Good end of life care for all

End of Life Care Strategy

2016-2017
Foreword

“End of life care affects us all, at all ages, the living, the dying and the bereaved.”

The NHS constitution encompasses end of life care and it is also clear that how we care for the dying is an indicator of how we care for all sick and vulnerable people.

This strategy builds on the “Ambitions for Palliative and End of Life Care: A national framework” and is an opportunity for us to set our future direction and improve end of life care for our patients and those important to them.

This strategy is based on the Trust’s values of caring, communication and consistency, developed by our patients and staff as part of the At Our Best programme.

We recognise that our patients and those important to them should be at the centre of everything we do and that end of life care is everyone’s responsibility.

Dr Angela Tillett
Medical Director

“You matter because you are you, you matter to the last moment of your life and we will do all we can, not only to let you die peacefully, but to help you live until you die”

Dame Cicely Saunders

Our Trust serves a population of about 370,000 people across north east Essex.
It is estimated that one per cent of the UK population will die in the next year and our population in north east Essex is also growing faster than the national average.
Moreover, evidence suggests that up to 10% of inpatients will die during hospital admission and almost one in three will have died a year later, rising to one in two in those over 85. This highlights that end of life care is very much a key focus of care for an acute Trust.

Within our Trust there were approximately 1,400 deaths in 2014/15 and we recognise that it is our responsibility to provide skilled and compassionate care and enable those dying under our care to have a “good death”.

By setting out our objectives in this strategy we aim to improve identification of our patients within their last year of life, to have honest conversations with them to enable holistic care planning and management – and ensure a compassionate and competent workforce to improve safety and the experience of our patients and those close to them.
Our patients’ charter

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We want to offer you the highest quality of care and support. We wish to help you live as well as you can for as long as you can. Therefore, when you are nearing the end of life, if and when you want us to:

- We will talk with you and those identified as important to you about your future wishes and choice
- We will provide you with accurate and relevant information at all stages of your care from the diagnosis to death and bereavement
- We will, where possible, ensure you are cared for in your preferred place of care
- We will listen to your wishes about the remainder of your life, including your last days, hours and months, answer as best we can any questions that you have and provide you with the information you feel you need
- We will work together as a multidisciplinary team to provide an individual care record and ensure you and those identified as important to you are involved and communicated sensitively to
- We will do our utmost to ensure that your remaining days and nights are as comfortable as possible, and that you receive all the care that you need
- We will support those identified as important to you, both as you approach the end of your life and during their bereavement.

We welcome your ideas as to how we can improve your care and best support you and those important to you.
Our aims

Each person is seen as an individual

I, and the people important to me, have opportunities to have honest and timely conversations and to know that I might die soon. I am asked what matters most to me. Those that care for me know that and work with me to do what’s possible.

To deliver these aims we will build on the ambitions in the national framework which are set out on the next four pages. These will be underpinned by the actions and measures set out in the appendices of the action plan.

What we will do

- Recognise individuals who may be in their last year of life
- Have open and honest conversations with them and those important to them
- Offer holistic assessment and advance care planning
- Offer bereavement support to those close to them in way of communication, information and supportive environment.
Each person gets fair access to care

I live in a society where I get good end of life care, regardless of who I am, where I live or the circumstances of my life.

What we will do

- Work with St Helena Hospice, Anglian Community Enterprise (ACE), NE Essex CCG and GP practices to share information via the My Care Choices Register (the locality End of Life Care Register) and hospital discharge.
- Develop methods for measuring outcomes for our patients in order to improve patient care.
- Increase use of the My Care Choices Register in particular with regard to care home residents.
- Increase identification of patients in their last year of life with diseases other than cancer (for example COPD or heart failure).
- Improve recognition of those individuals thought to be in the last few days of life and ensure that symptoms are addressed and eating and drinking supported, in line with NICE guidance.

Maximising comfort and wellbeing

My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me be as comfortable and as free from distress as possible.

What we will do

- Educate our workforce to be able to identify those who are dying and improve symptom control and provide skilled and compassionate care.
- Improve individual care planning by increasing the use of the Individual Care Record for the last days of life.
- Ensure an adequately staffed Specialist Palliative Care Team to provide support in complex situations.
- Provide improved care environments, including appropriate areas for breaking bad news.
Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

What we will do

• Work closely with St Helena Hospice, Anglian Community Enterprise (ACE), NE Essex CCG and GP practices to ensure rapid discharge of our patients to enable them to die in their preferred place

• Promote the use of My Care Choices Register as a shared record within the hospital and the community, and ensure leaflets explaining the service are available. Also ensuring good communication between the hospital and a patient’s GP

• Contribute to and support a system-wide approach to end of life care.

All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

What we will do

• Ensure that we have well-trained, competent and confident staff to bring professionalism, compassion and skill

• Have clear governance from ward to board level for high-quality palliative and end of life care

• Trust-wide engagement with end of life care, ensuring it is everybody’s business.
Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

What we will do

- Engage with our community to improve public awareness of death and dying
- Engage with our volunteers to support patients and their families within the hospital and work with the hospice to develop novel ways of working across boundaries.

Implementation of the Strategy

Operational progress with the implementation of the strategy will be overseen through the Trust’s End of Life steering group.

There will be a monthly report to the Patient Safety Group and regular reporting to the Quality and Patient Safety Committee and Trust Board of Directors.

We continue to work closely with our community partners to improve integrated care for our patients and carers.

We are active members of the North East Essex End of Life Project Group, whose members include St Helena Hospice, North East Essex Clinical Commissioning Group (CCG), Anglian Community Enterprise (ACE), Essex County Council, GPs, voluntary groups and care home representatives, as well as patient representatives.

We will also continue to participate in all workstreams for end of life care across our locality.
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References

1. Ambitions for Palliative and End of Life Care. Available at www.endoflifecareambitions.org.uk
7. Colchester Hospital University NHS Foundation Trust. Quality Improvement Strategy 2015-2018
10. The Leadership Alliance for the Care of Dying People. (2014). One Chance to Get it Right: Improving people’s experience of care in the last few days and hours of life. London: LACDP.
12. A biography of Dame Cicely Saunders can be found here: http://cicelysaundersinternational.org/