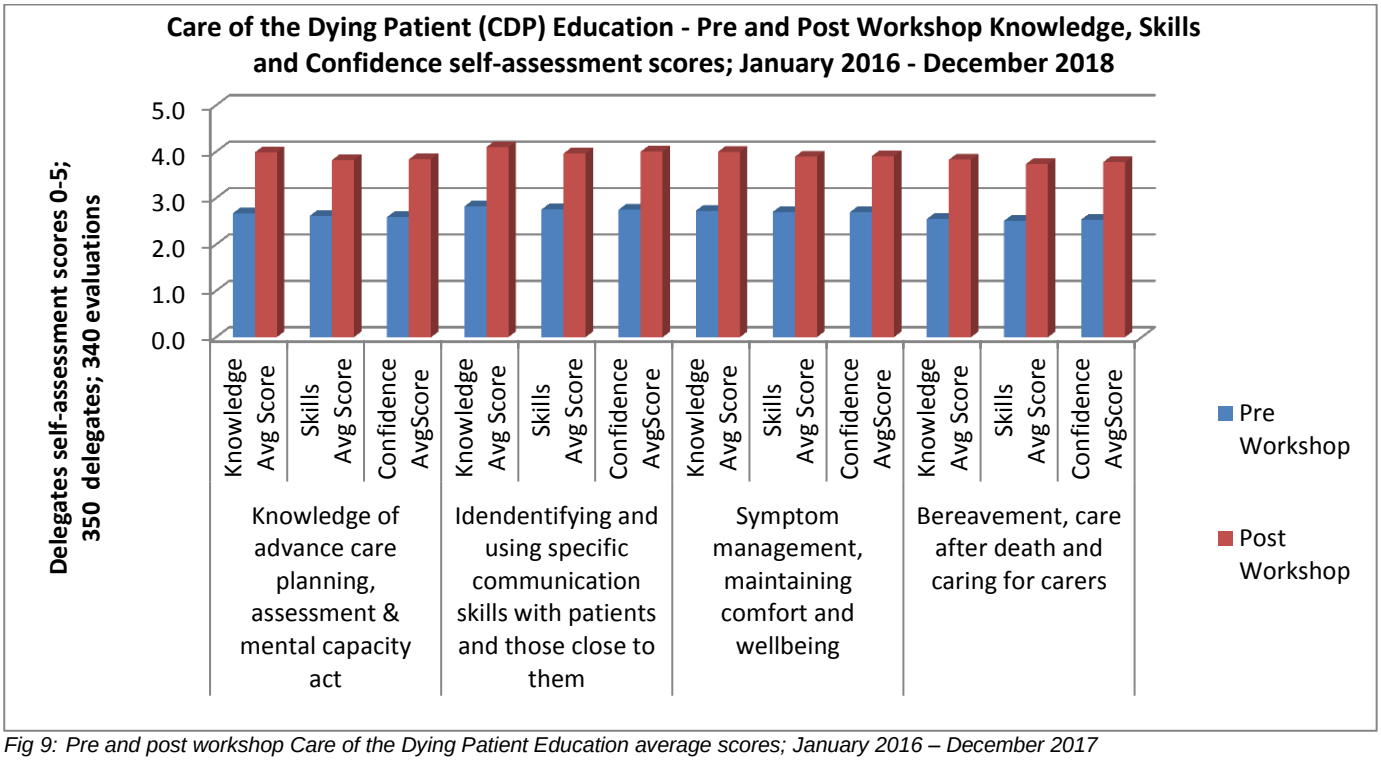


Fig 9: Pre and post workshop Care of the Dying Patient Education average scores; January 2016 – December 2017

5.4 Care of the Dying Patient Documentation

The remit of the EoLC Facilitator who undertook Care of the Dying patient documentation/ education in West Cumbria was to offer training to every organisation that cares for patients at end of life. This included Acute Trusts, GP Surgeries, Community Care, Care Homes and Domiciliary Care.

It was made clear from the outset that there is no legislation to mandate the use the Caring for the Dying Patient document, but through training sessions its use has been encouraged by stating that it not only enhances end of life care but also improves communication between healthcare professionals. The training delivered in West Cumbria varied according to the delegate group, but the basics were:

- History of the document – why we have the Caring for the Dying Patient document
- Five priorities of care
- How to use the document – guidelines for completion, responsibilities
- Advanced care planning
- Developing a plan of care
- Food and hydration
- Importance of communication
- Importance of spirituality at end of life
- Symptom management
- Basic principles of end of life care for nursing staff
- Care after death and use of supportive resources

Within Acute Trusts it was almost impossible to release staff to attend formal training sessions. Regular visits to the West Cumberland Hospital (WCH) were undertaken to train staff on the wards. It wasn't ideal but it did prove to be effective with the document being used in the majority of wards in the hospital. After the CQC inspection in the spring of 2017 it was stated that the introduction of the Caring for the Dying Patient document had helped to improve end of life care in the acute trust. In May 2017 the newly appointed bereavement team requested some formal training sessions at the Cumberland Infirmary in Carlisle (CIC).

Challenges:
GP's already have end of life pathways on their computer system and were reluctant to use additional documentation. There were challenges with the compatibility of the document with the EMIS computer system and this was partly resolved, although some issues remain.

For District Nurses the overall response was very similar to that from the GP's. Many nurses felt that this document simply added to their workload and would not improve the end of life care already given. For those nurses who tried to use it resistance was met by the GP's.

Within the community, of those staff trained, several have agreed to continue to act as Link Nurses to champion the Care of the Dying training.

In South Cumbria, the Care of the Dying Patient (CDP) assessment Document training was a short 1 – 1.5 hr education session delivered to staff at their place of work. Based on the 5 Priorities of Care and the introduction of a new local care of the Dying Patient (CDP) care plan document, the training focuses on individualised assessment and care planning in the last days and hours of life. The study session was suitable for RNs, HCAs, Care support staff and AHPs in any care setting.

