



**Section 5** The route to success

# Evaluate

### Core metrics

These core metrics have been developed to inform the progress of implementation of *The route to success in end of life care – achieving quality in acute hospitals* and to support the model of service improvement. They have been developed following consultation with the original first wave hospital trusts involved in the programme.

We strongly recommend that organisations providing specialist palliative care, continue submitting data to the Minimum Data Set (MDS) collection carried out annually by The National Council for Palliative Care in order to keep this resource as comprehensive as possible. The MDS reports are published annually and available from [NEoLCIN website](#).

Other locally developed metrics may also be used to inform and will contribute to overall reporting. We suggest that reports are collected at the beginning, middle and end of the implementation period.

The core metrics are designed to inform at two levels within the organisation:

1. Reporting at ward level
2. Reporting at executive trust board level.

#### Reporting at ward level

The core metrics developed at ward level are those that link directly with the five key enablers identified in **Section 3** of this guide.

These are Advance Care Planning, Electronic Palliative Care Co-ordination Systems (EPaCCS), the Rapid Discharge Home, the AMBER care bundle and the Priorities of Care. These enablers can most inform The Productive Ward model of service improvement.

Using the metrics in the first instance to assess your baseline will enable wards to develop a plan for service improvement according to individual starting points, priorities and agreed time scales.

#### Reporting at executive trust board level

Metrics for the executive trust board level are based firstly on the ward core metrics and secondly are aligned with the hospital quality markers from the National End of Life Care Quality Assessment Tool.

#### How can the core metrics improve care?

As a national programme to improve end of life care in acute hospitals, these core metrics can support improvement in care. They can identify areas of best practice which can then be highlighted within the programme and disseminated to speed up shared learning and service improvement



## Development of the core metrics

One of the outcomes of this initiative will be to inform the development of the most relevant metrics both at ward level, and at trust board level. This will further inform the roll out of *Transforming end of life care in acute hospitals: The route to success 'how to' guide*. Alongside the [NICE End of Life Care for Adults Quality Standard](#), it will also influence the updating of the national indicators for hospitals.

### Core metrics: Trust Board

Organisational baseline data:	Number
1. Number of beds in your trust	
2. Number of adult wards in trust	
3. Number of eligible wards (e.g. more than five deaths per year) for <i>The route to success improvement programme</i>	
4. Number of deaths per year in the trust	
5. Number of people who die in the trust's catchment area per year	
6. Number of people who die in their usual place of residence in trust catchment area (national key performance indicators – KPIs)	
7. Number of people in the trust discharged on the Rapid Discharge Home in the last three months	
Please record or attach any end of life care KPIs currently in use in your trust	
Please record or attach any 'best practice' models of end of life care education and training initiatives in your trust	

[www.nhs.uk/improvement-programmes/long-term-conditions-and-integrated-care/end-of-life-care/acute-hospital-care/improvement-tools-and-resources.aspx](http://www.nhs.uk/improvement-programmes/long-term-conditions-and-integrated-care/end-of-life-care/acute-hospital-care/improvement-tools-and-resources.aspx)



## Section 5

### Core metrics: Trust Board (continued)

Please complete below the number of eligible wards (e.g. more than five deaths per year) that have implemented the five key enablers or equivalent and the number planning to implement during the next 12 months.

Enablers:	Baseline No. of wards implemented	Midpoint Planned no. of wards implemented	Endpoint Planned no. of wards implemented
Advance Care Planning model (ACP)			
Integration within an Electronic Palliative Care Co-ordination Systems (EPaCCS)			
AMBER care bundle			
Rapid Discharge Home (e.g. anticipated prognosis – hours/days)			
Priorities of Care			

#### 1. The trust has an action plan for the delivery of high quality end of life care, which encompasses people with all diagnoses, and is reviewed for impact and progress

<b>Numerical indicator:</b> The trust has an end of life care action plan which feeds into a locality wide strategic plan for end of life care	Plan not developed	Plan partially developed	Plan in place and post implementation of the strategic plan for impact and progress
	<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>
Baseline			
Comment on next steps			



## Core metrics: Trust Board (continued)

### 2. Promote end of life care training opportunities and enable relevant workers to access or attend appropriate programmes dependent on their needs

<b>Numerical indicator:</b> Identification of end of life care training needs of staff and training is in place to meet this	No curriculum evidenced	Curriculum being developed against trust Training Needs Analysis	Curriculum evidenced based on trust Training Needs Analysis
	<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>
Baseline			
Comment on next steps			

### 3. Monitor the quality and outputs of end of life care and submit relevant information for local and national audits

<b>Numerical indicator:</b> Identification of end of life care audit programme in trust	Minimal audit and review	Infrequent audit and review, actions not followed	Regular and comprehensive audit, including participation in National Care of the Dying Audit – Hospitals (NCDAH)
	<b>RED</b>	<b>AMBER</b>	<b>GREEN</b>
Baseline			
Comment on next steps			

## Section 5

### Core metrics: Ward

Baseline data:	Number of people
Number of admissions per year on the ward	
Number of deaths per year on the ward	

**Red Level 0** **Amber Level 1** **Yellow Level 2** **Blue Level 4** **Green Level 5**

1. Advance Care Planning (ACP)					
Indicator: Ward implementation of ACP model	The ward has not implemented ACP model	The ward has plans in place to implement ACP model	The ward has an education and training programme for implementing ACP model	The ward is able to demonstrate implementation of ACP model	The ward has embedded and sustained the use of ACP model
	RED	AMBER	YELLOW	BLUE	GREEN
Baseline					
Midpoint					
Endpoint					





## Core metrics: Ward (continued)

### 2. Electronic Palliative Care Co-ordination Systems (EPaCCS)

Indicator: Ward implementation of EPaCCS	The ward has not implemented EPaCCS	The ward has plans in place to implement EPaCCS	The ward has an education and training programme for implementing EPaCCS	The ward is able to demonstrate implementation of EPaCCS	The ward has embedded and sustained the use of EPaCCS
	RED	AMBER	YELLOW	BLUE	GREEN
Baseline					
Midpoint					
Endpoint					

### 3. AMBER care bundle

Indicator: Ward implementation of AMBER	The ward has not implemented AMBER	The ward has plans in place to implement AMBER	The ward has an education and training programme for implementing AMBER	The ward is able to demonstrate implementation of AMBER	The ward has embedded and sustained the use of AMBER
	RED	AMBER	YELLOW	BLUE	GREEN
Baseline					
Midpoint					
Endpoint					

## Core metrics: Ward (continued)

4. Rapid Discharge Home (RDH)					
Indicator: Ward implementation of RDH	The ward has not implemented RDH	The ward has plans in place to implement RDH	The ward has an education and training programme for implementing RDH	The ward is able to demonstrate implementation of RDH	The ward has embedded and sustained the use of RDH
	RED	AMBER	YELLOW	BLUE	GREEN
Baseline					
Midpoint					
Endpoint					



