Influencing Change

CASE STUDY
Influencing Change Winner

Clinical Audit Awareness Week 2025 (#CAAW25)
featuring the Clinical Audit Heroes Awards
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IN COLLABORATION WITH HQIP Healthcare Quality Improvement Partnership

Project: UCLH Transforming End of Life Care (TEOLC) team
University College London Hospitals NHS Foundation Trust

What did this project set out to achieve/aims?

The aim of the service is to support all University College London Hospitals (UCLH) patients in the last days of life, their loved ones and the staff looking after them by ensuring early engagement with conversations about treatment planning, improved EOL decision making, EOL clinical care and bereavement support.

When did the project start and how long will it run?

In response to the Governors' report into End of Life care (2019), a business case was submitted in October 2020 piloting a clinical end of life care service incorporating elements of the SWAN model of care (adopted from Salford Royal). The pilot generated overwhelmingly positive feedback, activity data and audit results leading to the success of a substantive business case in 2023 to fund the EOLC service, which continues to follow a path of continuous improvement.

> *"Care provided by end of life nurse was exemplary. I was treated with care, sensitivity and love, as was my mother. She could not have been better in any way, ensuring my mother was not in any pain and comforting me with her help, kindness and support."*
>
> **Feedback from relatives**

89.5%

of deaths across the trust were seen by Palliative Care/EOLC in 2025

869 **patient visits in the first seven months of the pilot, with 85% addressing emotional or physical needs of patients and relatives**

What happened with the project and how did it work?

A report into end of life care (EOLC) written by the governors at UCLH identified that extensive improvements were required. The UCLH Transforming End of Life Care (TEOLC) team coordinated the response and ensured that EOLC was named as a priority for the trust. The TEOLC team identified and reported on annual quality priorities around EOL decision making, bereavement support, and EOL clinical care. An annual trust-wide audit of Treatment Escalation Planning (TEP) and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision making highlighted that not all patients in the trust with a DNACPR have a TEP and this was therefore also adopted as a quality priority.

Following an options appraisal presented at the EOLC Board, the chosen preferred model for improvement was a clinical EOLC service, building on the SWAN model of care, with 7 days/week holistic clinical reviews of all patients identified to be in their last days of life, regardless of complexity of symptoms. Patients were thus able to maintain continuity with their treating teams, and end of life care as a skill was not compartmentalised to one particular area of the trust. These daily reviews support patients and families whilst also providing staff education and support. Support is continued after death with bereavement support/signposting. Data from National Audit of the Care at the End of Life (NACEL) was used to inform the business case for the initial pilot of this service (funded by UCLH charity).

The pilot of the clinical EOLC service was successful. Within the first seven months of pilot project, there were 869 visits (85% of which were to address emotional/physical needs of patients and their relatives. In the community setting, SWAN Outreach Service was involved in 41 patients who were discharged home. Feedback received from both staff and relatives (on bereavement calls) was overwhelmingly positive. In addition, clinical workforce data from NACEL in 2021 demonstrated relatively low staffing in Palliative Care (0.85 vs 2.27 nationally per 100 beds). These together informed the substantive business case that was awarded funding in 2023. The clinical work of the team has continued to grow with 89.5% of deaths across the trust being seen by Palliative Care/EOLC in 2025 (and 67% in ICU).

50%

80%

Improvement

Regular review of Nutrition and Hydration in the last days of life improved from 50% to 80% after QI work on the electronic daily review template.

What changes to processes were implemented?

With regard to improving EOL Care through ward staff education, our initial approach was to optimise QI-based educational activities in one clinical area before sequentially moving on to other departments. However, due to high staff turnover this proved unsustainable and, therefore, we decided to switch our strategy to substantively employ a clinical team of CNSs to deliver EOL care and support the staff on the ward in many clinical areas simultaneously while delivering both trust-wide and department-specific teaching courses. This strategy later manifested into close collaborations with various departments within the trust in parallel leading to trust-wide transformation of EOL care.

The trust rollout of the electronic patient record (EPIC) enabled easier identification of patients in the last days of life. Quality improvement methodology was used to develop the EOLC plan templates on the EPIC, including initiation of the care plan, symptom control observations, and daily reviews. NACEL data demonstrated that the most significant improvement in the last year was in regular review of Nutrition and Hydration the last days of life (50% to 80%) following QI work on the electronic template for daily patient reviews. In addition, NACEL showed that the documentation of cultural/religious/spiritual discussions with those important to the dying person was still suboptimal (nationally) and as an initiative, prompts were incorporated in the electronic template.

"...the best study day I've attended."

Feedback from staff attending training days

Did the project succeed and, if so, what is the evidence?

In 2020, the TEOLC team was awarded the UCLH Chair's Award and a nomination for Top Quality Patient Care Award in 2020 for the clinical work in EOL care and trust-wide teaching sessions throughout the COVID pandemic.