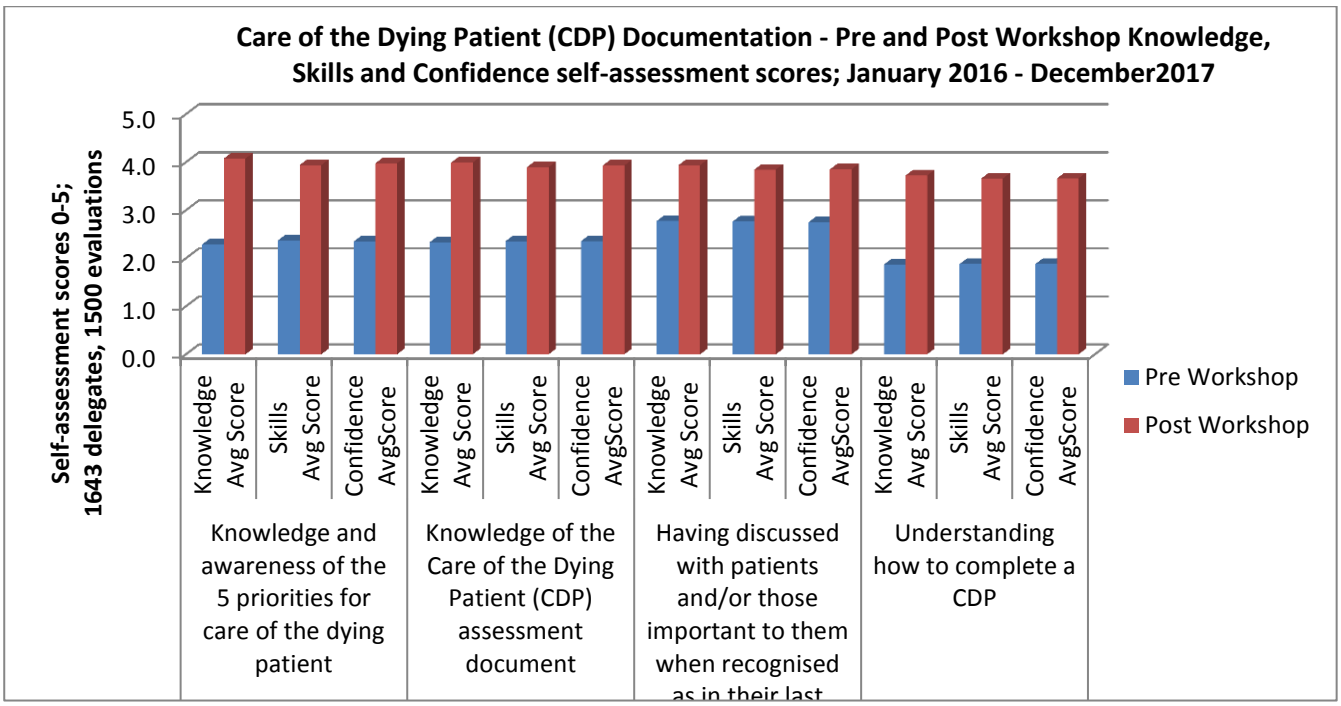


Fig 10: Pre and post workshop Care of the Dying Patient Documentation average scores; January 2016 – December 2017

5.5 Community Transform

The Community Transform programme was delivered by clinical educators from St Catherine's Hospice to staff working in primary care and nursing and residential homes. The two-year course ran from January 2015 to January 2017, and promoted the use of Supportive Care Registers, records of people thought to be in the last 12 months of life, which are designed to encourage collaborative working between the various professionals involved in their care.

The aim is that better joined-up working between health and social care workers such as GPs, district nurses and the Clinical Nurse Specialists leads to a better service for patients, delivered within an appropriate time frame, which can help avoid crises and inappropriate admissions to hospital.

Figures show in the first year of the programme the number of patients on the Supportive Care Register increased by 284 across both Greater Preston and Chorley and South Ribble Clinical Commissioning Groups (CCG).

The course has also contributed towards a reduction in the number of hospital deaths and an increase in deaths in a patient's usual place of residence i.e. at home or in a care home.

Year on year statistics going back to 2005 show a gradual downward trend in the number of hospital deaths, and a gradual upward trend in the number of deaths in a patient's home. Although other factors also contributed to the shift, following the start of the Transform programme, the gap between the two narrowed further in both CCG areas.

Topics covered on the course included advance care planning; end of life care, do not attempt CPR; and using electronic palliative care co-ordination systems (EPaCCS).

Lynn Kelly, Director of Knowledge Exchange at St Catherine's Hospice, said:

"An increased use of the Supportive Care Register in both CCG areas is helping to ensure patients and their loved ones do not slip through the net, and can access the most appropriate care and support for their situation. The registers help ensure that the professionals involved in their care

are informed, up to date and able to respond in a timely way to any changes in the patient's circumstances – something which is particularly important in palliative care when time can be very precious."

"We are also pleased to see the number of deaths in hospital decreasing in both areas. We know through the families we care for at St Catherine's that most people do not want to die in hospital, and that many would prefer to be at home, surrounded by the people and things they know and love."

"The Transform programme has equipped frontline health and social care professionals with the specialist skills to be able to help patients and their loved ones achieve this and other important things to them in the last 12 months of life. It is all part of our commitment to opening up the work of the hospice and sharing our expertise with others so that more local people can benefit."

