Goldline Service

Year End Report

1st April 2017 to 31st March 2018

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Executive Summary

Goldline was developed with the support of the Health Foundation and subsequently commissioned by Bradford Districts (BD), Bradford City (BC) and Airedale, Wharfedale & Craven (AWC) CCGs (population 584,500 (ONS, midpoint 2016)) to support the delivery of high quality end of life care. People who meet the eligibility criteria for the Gold Standards Framework (GSF), i.e. any person thought to be in or approaching the last year of life, can be referred to Goldline.

A range of NHS and voluntary sector providers and commissioners across organisations work collaboratively to provide care for patients at the end of life and their families. Within this area, the Electronic Palliative Care Coordination system (EPaCCS) is well established and all information can be shared, where appropriate, via the electronic patient record held in SystmOne, which all providers use or have access to, including out of hours services. This linkage enables holistic care goals to be recorded and accessed by all services at the point of need.

Regular GSF meetings occur across the community in the CCG areas, and support has been given to GP surgeries to enhance the use of EPaCCS during these meetings and ensure information is updated.

Goldline provides a 24/7 single point of contact for patients and their carers to enable them to access support, help, advice and onward referrals to other appropriate services. It aims to support patients in their preferred place of care (PPOC) wherever possible and is staffed by experienced health care professionals, mainly nurses. The Goldline team have access to the electronic patient record in SystmOne to inform and enhance care advice, specifically information recorded within our local Electronic Palliative Care Coordination System (EPaCCS).

Goldline has been established since 2014, and the number of calls taken per year has more than doubled, and in 2017/18 it took over 12,000 calls from more than 2,000 individuals, and received over 3,000 referrals. 2,368 patients registered with Goldline died in 2017/18, which approximates to 47% of all deaths in these CCG areas and represents 61% of all deaths which could have been predicted.

Looking at the three CCGs covered by Goldline, we can see that AWC has the highest proportion of people who died registered to Goldline (56% of all deaths and 76% of predictable deaths). This means that a high proportion of people who are in their last year of life within AWC are identified. This enables anticipatory care planning, and is likely to contribute to some of the best End of Life (EOL) performance measures in England and Wales, including deaths out of hospital. Only14% of people who died with the support of Goldline died in hospital compared to the 33.4% of all deaths in AWC and 45.9% of deaths nationally. Airedale General Hospital also has one of the lowest figures in the country. AWC CCG also has the lowest figure nationally for percentage of people who have 3 or more emergency admissions in the last 90 days of life (4.8% vs 6.9% across England). This outcome is now within the 'CCG Improvement and Assessment framework' as an End of Life care indicator.

Goldline has a reach beyond those referred to specialist palliative care (only 57% Goldline patients who died were known to specialist palliative care services) and a wide range of diagnoses, with 58% of referrals this year having a non cancer diagnosis. The vast majority of people who call Goldline remain in their home after they have called, enabling them to have the care and support they need in their place of preference. Goldline co-ordinates well with other services, but is able to deal with 38% of calls without an onward referral.

Goldline is now established as a vital link in the services available to people in the last year of life, helping them to live and die with the care and in the place of their choosing.

1.0 Patient and carer feedback

The following sections of this report review the hard activity data available to us on the Goldline. The service is however, about supporting patients nearing the end of life with the right care, in the right place, at the right time, and throughout this year, we have been given feedback by them on the service. A small selection is shown below, which places the following sections into their true context.

"We just wanted to say thank you for the support you offered during Dad's last few months and weeks of life. You were always kind and supportive when we rang, and sorted things out to get Dad the help he needed, no matter what time of day or night."

"I would not have known who to contact particularly at weekends. Helped me manage at home, absolutely brilliant service."

"The Goldline could not have taken more care if it was their mum. Thank you so much."

"Your advice, support and kindness showed towards our amazing loving dad will never ever be forgotten by our family, and especially myself as I stayed 24/7 with dad in his final days. Without your support this would not have been possible. Dad was in his own home, in his own bed. I/we cannot praise you enough as you are truly amazing."

"The way all the services worked together with you amazed me, with the Goldline seeming to be the hub for all those involved including the GP, District Nurse, Community Care Team and yourselves all consulting with each other. "Joined-up services" at their very best. I wish I could say more apart from I would never be afraid were my own life to end in this way….."

"The Goldline staff were a life line for myself and family during the final few weeks of my mother's life. You provided support, advice, reassurance, and above all compassion whenever we dialled the Goldline number. Thank you for your tireless work and support…………It gives peace of mind that someone is on the end of a phone. I used Goldline on numerous occassions and found the support they gave invaluable. The Call Handlers are obviously trained and have a lot of experience. They offer support and give reassurance, whilst managing calls/queries in a professional, compassionate manner. An 5* service."

"…a massive thank you to the staff, from the ladies on the goldline call centre to the nurses and doctors and hca and every one who was involved with {his} care through his illness what a massive difference you made to him being comfortable and not in any way feel scared or concerned as to what was happening on several occasions we had to ring the Goldline number, and with out it we would have been in a very different place. What a great thing it is for people in such situations and all the staff we cant thank enough...they made a tough period in our lives easier to deal with knowing that you all were there and were always willing to lend not just an ear but also gave top drawer advice and help."

2.0 Activity Reports

The figures below relate to the period 01/04/17 to 31/03/18 unless otherwise stated.

2.1 Deaths

In the year March 17 - April 18 there were 5,006 deaths (National End of Life Care Intelligence Network) across the 3 CCGs, split as below:

CCG figures March17 / April 18	Popn.	Deaths	% Deaths
NHS Airedale, Wharfedale and Craven CCG	159,964	1,729	1.08%
NHS Bradford City CCG	84,905	454	0.53%
NHS Bradford Districts CCG	339,658	2,823	0.83%
Totals	584,527	5,006	0.81%

It is clear that the profiles of deaths across the CCGs are different with almost twice as many deaths per head of population in AWC compared to BC CCG.

Appendix 1 summarises the most recently available data from the National End of Life Care Intelligence Network

2.2 Referrals

Eligible patients need to consent to being part of the GSF and also to allow health care professionals to access their electronic patient record if they use Goldline. This consent is taken verbally and recorded on their EPaCCS template. Patients and/or carers are given written GSF and Goldline information which includes a sticker with the Goldline telephone number.