NACEL data (2024) evidences that the quality of EOL care at UCLH is consistently above national/regional average. The proportion of deaths reviewed by TEOLC/SPC and our accessibility across various departments in the hospital were above average (NACEL 2024). Survey data from bereaved carers was superior not only in the overall quality of EOL care, but also in addressing cultural/spiritual/religious needs of dying patients. Equality, Diversity and Inclusion (EDI) is a key focus with the planned rollout of cultural competence across departments and improving the documentation of religion and ethnicity. *UCLH was one of 13/204 trusts awarded a commendation of excellence from NACEL.*

"The team at UCLH NHS Trust have shown an excellent commitment to QI and have utilised NACEL data effectively to drive integration and improvement for their patients".

Picture of TEOLC team

Virtual Reality

"Virtual reality is reducing isolation, anxiety, and distress in palliative patients, while enhancing emotional well-being."

What insights or learning points from the project can be shared?

Further improvements to optimise the use of EPIC in EOL Care are underway. The local EPaCC (UCP) is being integrated into EPIC to enable personalised future care planning across settings (community/primary care and hospital). Moreover, TEP form is being integrated into DNACPR forms on EPIC (including a built-in MCA assessment for non-capacitous patients) to ensure patients do not come to harm from having a DNACPR without a TEP. We have developed a new training course called TEP Talks for senior healthcare staff to take three important aspects of complex medical decision making into account: relational care, ethical and legal aspects of complex decision making and impact of the culture/spirituality/religion in the patients/relatives' health beliefs. Early evaluation data suggests a significant positive impact on confidence and a predicted change in practice.

The TEOLC team used virtual reality (VR) as an innovative approach to enhancing service quality for palliative and end-of-life care patients by improving their emotional well-being. VR provides immersive experiences, such as visiting desired locations that may not able to visit due to immobility/poor health. Research shows VR can reduce feelings of isolation and anxiety, help with pain and distress, and offer a therapeutic escape from physical and emotional challenges. Additionally, projecting the experience to an iPad allows patients to share moments with relatives, further enhancing the experience. As part of our continuous development and quality improvement, the Transforming End of Life Care (TEOLC) team worked with the local Specialist Palliative Care (SPC) and Enhanced Supportive Care (ESC) services to develop a joint UCLH Supportive, Palliative, and End of Life Care Strategy (2024-2028). Its main focus is on unifying and improving the delivery of care through a comprehensive organisational change across three teams. Key aspects include streamlining referral processes, creating unified triage systems, and ensuring rapid response to urgent patient needs. By improving integration between inpatient and outpatient care, alongside better coordination with community services, the strategy aims to provide seamless care transitions for patients. Moreover, a focus on personalised care plans, incorporating new technologies and alternative modalities to further tailor care to individual patient needs.

WEBSITE:

https://www.uclh.nhs.uk/our-services/find-service/cancer-services/palliative-care-1/transforming-end-life-care-team

Further resources:

- Stapleton, Liam, Emily Anderson, Rowena Eason, and Emily Collis. "59 Improving use of electronic palliative care coordination systems for patients discharged from an acute hospital trust for end-of-life care." (2025): A30-A31.

- Tavabie, Simon, Stephen Pearson, Janet Balabanovic, Anna Batho, Manoj Juj, Priscilla Kastande, Joanne Bennetts, Emily Collis, and Tim Bonnici. "Understanding Staff Needs for Improving End-Of-Life Care in Critical Care Units: A Qualitative Focus Group Analysis and Service Evaluation." American Journal of Hospice and Palliative Medicine® (2025): 10499091251316492

- Dixon, Ekaterina, Birsem Tilki, Lina Pereira, Dorothy Pearlman, Isobel Marsh, Mariana Rodrigues, Emily Collis, Joanne Bennetts, and Simon Tavabie. "44 VR as a therapeutic tool for palliative and end of life care staff wellbeing." (2024): A24-A25.
- Donaghy, John, Robert Maher, Timothy Bonnici, and Emily Collis. "Enabling Excellent End of Life Care in the ICU." (2023): A30-A31.

- Soosaipillai, Gehan, Joanne Bennetts, Madeleine McMillan, Lina Pereira, Finn Padmore, Sadaf Iqbal, and Emily Collis. "9 Delivering good quality end of life care (EOLC) during a pandemic: the response of the transforming end of life care team (TEOLCT) to COVID-19 in an acute London NHS trust." BMJ Supportive & Palliative Care 11, no. Suppl 1 (2021): A11-A11.

- Pereira, L., G. Soosaipillai, M. Mcmillan, F. Padmore, J. Bennetts, and E. Collis. "Transforming end of life care for patients with lymphoma–understanding training needs within the haematology department of a major acute teaching hospital." ALL and AML 189, no. 1 (2020): 14.

"I felt heard."

Feedback from staff attending training days

Palliative Care team

> *"So thankful for TEOLC support; 'there should be someone like you (TEOL) on the ward all the time."*
>
> **Feedback from relatives**