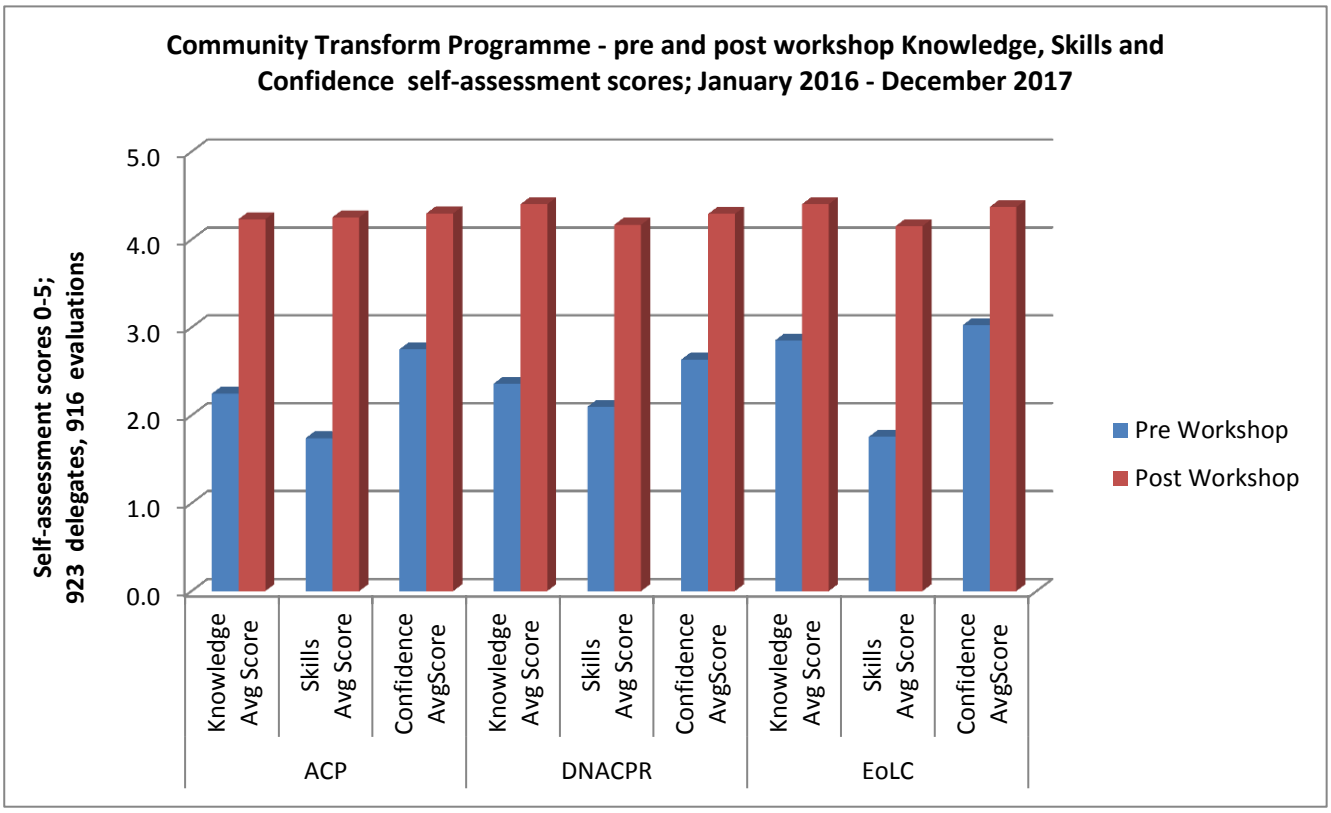


Fig 11: Pre and post workshop Community Transform average scores; January 2016 – December 2017

5.6 Fylde Coast Rolling Programme: End of Life Care Training

Across the Fylde Coast working collaboratively is the priority, using identical documents, policies, procedures and training. The Fylde Coast End of Life Rolling Programme of training was free to access for all Health and Social Care Professionals.

Specific training:

- Advance Care Planning
- EoLC
- Care of the Dying Person
- Syringe Pump
- Verification of Death
- DNACPR Simulation

Topics included:

- Just in case 4 core drugs
- EPaCCS
- Rapid Discharge
- Better the Letter
- Hospice at Home
- Dementia Friends
- Symptom Management

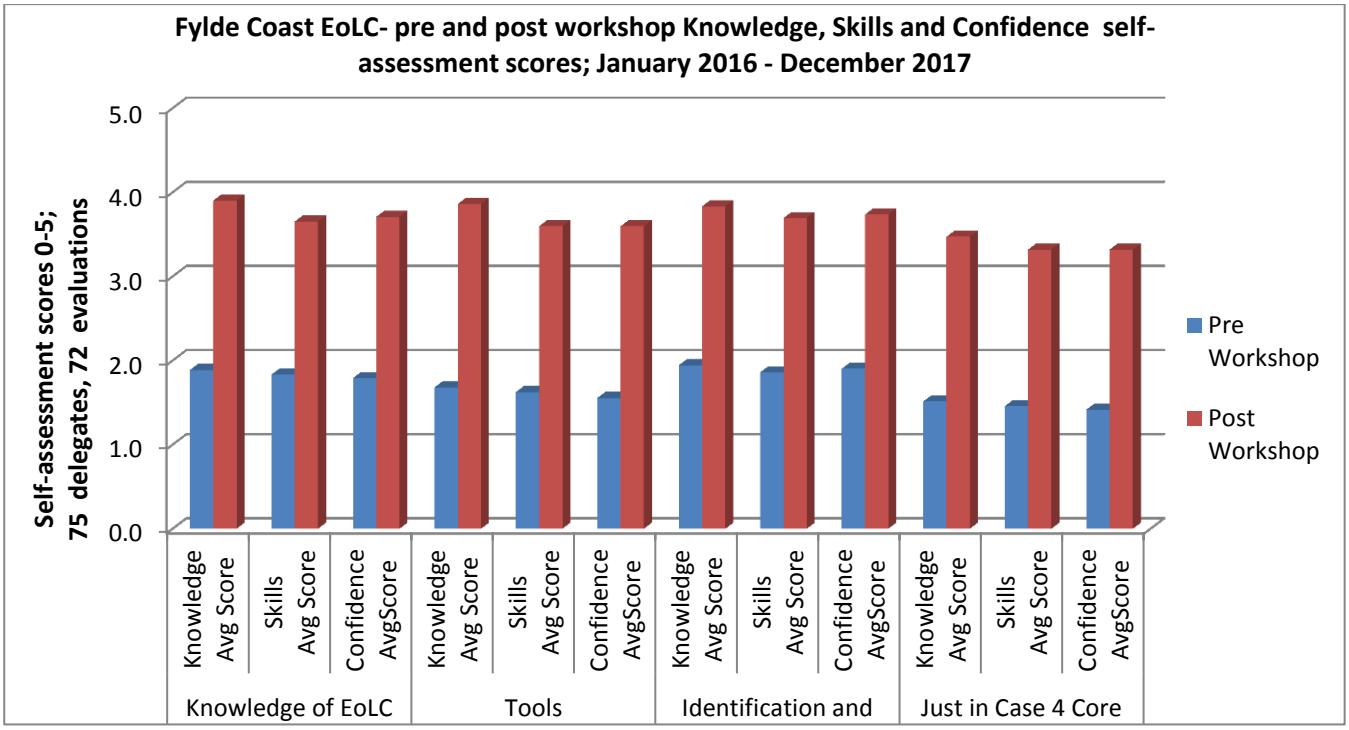


Fig 12: Pre and post workshop Fylde Coast/Blackpool EoLC Training average scores; January 2016 – December 2017