Referrals are made electronically via a quick and simple process within the EPaCCS template on SystmOne, which can be used by all primary healthcare teams, specialist palliative care services and ANHSFT to refer patients. The other acute hospitals, care homes and community hospitals send referrals by secure fax. Referrals from care homes are made following discussion with residents' primary health care teams.

Electronic referrals are received as a task by the Goldline team; all referrals are then registered on the Goldline caseload on SystmOne.

Total number (AWC, BD & BC CCGs) = 3,060
Demographic information: Female = 1,762 (58%); Male = 1,298 (42%)

Age Range	number	percentage
80+	1,882	62%
70-79	625	20%
60-69	320	10%
50-59	163	5%
40-49	48	2%
30-39	17	1%
20-29	5	0%
10-19	0	0%

Ethnicity	
White British	2,327 (76%)
Other ethnic group	276 (9%)
Asian incl. Mixed	166 (5%)
Black/African/Caribbean incl. Mixed	11 (0%)
Unknown	280 (9%)

- 58% of the patients referred to Goldline who died during the year ending 31/3/18 had a non-cancer diagnosis
- 43% of the patients referred to Goldline who died during the year ending 31/3/18 have never had a referral to specialist palliative care services

2.3 Length of time patients are on Goldline

Of those who died in the year (n=2,368)

- Minimum number of days on caseload = 0 days
- Maximum number of days on caseload = 1,522 days (approx. 51 months)
- Median number of days on caseload = 76 days (approx. 11 weeks)
- Average number of days on caseload = 194 days (approx. 6 months)
- 427 (18%) were on the caseload for more than 12 months
- 142 patients (6%) were on the caseload for over 24 months

Of the 2,347 active patients on the Goldline caseload (caseload snapshot April 25th 2018)

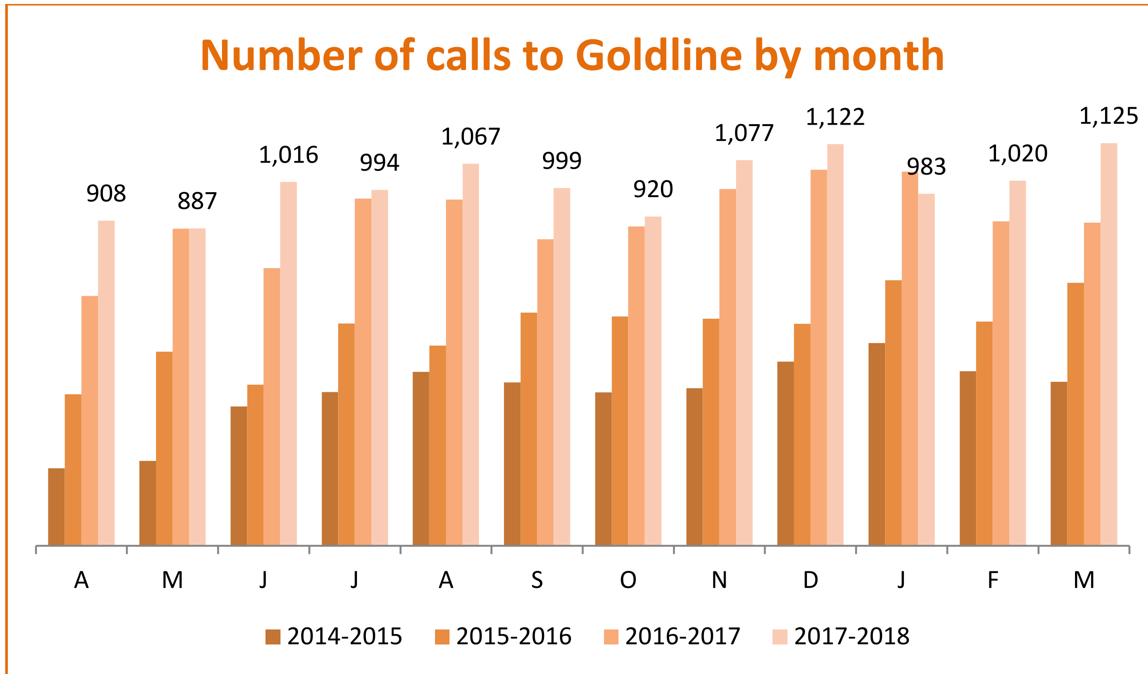
- Minimum number of days on caseload = 1 day
- Maximum number of days on caseload = 1,442 days (approx. 48 months)
- Median number of days on caseload = 271 days (approx. 39 weeks)
- Average number of days on caseload = 341 days (approx. 11 months)
- 930 (40%) have been on the caseload for more than 12 months
- 252 patients (11%) have been on the caseload for over 24 months
- 42 patients (2%) have been on the caseload for over 36 months

18% of patients who died this year were on the caseload for more than a year before they died, however, only 6% were on for more than 2 years, suggesting that professionals can be reassured that they are identifying patients appropriately even though this can feel a challenging task.

Of patients who remain alive, the percentage of patients who have been on the caseload for longer than a year has increased to 40% from 34% last year, however, this drops to 11% at 2 years.

Since the beginning of 2017, the Goldline team have identified all patients who have been on the caseload for longer than 30 months and never used the Goldline service. A request is sent by task to the primary care team to check if the referral is still appropriate - some patients will have moved away from the area, the clinical situation may have changed etc. If a referrer feels that the Goldline is still appropriate for that patient, the referral will be left open.

