



# End of Life Care (Adults/Children & Young People) Strategy 2018-2020

Enabling patients to live to the end in the best way they can



**Gerry Skailes**  
Medical Director

*“Providing excellent care with compassion depends upon putting patients and carers at the very heart of every decision we make.”*

## Forward

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**We believe that healthcare services should respond to the diverse requirements of everyone in our local community. This means taking into account the needs relating to age, gender, race, disability, religion and sexuality. Death and dying are also an inevitable part of this diverse community and here at Lancashire Teaching Hospitals NHS Foundation Trust we consider Palliative and End of Life Care a key priority.**

Palliative and End of Life Care requires collaboration and co-operation to create the improvements in care and this strategy sets out our vision for excellent care with compassion in End of Life services 2018-2020.

### Vision

At Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) we believe that when someone is dying they should have ‘Excellent Care with Compassion’ to enable them to live to the end in the best way they can.

We seek to live by our Trust values so we can create a collaborative, respectful, compassionate atmosphere enabling us to always deliver an exceptional quality of care. We believe by changing the way we talk about dying, death and bereavement we are then empowered to plan and support those who are dying and care for the people who are close to them.





## More about Lancashire Teaching Hospitals

### Our mission is to provide excellent care with compassion.

We deliver care and treatment from three main facilities:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- Specialist Mobility and Rehabilitation Centre, Preston

We aim to provide outstanding hospital care for patients in Preston, Chorley and South Ribble, and offer a range of specialised services to 1.5m people throughout Lancashire and South Cumbria, including :

- Cancer
- Major trauma
- Neurosciences
- Renal
- Specialist Mobility and Rehabilitation
- Vascular

The diversity and breadth of our speciality services enables productive multi-disciplinary working, the provision of patient-centred joined-up care, learning and research opportunities.

We are committed to driving innovation through world-class education, training and research, and our continuous improvement approach challenges us to work more effectively and always strive for a better patient experience and outcome.

**£480m annual expenditure**

**7700 staff**

### Our values

We believe services are best led and delivered by a multi-disciplinary team, so every division and directorate is headed by a clinician, lead nurse, allied health professional, and manager.

Every voice is valued, and both clinical and management colleagues work collaboratively as peers, delivering clinically-led services with shared goals and mutual respect.

Our values are integral to the culture of our organisation, and shape our actions, behaviours and attitudes towards each other, patients, and their families.



**Caring and compassionate:** We treat everyone with dignity and respect, doing everything we can to show we care.



**Recognising individuality:** We respect, value and respond to every person's individual needs.



**Seeking to involve:** We will always involve patients and families in making decisions about care and treatment, and are always open and honest.



**Team working:** We work together as one team, and involve patients, families, and other services, to provide the best care possible.



**Taking personal responsibility:** We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud of.





## End of Life Care

**At Lancashire Teaching Hospitals NHS Foundation Trust we are committed to preventing avoidable deaths and have robust mechanisms in place to ensure this. However, when preventing death is no longer an appropriate option we will continue to treat and support our patients throughout their last months and days of life and support the bereaved with care and compassion.**

To achieve our strategy we believe in a collaborative approach and as such we have drawn upon the End of Life Care Strategy (Adults) published for 2014/15-2016/17 by Chorley, South Ribble and Greater Preston Integrated Health and Social Care Economy. This was updated in 2017 by undertaking a benchmarking exercise across the health economy guided specifically by "The Ambitions for Palliative and End of Life Care – A national framework for local action 2015-2020". The Trust participated fully in this process and as such the health economy identified priority areas in the six ambitions and created work streams accordingly. Our Trust strategy mirrors these work streams.

National guidance has also helped to inform our strategy and ensure consistency of care during the last months of life in documents such as the Department of Health 2015 One Chance to get it right, Department of health 2008 End of Life Care Strategy and the NICE National Institute for Health and Care Excellence End of Life Care for Adults QS13

March 2017, Care of Dying Adults in the Last days of Life QS 144, NG 31, End of Life for Infants, Children & Young People QS 160, End of Life for Infants, Children & Young People with Life Limiting Conditions NG 61 and <https://www.togetherforshortlives.org.uk>.