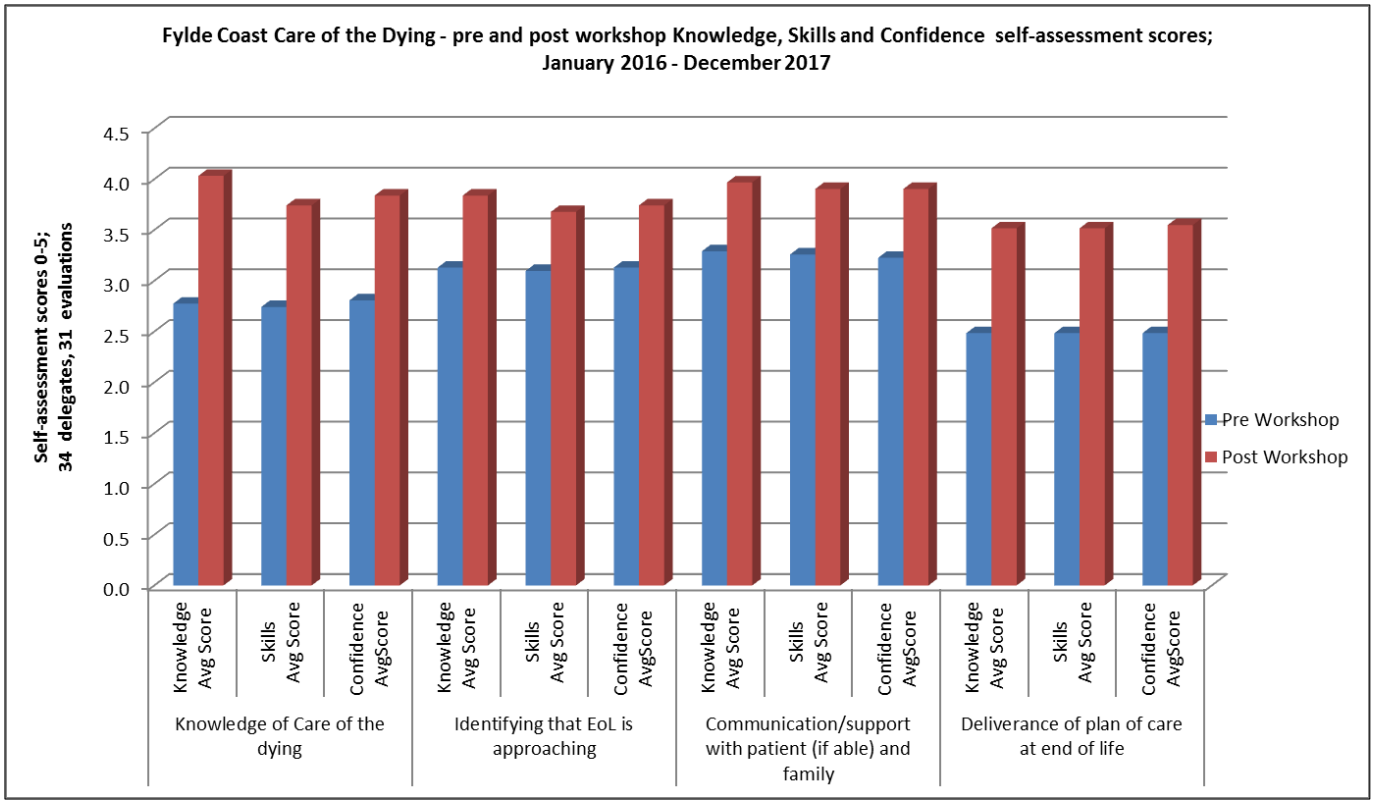


Fig 13: Pre and post workshop Fylde Coast Care of the Dying average scores; January 2016 – December 2017