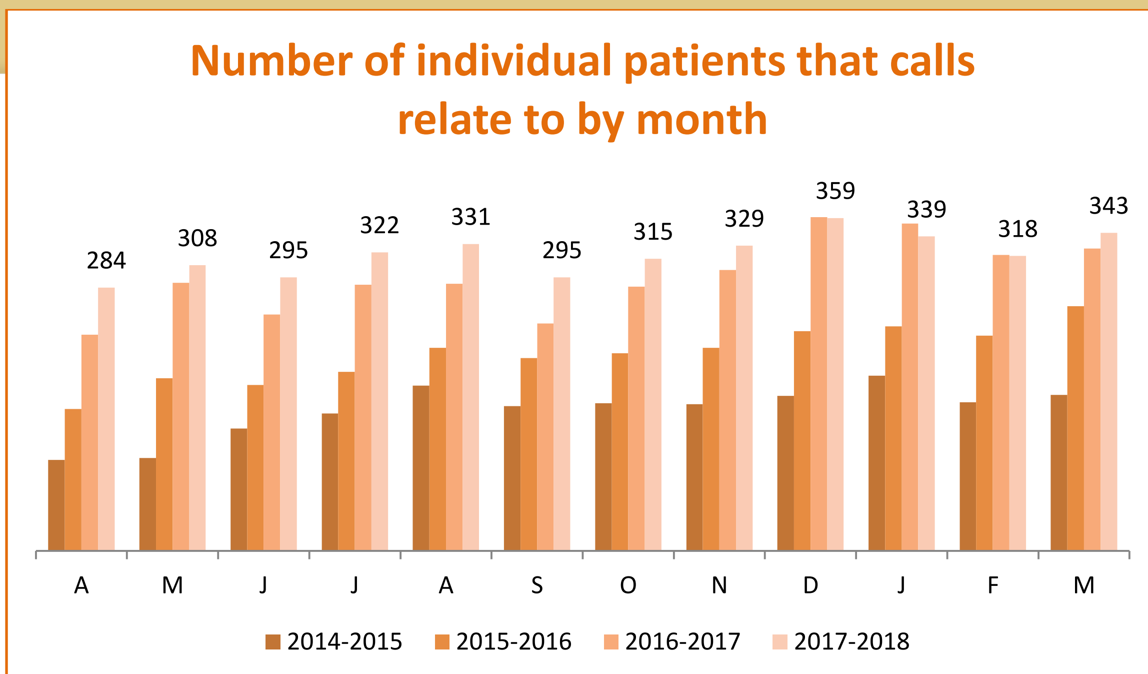
2.4 Details of calls (excludes calls related to notifications of death)



Total incoming calls in the year:	
2014/15	5,106 calls
2015/16	7,847 calls
2016/17	10,946 calls
2017/18	12,118 calls

2.5 Number of patients the calls relate to:

The 12,118 calls were made by 2,119 individual patients



2.6 Timing of calls

69% calls are taken 'out of hours' ie outside 0800 - 1800 on working weekdays, the remaining 31% occur 0800 - 1800 on working weekdays.

2.7 Outcome of calls

Each telephone call to Goldline is assessed by the team member who takes the call. When the call is closed, they record the care/advice/actions etc. taken during/following the call in SystmOne.

2.8 Disposition after call

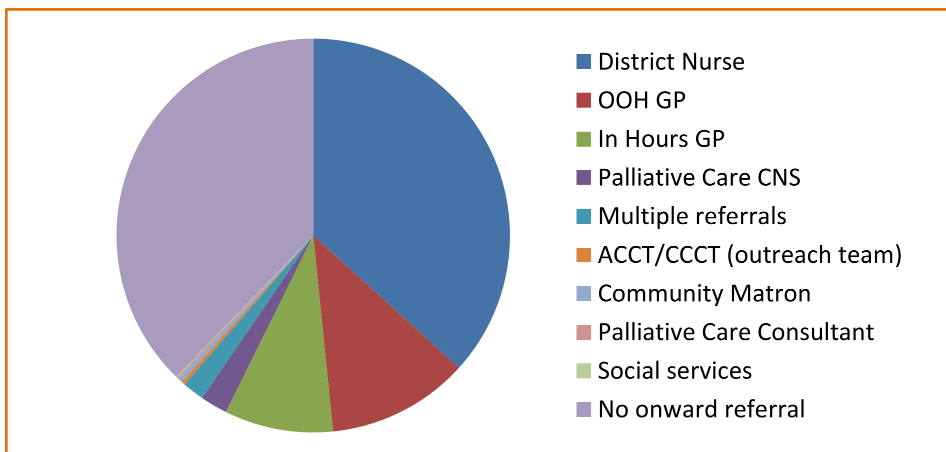
Disposition after call (exluding calls to report a death [n=782])	
Patient remained in place of residence	97%
Ambulance called to assess	3%

Note that although 97% of patients remain in their place of residence at the end of the call, a subsequent visit by a GP (21% calls are referred on to a GP for a visit) may result in a hospital admission. We examined all the calls passed on to GPs over 7 days in October 2017. Of 55 calls handed over to GPs, 3 patients were admitted to hospital (1 with sepsis, 1 with a stroke and 1 for iv fluids) and 1 patient was admitted to a hospice (for end of life care).

2.9 Onward referral

Of the 12,118 calls, 38% of these were resolved by the Goldline team and did not require onward referral, 62% were referred on to another professional.

Onward referral	Number of calls	%
District Nurse	4,450	37%
OOH GP	1,414	12%
In Hours GP	1,083	9%
Palliative Care CNS	271	2%
Multiple referrals	218	2%
ACCT/CCCT (outreach team)	37	< 1%
Community Matron	45	< 1%
Palliative Care Consultant	18	< 1%
Social services	8	< 1%
No onward referral	4,574	38%
Total	**12,118**	



2.10 Place of death

- 2,368 Goldline patients died in the year ending March 2018
- 2,230 had a place of death recorded

Place of Death	Goldline	England (March 2018)
Home	840 (38% of 2,230)	23%
Care Home	793 (36% of 2,230)	23%
Hospice	286 (13% of 2,230)	6%
Hospital	311 (14% of 2,230)	46%
Not recorded	138	N/A
Total	2,230	

Deaths in usual place of residence (i.e. home or care home) for Goldline patients = 73% (England = 47%)

2.11 Preferred versus actual place of death

- 1,398 of the people on Goldline who died in the year had a documented preference of a place to die (home, hospital, care home, hospice)
- In 225 patients there was documented evidence of: were unable to discuss (n=65), declined a discussion (n=18), discussion was not appropriate (n=117), were undecided (n=24) or their decision was ambiguous (n=1)
- 745 patients had no information about preference recorded
- 1,030 (74%) people who expressed a preference achieved their preference

Preference as recorded on EPaCCS (the last known preference recorded before death)		Actual place of death known and matches PPD
Home	694 (of these, we know the actual place of death for 668)	484 (70%)
Hospital	23	19 (83%)
Care home	435	356 (82%)
Hospice	246	171 (70%)
Discussion not appropriate	117	N/A
Patient declined discussion	18	N/A
Patient unable to express preference	65	N/A
Patient undecided	24	N/A
Ambiguous	1	N/A
No entry on EPaCCS	745	N/A
Total	**2,368**	**1,030**

Of the 138 who we do not know the place of their death (see table in 2.10 above), 54 had an expressed PPD recorded: home (n=26) / hospital (n=0) / care home (n=25) / hospice (n=3).