Lancashire Teaching Hospitals NHS Foundation Trust is committed to ensuring that as an organisation we make the "Ambitions" a reality through our own value system, strong leadership, commitment and seeking to involve local and community services with the patient at the heart of everything we do.

**"Making every moment count".**  
(National End of Life Care Strategy 2008)

# Key Strategy Priorities (see glossary of terms on page 12)

## Ambition one:

### Each person is seen as an individual

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

#### LTHTR Plans/we will:

- To ensure the individual care plan incorporating the five Priorities for Care of the Dying Person for last hours/days of life is embedded in the Trust culture and practice.
- Develop Children's and Young People care planning in line with NICE guidance.
- Adopt unified DNACPR policies across acute and community services into Advance Care Planning that is aligned with national guidance.

- Promote Advance Care Planning across care settings.
- Engage in a communication skills training strategy.
- Ensure through monitoring all bereaved people within LTHTR have equal access to bereavement and pre-bereavement care, including children and young people and those affected by sudden or traumatic death.

## Ambition two:

### 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.*

#### LTHTR Plans/we will:

- Work with CCG partners in the development of a population based needs assessment.
- To collect and report on Palliative and End of Life Care activity at board level to inform quality improvement plans.
- To seek the views and experiences of people nearing the end of life and bereaved to help inform judgements about the quality of care.
- To develop the lay representation at the End of Life Care Board and ensure this includes the recommendations in the CQC report "A different ending addressing inequalities in end of life care".
- To work and engage with Our Health Our Care.

- Plan to support high quality end of life care in residential/nursing care homes and avoiding unnecessary hospital admissions to ensure a systematic, proactive approach to identify residents who may require end of life care and to support individuals to die in their place of choice, using advance care planning, personalised care plans and treatment escalation plans.
- Report to End of Life Board 'Fast Track' and 'Rapid Access' figures to show activity and areas for improvement.

# Key Strategy Priorities

## Ambition three:

### 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 to be as comfortable and as free from distress as possible.*

#### LTHTR Plans/we will

- Provide a responsive Specialist Palliative Care service which is embedded within the Trust with a 7 day access model.
- Bereavement and Chaplaincy Services aligned to Specialist Palliative Care Services offering a wider scope of End of Life Care.
- Ensure the five Priorities of Care are part of an ongoing audit programme.

- Ensure the Trust End of Life Care documentation has a recognised researched/best practice approach to anticipatory prescribing for symptoms at End of Life.
- Update and maintain symptom management resources for all staff.
- Engage with national audits. Implement applicable recommendations and develop quality improvement plans from lessons learnt.

## Ambition four:

### 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.*

#### LTHTR Plans/we will

- Senior LTHTR leadership and representation in the progression of EPaCCS and LPRES roll out with partners across the health economy.
- Engagement with EPaCCS/LPRES to inform multi-disciplinary meetings such as the 'Gold Standard Framework' both within LTHTR and local GP practices.
- To monitor use of EPaCCS records within LTHTR.

- Ensure LTHTR has accessible information available for families, carers and individuals on the respective roles and responsibilities of End of Life Services.
- Children and Young People Services to benchmark against NICE guidance.
- Provide coordinated pathways to utilise and access the expertise of our tertiary services to support End of Life Care where needed.

# Key Strategy Priorities

## Ambition five:

### 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.*

#### LTHTR Plans/we will

- Implement and monitor compliance to the “Transforming End of Life Care in the Acute Hospital” educational programme for all relevant medical and nursing staff.
- Increase the number and activity of End of Life Care champions within LTHTR.
- Develop and maintain the Specialist Palliative Care and Bereavement Trust web pages as resources in line with national/best practice guidance.
- Promote wellbeing interventions to support resilience amongst the workforce.
- Engaging with partners to share opportunities for learning and education.
- Identifying which staff groups require specific end of life training and monitoring through divisional oversight.
- Clinical, Executive and Non- Executive Leadership at the End of Life Care Board.
- Develop a central information point where all staff and the organisation can easily access clear information about outcomes in palliative/ bereavement and end of life care services.