5.7 Fylde Coast Rolling Programme: Syringe Driver Training

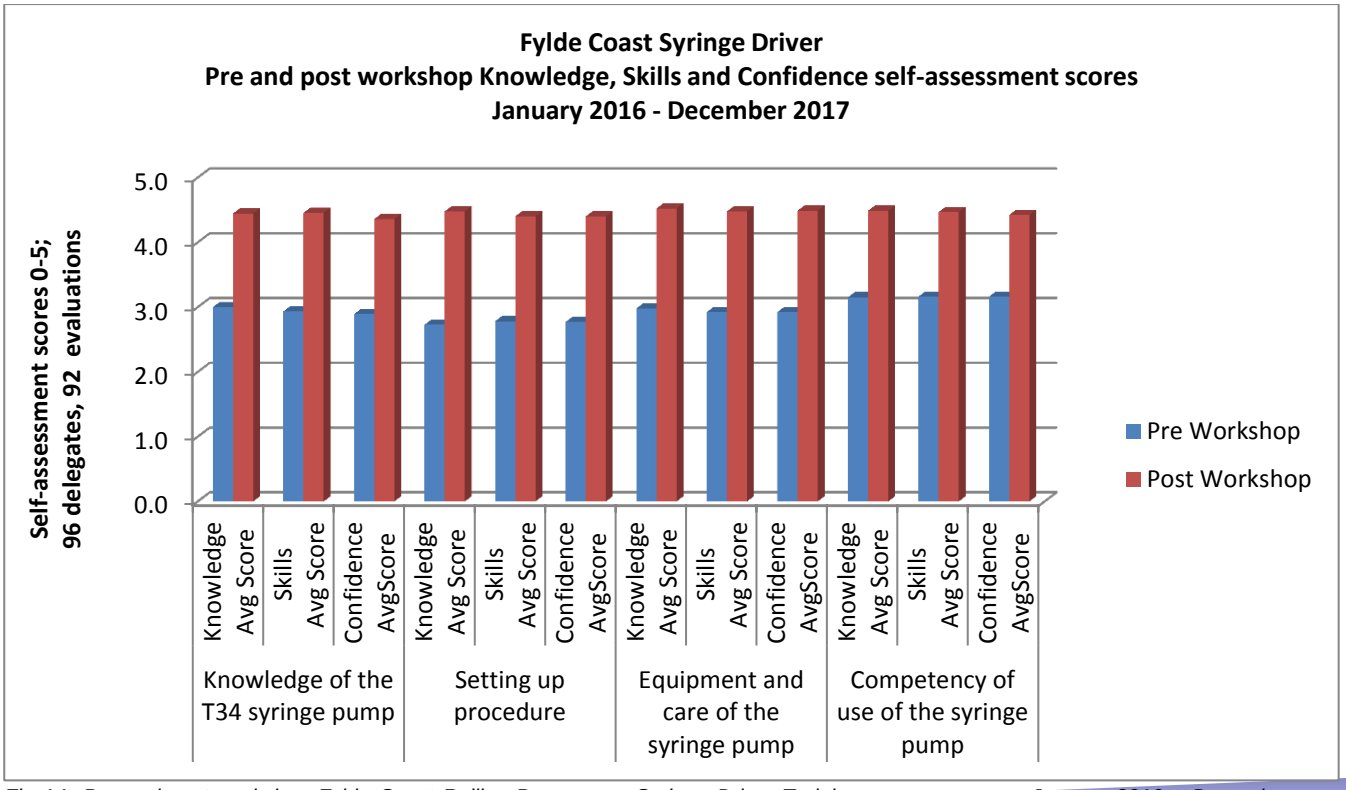


Fig 14: Pre and post workshop Fylde Coast Rolling Programme Syringe Driver Training average scores; January 2016 – December 2017

5.8 Fylde Coast Rolling Programme: Verification of Death

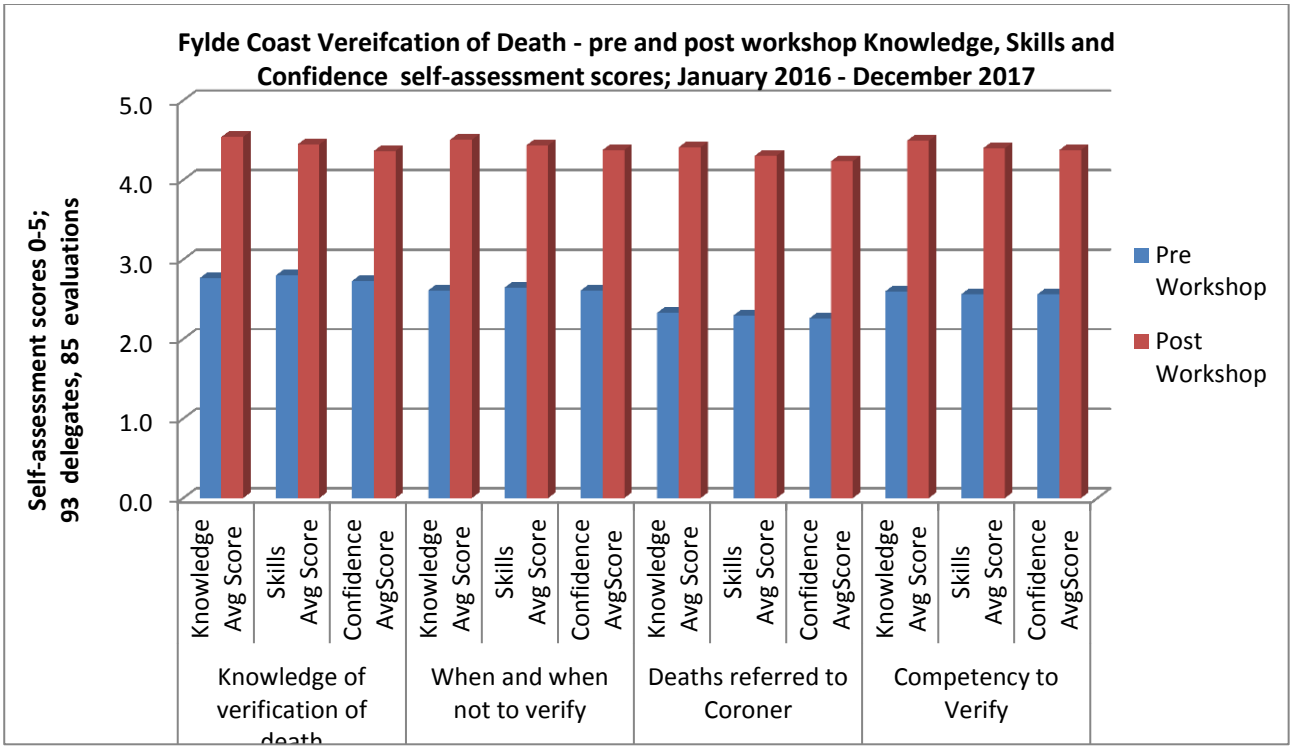


Fig 15: Pre and post workshop Fylde Coast Rolling Programme Verification of Death average scores; January 2016 – December 2017