2.12 Other key recorded EOL information

The frequency of other relevant information recorded within the patient electronic record is provided in **Appendix 2**. This shows that the majority of patients have key information recorded within their EPaCCS template, including PPOC, RAG coding for prognosis and resuscitation status.

2.13 Goldline referrals as marker for recognition of patients in the last year of life

Recognition that patients may be approaching the end of life is the first step to offering care coordination and discussion regarding individual preferences. Referral to Goldline requires that patients are offered a conversation about their serious illness. We are working to improve the identification of patients who may be in the last year or so of life so that conversations can be started and plans made to offer best support. We aim to continue to increase Goldline referrals until the majority of people who die following a period of illness will have been offered this service.

Assuming that 25% of deaths occur unexpectedly (Ref. *Predicting Death, Estimating the proportion of deaths that are 'unexpected'* National End of Life Care Intelligence Network), 61% of 'expected' deaths across the three CCGs had a Goldline referral in place when they died. If GP practices use the EPaCCS template to generate the patients to discuss at GSF meetings, and hold meetings regularly, all Goldline patients will also be getting regular, proactive review of their care and needs. There is some variation in recognition and therefore referral to Goldline across the three CCGs – see table below

CCG	Number of Deaths in 2017 (National EOL Intelligence)	75% of deaths (i.e. approx. no. of 'predictable deaths')	Number of deaths who had Goldline referral in place March-April 2017/18	% Predictable Deaths on Goldline Caseload	% All deaths in the CCG on Goldline Caseload
AWC CCG	1,729	1,296	980	76%	56%
Bradford City CCG	454	340	148	44%	33%
Bradford Districts CCG	2,823	2117	1,155	55%	41%
Totals	**5,006**	**3754**	**2,283**	**61%**	**46%**

3.0 Governance

3.1 Professionals

Professionals can give feedback via a form on the EPaCCS template, or contact the Goldline directly by telephone or email. All concerns raised are investigated by the service manager and discussed at the monthly governance and operational team meetings to ensure communication and shared learning.

23 concerns were received in the year (April 2017 - March 2018) which equates to <0.2% of all calls received:

- 4 were related to response times due to capacity of other services.
- 6 were related to delayed care due to a Goldline capacity
- 6 related to staff attitude both Goldline and other teams
- 1 related to a language barrier
- 1 related to a misunderstanding of the Goldline service by the family
- 3 related to an incorrect referral pathway
- 1 patient was not known to Goldline
- 1 was related to conflicting medication advice

No serious incidents or formal complaints were reported.

Some anecdotal concerns have related to the length of time that the OOH GP and District Nursing services have taken to visit patients at home. This is outside of the control of the Goldline service, the hub nurses have started to complete incident reports to LCD and escalate to DN team managers in these situations.

3.2 Patient/Carer Feedback

Patients are given a feedback form as part of the information leaflet they receive at the time they are referred to the service. 5 feedback forms were received via this route in this year, all feedback reviewed was positive.

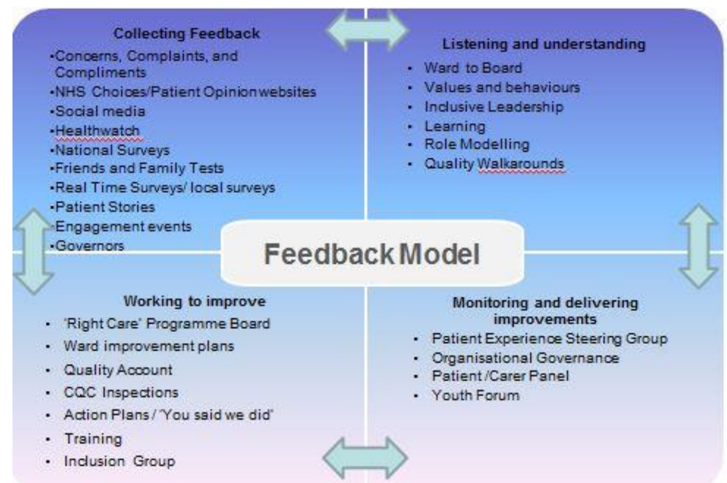
3.3 Compliments

During the year, the team received 20 compliments received via cards or written messages. 2 were from a professional and 18 were from patients or their carers. Many more anecdotal compliments were received.

3.4 Governance measures

A range of measures are being used to provide robust governance of the service:

- Professional and service user feedback is encouraged, all feedback received is reviewed, calls listened to when needed and action taken to address concerns and review any learning
- Call management system to record all calls – every quarter approx. 25 calls are reviewed by the nurse consultant and hub manager. Calls are listened to and checked for the quality in terms of communication and appropriate and safe advice. The written SystmOne record of these calls is also checked for accuracy. A copy of the latest report is available in **Appendix 3**.
- Clinical supervision for the Goldline Clinical team through action learning sets commenced in 2016



4.0 Discussion points

4.1 Current considerations

- Referral numbers and calls taken by the Goldline continue to increase
- Goldline is addressing some of the known inequity in EOL care support services for patients (those with non-cancer and those not known to specialist palliative care services)
- Goldline patients are significantly more likely to die out of hospital compared to both national and local data
- Data on achieving preferred place of death (PPOD) is difficult to compare as there is little data available for comparison. We know that Goldline patients who expressed a preference achieve their PPOD at least 71% of the time.
- The Goldline sits within an end of life program across the districts with an array of services and support which work together to support patients and carers in their preferred place.
- Support in the form of education, training, coaching and facilitation provided by specialists in palliative care, EOL facilitators and GP End of Life leads to primary care services and hospitals has been, and will continue to be, key to enabling more patients and carers to access this service.