5.9 Fylde Coast Rolling Programme: Advance Care Planning (ACP)

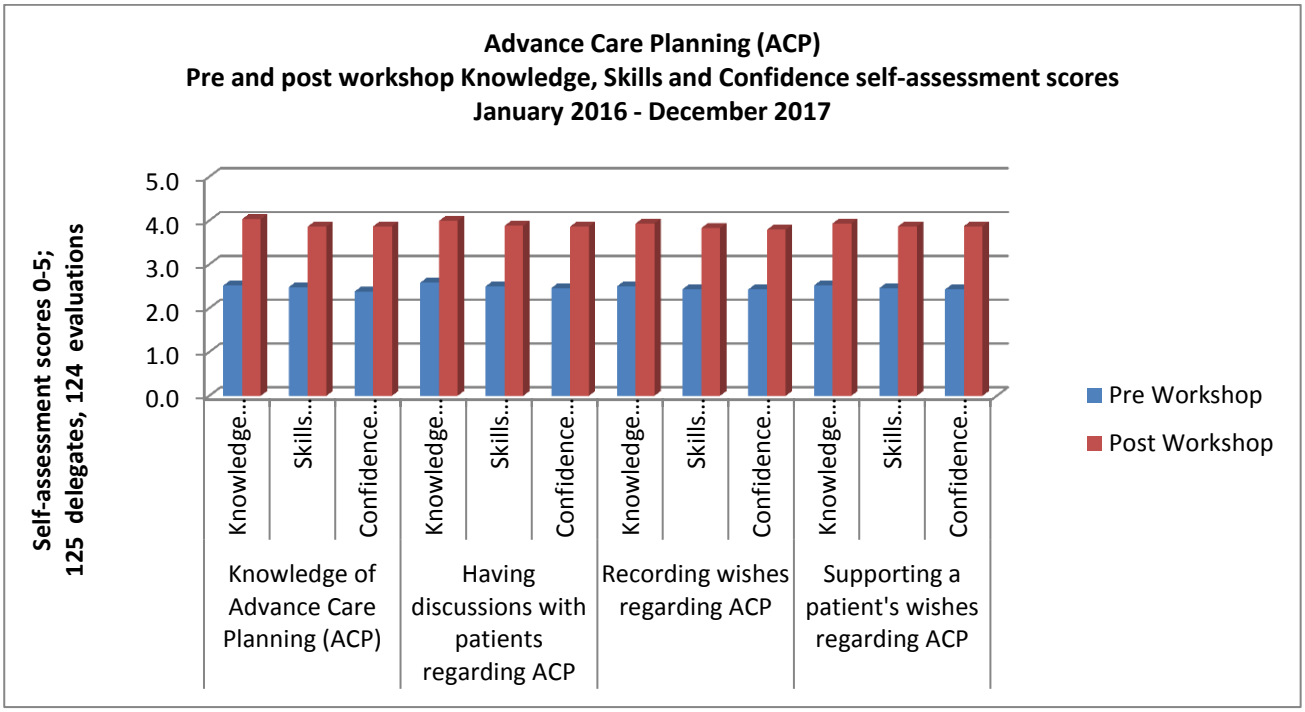
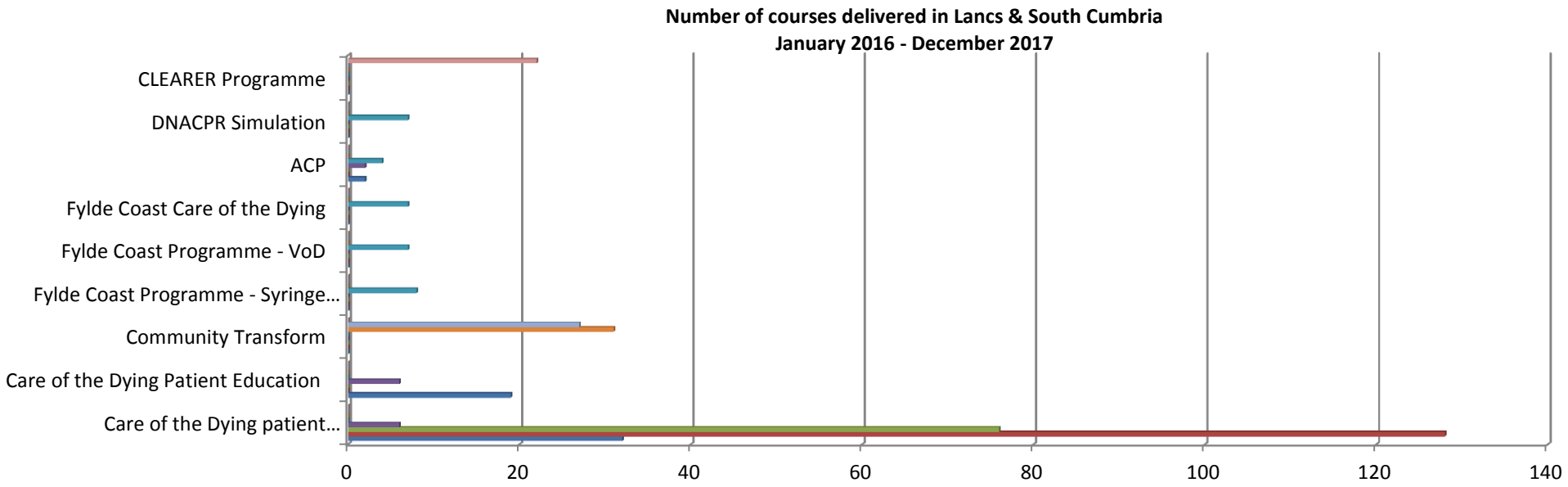
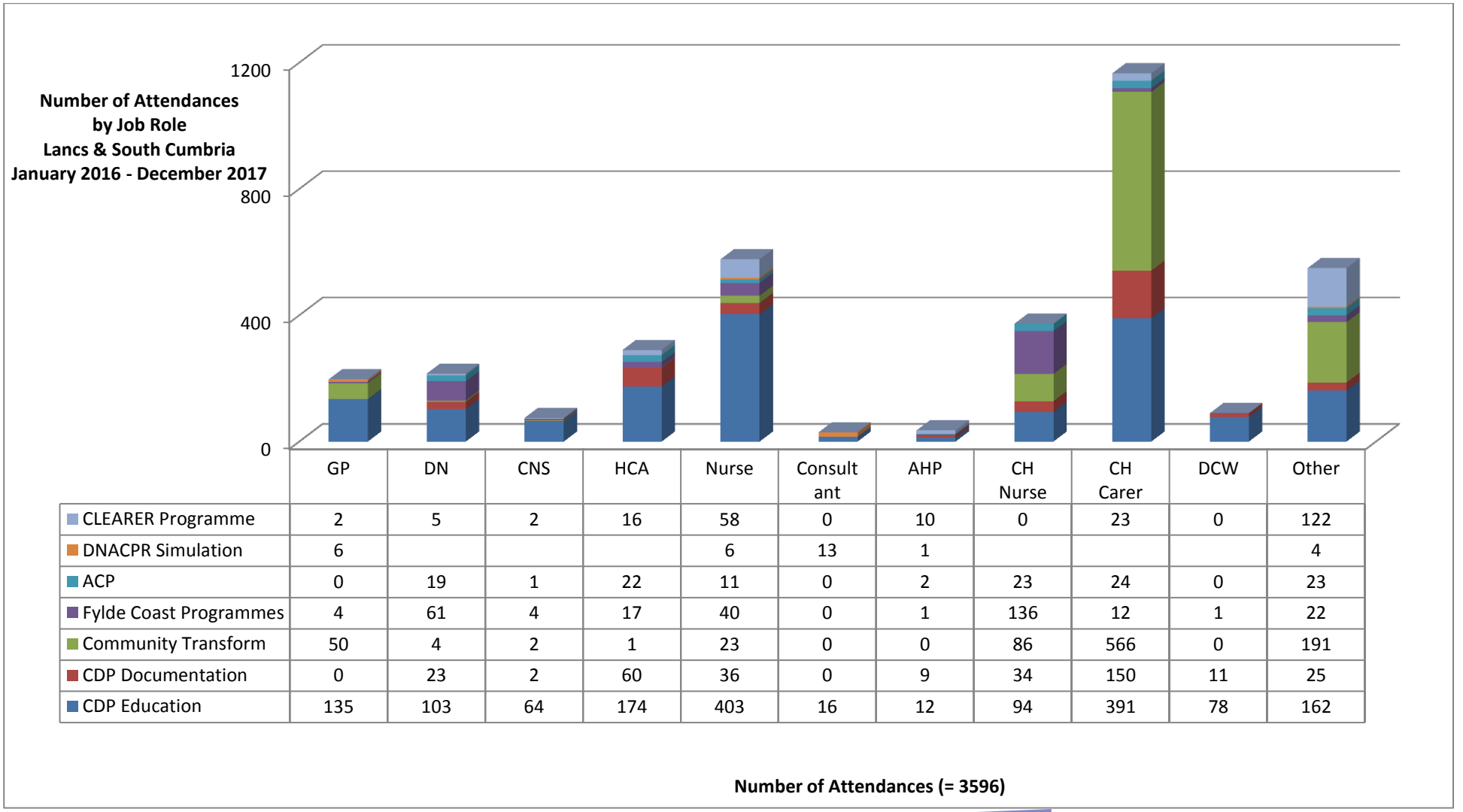