4.2 The Future

- Continued support, education and development of hub staff responsible for Goldline.
- Engaging with external stakeholders where possible to spread the use of Goldline into other areas, particularly to areas already served by AGH such as East Lancashire
- Continuation of spreading and embedding use of Goldline service aiming to offer the service to more of those eligible.
- Ongoing work in promoting of the End of Life Care program and integration of this approach into existing and evolving programs of care by:
  - Use of end of life facilitators
  - Working with primary care leads to find ways to improve identification of patients in a timely manner, e.g. using tools already available such as frailty index and other risk stratification tools, also piloting the serious illness conversations program within Airedale.
  - Using local district wide data to identify practices to offer additional support in this approach to care.
  - Work within both acute trusts lead by specialist palliative care services to promote identification and care planning using GSF or last year of life approach.
  - Working with care homes to identify those residents who would benefit form end of life conversations and planning
  - Reviewing patient and public engagement and awareness.

4.3 Data trends

The National End of Life intelligence network is hosted by Public Health England and reports on place of death for all deaths. See **Appendix 1** for graphs.

Based on the most recent data produced to March 2018 here is how the 3 CCGs are performing against the England figures.

Place of death year ending April 2018	England (%)	AWC CCG (%)	BC CCG (%)	BD CCG (%)
Usual place residence	46.7	57.3	48.6	46
Home	23.5	24.2	26.3	26.9
Care Home	22.6	32.5	19.4	21.5
Hospital	45.9	33.4	46.5	42.3
Hospice	5.7	7.2	3.5	7.4

- Deaths in hospital: AWC CCG continues to have the lowest % hospital deaths in England, while the % of people dying in hospital in Bradford is also reducing.
- BC CCG figure is lower than the England figure for the first time
- Deaths in care homes have not shown significant changes since last year
- Deaths at home have risen slightly in all the CCGs
- Deaths in hospice are fairly stable, BC CCG having a much lower death rate in hospice than the other areas

Identification of more patients likely to be in the last year of life, looking with them at their preferences and proactively planning care usually results in a referral to Goldline as a part of this agreed plan. Therefore even if patients do not use Goldline we can use the fact they were referred as a marker of identification, care planning, and involvement of other appropriate services to support patients and carers. Patients on Goldline are more likely to die out of hospital which is a more accurate reflection of patients' preferences. Goldline contributes to a system of care services required to achieve these plans of care and preferences.

It is interesting to note that local data demonstrating the uptake of Goldline (which we can use as a proxy for EOL care planning) is low in practices in BC CCG and most recent national data indicates a rise in hospital deaths in this area.

Most recent trends in all three CCGs demonstrate the need to continue to support and promote the end of life care program of which Goldline is a key service.

FURTHER INFORMATION AVAILABLE FROM:

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Or take a look at our website: http://www.airedaledigitalcare.nhs.uk/our-services/goldline/

Appendix 1 National Data from National End of Life Intelligence Network

1.1 Airedale, Wharfedale and Craven (AWC) CCG

Quarterly % of deaths by place of death (rolling 12 month periods) in AWC CCG					
	Usual place of residence	Home	Hospital	Hospice	Care Home
2012/13 Q3 – Q2	51.9	20.5	37.8	9.3	32.2
2013/14 Q3 – Q2	53.4	19.4	36.6	8.4	33.1
2014/15 Q3 – Q2	53.2	21.1	35.3	9.3	31.7
2015/16 Q3 – Q2	54.6	21.2	35.4	8	32.7
2016/17 Q3 – Q2	53.9	22.5	34.9	8.9	30.7
2017/18 Q3 – Q2	53.7	22.5	34.9	7.9	31

AWC
% of deaths by place of death (rolling 12 month periods 2012-2018)

53
45
37
29
21
13
5

UPR
Hospital
Care Home
Home
Hospice

2012/13 Q3-Q2
2013/14 Q3-Q2
2014/15 Q3-Q2
2015/16 Q3-Q2
2016/17 Q3- Q2
2017/18 Q3-Q2

UPR
Home
Hospital
Hospice
Care Home

1.2 Bradford City (BC) CCG

Quarterly % of deaths by place of death (rolling 12 month periods) in BC CCG					
	Usual place of residence	Home	Hospital	Hospice	Care Home
2012/13 Q3 - Q2	43.4	22.0	49.2	4.3	19.5
2013/14 Q3 - Q2	40.7	24.1	49.9	5.4	21.1
2014/15 Q3 - Q2	46.8	23.7	46.7	4.8	21.1
2015/16 Q3 - Q2	42.4	20.8	49.7	5.5	20.2
2016/17 Q3 - Q2	43.3	25.4	49.9	6.2	21.7
2017/18 Q3 - Q2	44.1	25.8	45.8	5.4	21.1

Bradford City CCG
% of deaths by place of death (rolling 12 month periods 2012-2018)

60
50
40
30
20
10
0

Hospital
UPR
Home
Care Home
Hospice

2012/13 Q3-Q2 2013/14 Q3-Q2 2014/15 Q3-Q2 2015/16 Q3-Q2 2016/17 Q3- Q2 2017/18 Q3-Q2

UPR Home Hospital
Hospice Care Home

1.3 Bradford Districts (BD) CCG

Quarterly % of deaths by place of death (rolling 12 month periods) in BD CCG					
	Usual place of residence	Home	Hospital	Hospice	Care Home
2012/13 Q3 - Q2	45	25.5	45.7	7.5	19
2013/14 Q3 - Q2	43.3	24.9	47	8.1	20.2
2014/15 Q3 - Q2	45.3	23.9	43.9	8.4	20.2
2015/16 Q3 - Q2	45.4	24.4	45.1	8.2	20.5
2016/17 Q3 - Q2	45.8	24.8	45.2	8	20.6
2017/18 Q3 - Q2	48.1	26.8	42.1	8	21.1

Bradford Districts % of deaths by place of death (rolling 12 month periods 2012-2018)

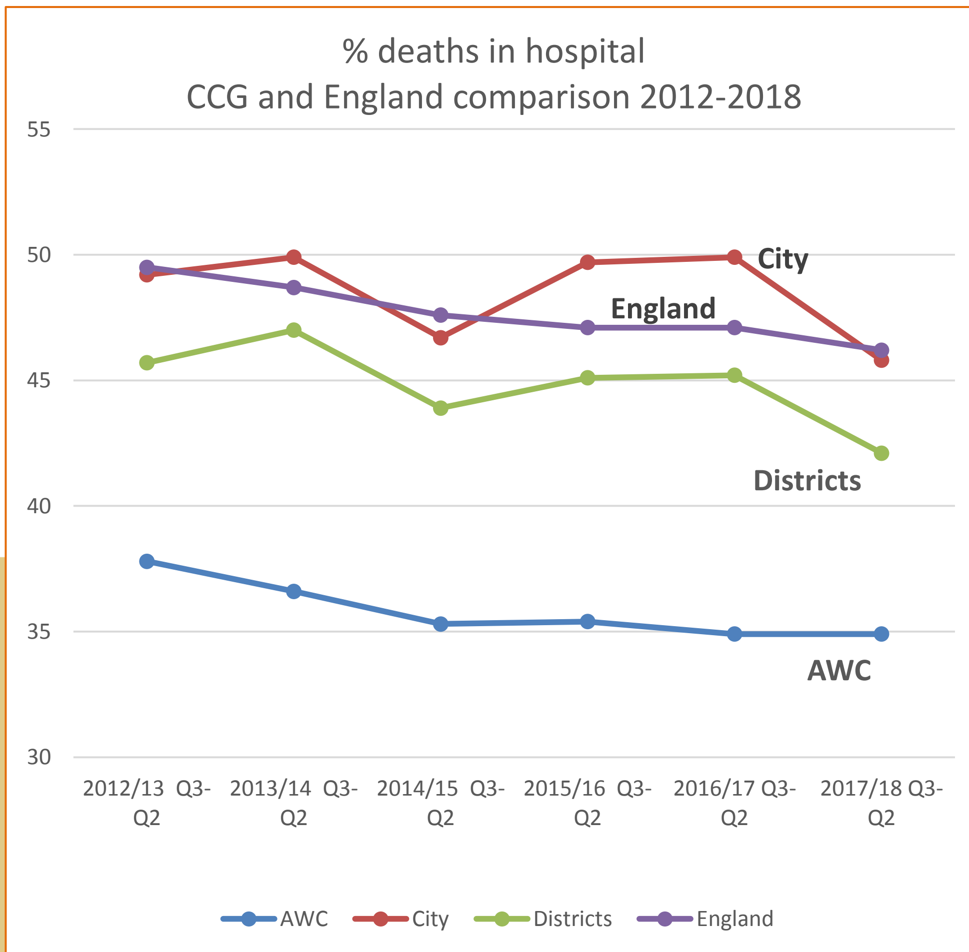
1.4 England data

Quarterly % of deaths by place of death (rolling 12 month periods) - England					
	Usual place of residence	Home	Hospital	Hospice	Care Home
2012/13 Q3 - Q2	43.3	22.0	49.5	5.7	19.4
2013/14 Q3 - Q2	44.3	22.1	48.7	5.6	19.9
2014/15 Q3 - Q2	45.1	23.0	47.6	5.7	20.7
2015/16 Q3 - Q2	45.9	23.0	47.1	5.5	21.5
2016/17 Q3 - Q2	45.7	23.3	47.1	5.7	21.4
2017/18 Q3 - Q2	46.4	23.6	46.2	5.8	22.3

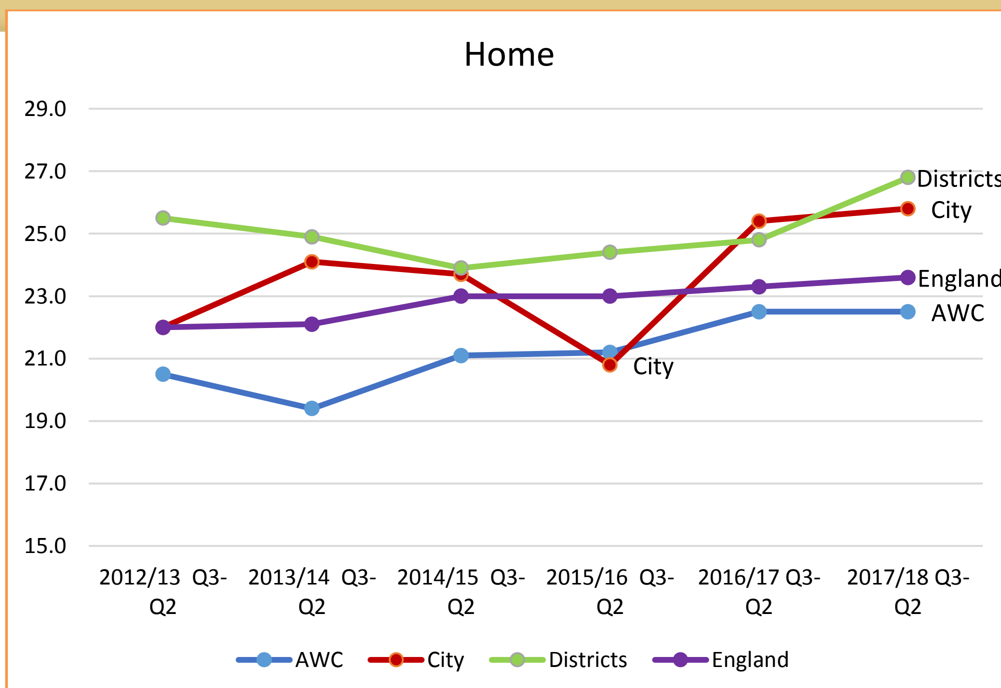
ENGLAND % of deaths by place of death (rolling 12 month periods 2012-2018)