Fig 16: Fylde Coast Advance Care Planning average scores; January 2016 – December 2017



	Care of the Dying patient documentation	Care of the Dying Patient Education	Community Transform	Fylde Coast Programme - Syringe Driver	Fylde Coast Programme - VoD	Fylde Coast Care of the Dying	ACP	DNACPR Simulation	CLEARER Programme
Blackburn with Darwen/East Lancs	0	0	0	0	0	0	0	0	22
Chorley and South Ribble	0	0	27	0	0	0	0	0	0
Greater Preston	0	0	31	0	0	0	0	0	0
Fylde & Wyre/Blackpool	0	0	0	8	7	7	4	7	0
Lancashire North	6	6	0	0	0	0	2	0	0
East Cumbria	76	0	0	0	0	0	0	0	0
West Cumbria	128	0	0	0	0	0	0	0	0
South Cumbria	32	19	0	0	0	0	2	0	0

Fig 16: Number of courses delivered across L&SC; January 2016 – December 2017



	GP	DN	CNS	HCA	Nurse	Consultant	AHP	CH Nurse	CH Carer	DCW	Other
CLEARER Programme	2	5	2	16	58	0	10	0	23	0	122
DNACPR Simulation	6				6	13	1				4
ACP	0	19	1	22	11	0	2	23	24	0	23
Fylde Coast Programmes	4	61	4	17	40	0	1	136	12	1	22
Community Transform	50	4	2	1	23	0	0	86	566	0	191
CDP Documentation	0	23	2	60	36	0	9	34	150	11	25
CDP Education	135	103	64	174	403	16	12	94	391	78	162

Fig 17: Number of attendances at education sessions across L&SC; January 2016 – December 2017

6. Snapshot

It was found that the agreed evaluation forms were not conducive to capturing the delivery of short education sessions of less than an hour. These short sessions were designed to meet the challenge of staff being unable to be released from their clinical duties to attend longer training.

This issue was addressed with the decision to collate numbers and designation of staff targeted in what become known as 'snapshot' sessions. These sessions often took the form of bedside teaching, one to one ad hoc education and ward based sessions capturing staff during their working day.

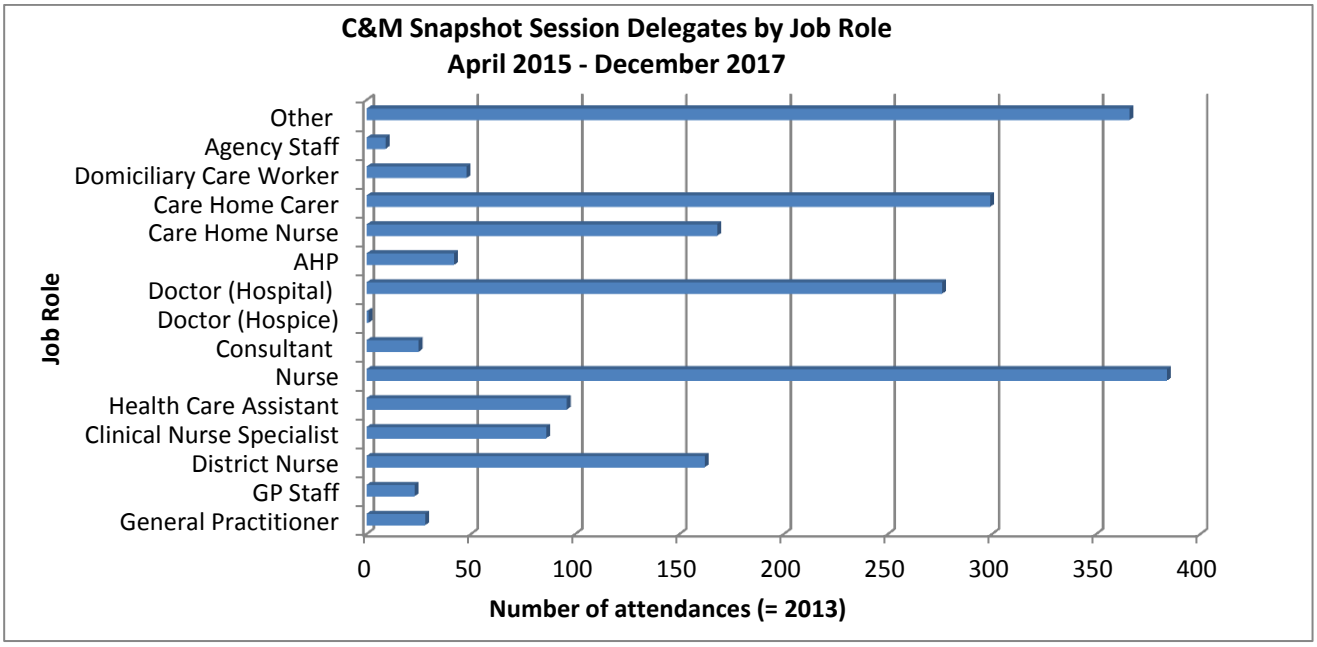


Fig 17: Attendances at Snapshot sessions delivered in C&M reporting period April 2015 – December 2017