1.5 Comparative data between the CCGs and England

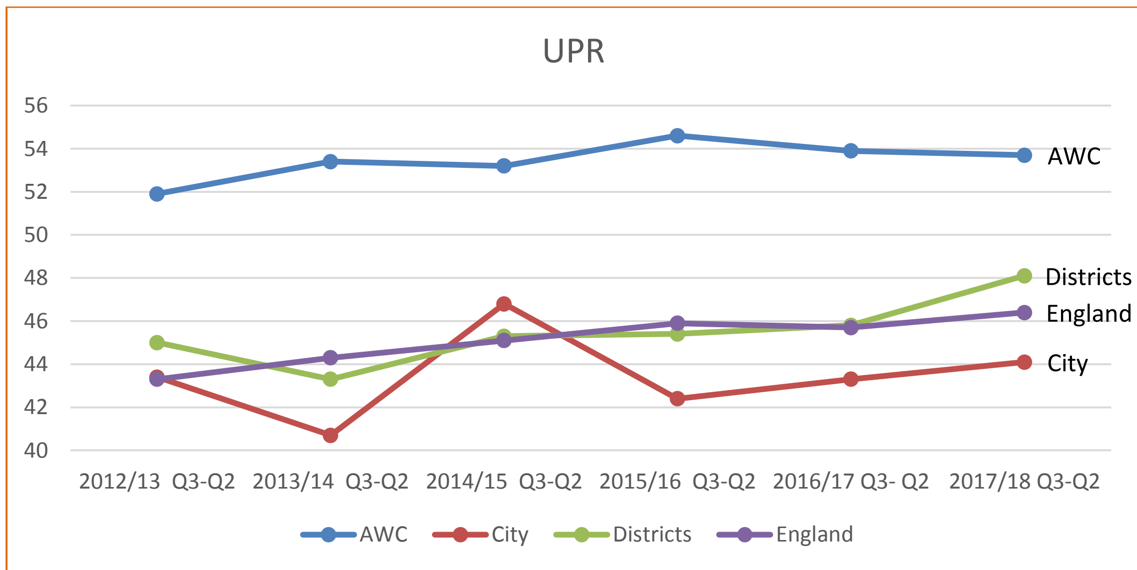
1.5.1 Hospital deaths – CCGS and England figures comparison 2012-2018



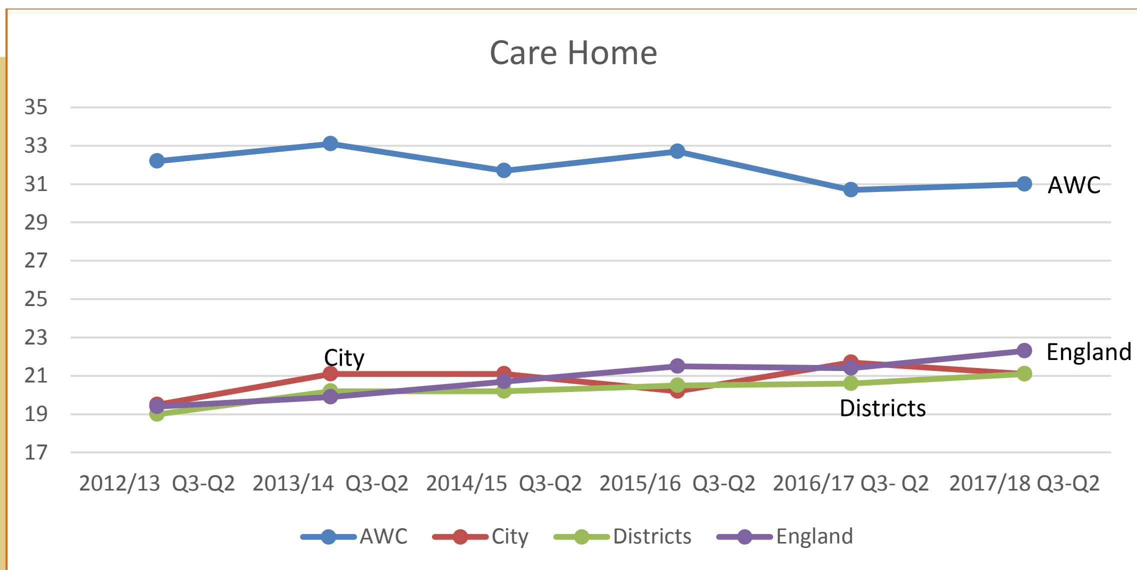
1.5.2 Deaths at home



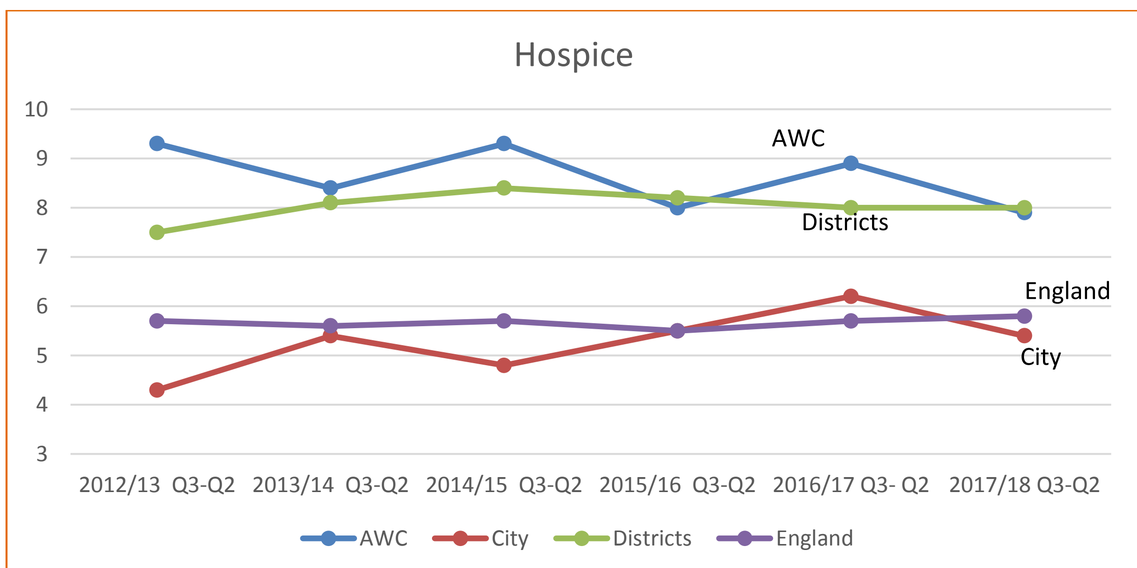
1.5.3 Deaths in UPR



1.5.4 Deaths in Care Homes



1.5.5 Deaths in Hospice



Goldline 24/7 Patient Care

Appendix 2 Key EOL information recorded on EPaCCS

The table below demonstrates the frequency of some of the key EOL information available in the patient record for those referred to Goldline in 2017-18 or dying in this year.

Patients	1,005 Deceased pts (AWC)		1,381 Deceased pts (Bradford)		Total
Referral to pall. care code (XaAex)	386	44%	700	57%	1,086 (51%)
GSF register code (XaFRG)	985	98%	1,362	99%	2,347 (98%)
Cancer diagnosis	380	38%	710	51%	1,090 (46%)
Non-cancer diagnosis	635	63%	725	52%	1,360 (583%)
- Parkinson's disease	19	3%	21	3%	40 (3%)
- Motor neurone disease	8	1%	5	1%	13 (1%)
- Dementia	187	29%	153	25%	340 (25%)
- Cirrhosis of liver	4	1%	14	1%	18 (1%)
- End stage renal failure	20	3%	28	4%	48 (4%)
- Degenerative nervous system diseases	50	8%	36	6%	86 (6%)
- Heart/circulatory disease	95	15%	70	12%	165 (12%)
- Other non-cancer diagnosis	170	27%	258	31%	428 (31%)
- Chronic respiratory disease	53	8%	107	12%	160 (12%)
- Multiple	29	5%	33	5%	62 (5%)
Prog. Indicator stage A (blue)	60	6%	57	4%	117 (5%)
PI stage B (green)	170	17%	342	25%	512 (21%)
PI stage C (yellow)	258	26%	468	34%	726 (30%)
PI stage D (red)	479	48%	413	30%	892 (37%)
No PI stage recorded	38	4%	101	7%	139 (6%)
Pref. place of care res./nur. home	266	26%	186	13%	452 (19%)
PPC own home	437	43%	635	46%	1,072 (45%)
PPC hospice	27	3%	77	6%	104 (4%)
PPC hospital	21	2%	46	3%	67 (3%)
PPC discussion not approp.	16	2%	40	3%	56 (2%)
PPC pat. declined to participate	2	0%	5	0%	7 (0%)
PPC pat. unable to express pref.	32	3%	39	3%	71 (3%)
PPC unknown	204	20%	353	26%	557 (23%)
For CPR	20	2%	53	4%	73 (3%)
DNACPR	922	92%	1,101	80%	2,023 (85%)
DNACPR discussion not approp.	8	1%	29	2%	37 (2%)
Resuscitation status unknown	55	5%	198	14%	253 (11%)
Place or residence: Care home	423	42%	416	30%	839 (35%)
PR Own home	526	52%	870	63%	1,396 (59%)
PR Sheltered housing	18	2%	21	2%	39 (2%)
PR Unknown	38	4%	74	5%	112 (5%)

Appendix 3. Goldline Audit Report

In 2013, a service for patients thought to be in their last year of life was commissioned from the Digital Care Hub at Airedale NHSFT. This service aimed to support patients and their carers 24 hours a day via telephone and video triage, to enable them to remain at home and prevent inappropriate admissions to hospital and attendance at the emergency department.

There are many reasons why people at the end of life are admitted to hospital and the Goldline aimed to help reduce carer strain, co-ordinate services, give information as needed and support community teams using a single point of access.

Since 2013, the number of calls has grown to over 12,951 calls this year.

Consistently >95% of calls result in the patient remaining in their place of residence.

Approximately 60% of the calls result in a referral onwards to a DN or GP. From the audit of random calls, approximately 20% are for a prescription and very few calls result in an ambulance transfer.

Minimal calls taken are felt to need referral on to the palliative care consultant but the hub staff are able to refer on 24 hours a day if necessary.

Since February 2015, all the telephone calls have been recorded as, due to excessive demand, the hub needed to move the Goldline on to a call management system. As part of the clinical governance process, we are therefore now able to audit calls received and act on any issue that arise.

Each quarter, the Manager of the hub and the Clinical Lead select at random a number of calls to audit. As each call can last up to 50 minutes, a full morning is allocated to this task.

The calls are assessed both subjectively and objectively as parameters such as active listening and control of the pace and flow of the call is considered alongside use of the Goldline call sheet and access of the SystmOne patient record. Each patient record is retrieved and the documentation evaluated to ensure accuracy and follow up arranged as necessary.

This quarterly audit has proved invaluable for both staff learning and the identification of issues and concerns.

In 2017/18 year, 80 calls were audited.

In Quarter 1, all except one of the audited calls were felt to have been answered skilfully with the pace and flow controlled appropriately and with adequate information obtained to ensure a safe and effective clinical triage. In one of the calls the Goldline call sheet was not used and in five of the calls the question on recent chemotherapy use was not asked. In all other audited calls, the chemotherapy question was not applicable. It was noted that

- Chemo question rarely asked but often not required i.e. VoD, syringe driver advice etc
- Care Home Goldline call but video not used
- One call was rushed

In Quarter 2, it was noted that audited calls occasionally felt rushed with hub staff 'talking over' the caller. This was raised at a team meeting and discussed by those present.

In Quarter 3, no issues were raised during the audit as all calls heard were felt to be answered well.

In Quarter 4, one call appeared to be taken at a very slow pace with the advisor not appearing confident although they did ask the right questions. There was also a long delay whilst the advisor went to ask for advice from a colleague. This will be discussed with the individual concerned as they may require further support and training as they appear to lack confidence.

This regular audit has proven useful in identifying good practice and has allowed us to respond to issues and concerns quickly and accurately.

Recording every call also allows us to investigate complaints and issues quickly.

Audits of Goldline calls continue each quarter and are reported back to the business and governance meeting, together with the quality dashboard, which includes a number of quality and activity data. This dashboard is reviewed and scrutinised by the executive team at the Trust's DAG (delivery assurance group) every quarter and then any issues are fed back to the Board.

All concerns and professional feedback are recorded on the issues log and complaints dealt with following the Trust's policy.

The risk register is kept up to date and reviewed every month at the Telemedicine operational and governance group. Risks rated 12 and over are reported to the Trust Board.

The following table shows the results of the audits carried out in 2017/2018.

Results Table

Competency achieved	Yes
Controls the flow and pace of the call appropriately	98%
Conveys questions skilfully, including own summary questions for purposes of validation	100%
Ensures adequate information is obtained to enable safe and effective clinical triage	100%
Listens carefully throughout the call and retains information	100%
Demonstrates active listening to the caller	100%
Information and advice is provided skilfully and accurately	100%
Referred to the correct service if applicable	100%
SystmOne accessed and call documented	100%
Goldline call sheet used	100%
Type of call 38% of the calls audited resulted in a visit 33% were advice calls 7% were for verification of an expected death 20% were related to medication 2% were for a prescription	