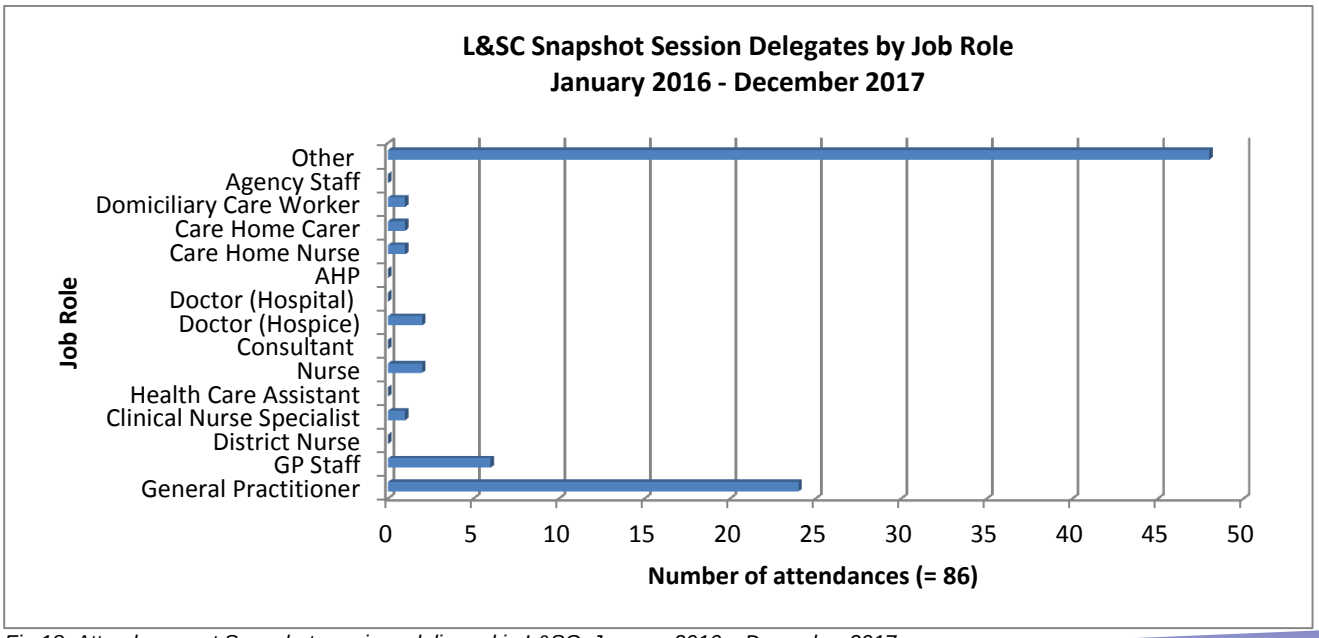


Fig 18: Attendances at Snapshot sessions delivered in L&SC; January 2016 – December 2017

7. Other Projects

Carer Support
In Cheshire & Merseyside the Transform Sub Group and Education Strategy Group supported the People's Voice Sub Group, a group of patient/carer experts, to review the findings of the Care of the Dying Evaluation (CODE™) alongside the Network Hospital Transform Group. CODE was commissioned by the Network and undertaken by The Palliative Care Institute Liverpool (PCIL).

From this a dual standard (minimum and gold) bereavement specification for Trusts was developed. In addition, what has become known as 'What to Expect' was also developed as a dual standard. 'What to Expect' is in answer to those relatives who said in the CODE survey that while care was of a good standard and they were told that their relative was dying, they were not told what to expect in terms of symptoms or the actual event of death occurring. People's Voice then went on to develop guidance for Trusts around bereavement literature.

The final suite of bereavement tools, the dual standard for bereavement, bereavement literature guidance and 'What to Expect' were presented at the Clinical Advisory Forum to which Trust Board Executives and Trust End of Life Champions were invited. The Network recommended that Acute Trusts adopt these standards, at the least the minimum standard, with aspiration to reach gold standard.

8. Challenges

Following the merger of the two networks to form the North West Coast there was some work to be done to establish the MPET reporting system across the Lancs and South Cumbria patch. This had been started when L&SC was within the Greater Manchester Network. However, the MPET process had not been as embedded in some of the localities as well as would have been hoped. Consequently, there are some gaps in the reporting process. To mitigate this meetings were set up with the education leads in some of the outstanding areas were we know education has been delivered. The evaluations taken in those areas have not been able to produce the pre and post knowledge, skills and confidence charts but number of courses and number of attendances at sessions is reported.

In January 2018 the two Education Strategy Groups (C&M and L&SC) formed an alliance to develop and deliver education across the North West footprint. This became known as the North West Coast Learning Collaborative (NWCLC). In 2018 the NWCLC had successful in their bid to develop two major education programmes. The Advance Care Planning Train the Trainer is running during 2018 – 2019, and a Paramedic End of Life Education Programme is in development.

9. Conclusion

A total of **13,190** staff received some form of end of life care education during the reporting period from April 2015 to December 2017 across the North West Coast Network.

The overall evidence shows without exception that the self-assessed knowledge, skills and confidence levels of those staff that underwent training were higher post-course than pre-course. Therefore, the impact of the training delivered has been positive giving the workforce the necessary competency and knowledge to deliver excellent end of life care.

Thanks go to the ESG members. It cannot be underestimated the role of the ESG within the Palliative & End of Life Care Networks to drive forward the end of life care agenda and management of the MPET funding to ensure it is locally driven, spent wisely and outcomes shown.

Appendices

Appendix	Description	Link
A	CMPEoLCN Education Evaluation Form Communications (Core) and data sheet	Evaluation tools
B	CMPEoLCN Education Evaluation Form Communications (Intermediate) and data sheet	
C	CMPEoLCN Education Evaluation Form Advance Care Planning and data sheet	
D	CMPEoLCN Education Generic Evaluation Form and data sheet	