## Ambition six:

### 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.*

#### LTHTR Plans/we will

- LTHTR engagement at Central Lancashire Palliative and End of Life Care Strategy Group.
- Support and promote engagement in the ‘Dying Matters’ programme for LTHTR staff, patients and carers.
- To review the use of volunteers within the End of Life Care agenda.
- Promote acute hospital and community engagement to support a seamless transition between both services.
- Learning from patient stories, compliments and complaints.
- Promote Chaplaincy Services that listen and support the diversity amongst our local denominations and faith communities.
- To work and engage with Our Health Our Care which seeks:
- To bring together all the different health and care organisations in central Lancashire so that together they are developing a new approach where each element of the system works together effectively in the best interests of our patients and local communities.



**Our Health Our Care**





## Indicators of Success

**In order for Lancashire Teaching Hospitals NHS Foundation Trust to demonstrate the delivery of high quality End of Life Care for Adults, Children and Young People Indicators of success are an essential part of our strategy.**

These will be used to monitor and evaluate the impact of End of Life Services and Care.

- Continued improvement in use of Individualised Last Days of Life Care Plans monitored through annual audit.
- Individualised anticipatory prescribing appropriate to the clinical indication monitored through annual audit.
- A unified DNACPR health economy policy in place that will be kept under review when plans to aligned with the national "ReSPECT" process to develop an agreed "Anticipatory Clinical Management" planning process.
- Compliance with LTHTR training targets set by the Specialist Palliative Care and Bereavement Team.
- Completion of population needs assessment and implementation plans monitored through Our Health Our Care.
- Further develop seven days Specialist Palliative Care Service within Lancashire Teaching Hospitals in line with the SCN review.
- EPaCCS/LPRES software systems embedded into LTHTR systems along with care partners across local community.
- Increased Hospital Discharge letter completion with End of Life Care/EPaCCS information monitored by audit.
- LTHTR intranet/resource materials in line with national and best practice guidance.
- Patient experience lead at End of Life Board.
- Increased access to Fast Track and Rapid Access to Home Care for patients monitored through audit.
- Further development of "Gold Standards Framework" type meetings within ward environments leading to increased use of Advance Care Planning within LTHTR sharing best practice with community partners.
- Ongoing participation in local and national audit.
- An agreed research development programme.
- Incorporate the number of patients with 3 or more admissions in the last 90 days of life into a performance dashboard.
- Increased use of patient stories, bereavement feedback and complaints to inform areas for future improvement work.
- Increased awareness and care planning aligned to NICE guidance within Children's and Young People's services.
- Integration of Specialist Palliative Care and Bereavement Services,
- Increased uptake of Chaplaincy Services monitored through audit.





## Next Steps/Conclusion

This strategy for End of Life Care for Adults, Children and Young People sets the direction of travel for Lancashire Teaching Hospitals NHS Foundation Trust for the period of 2018-2020. This strategy will be monitored through our End of Life Board with oversight at Trust Board Level.

Our strategy has been guided specifically by The Ambitions for Palliative and End of Life Care – A national framework for local action 2015-2020 and as such Lancashire Teaching Hospitals NHS Foundation

Trust is committed to ensuring that as an organisation we make these ambitions a reality through our own value system, strong leadership, commitment and seeking to involve local and community services with the patient at the heart of everything we do.

As a large organisation we are committed to having a clear strategy for the next two years that sets out our aims and ambitions as we know that End of Life Care affects us all.

# Feedback Comments - 2018

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## January

"Keep up the brilliant work you all do"

"Thank you so much for all your care and compassion you gave my Dad"

"I will never forget our first meeting .... It was so lovely to see home 'speak' with you"

"You gave us such comfort at such a difficult time in our lives and we are so grateful for your wonderful support and the care you gave"

## February

"Thank you for the kind and personal way you took care of dad"

"Always treated in a warm and friendly way"

"Your kindness and compassion was second to none"

## March

"Thank you to all the palliative care team, we really appreciate the care and support you gave us"

"You all do a fantastic job and we hope you realise how much you are all love"

"We wanted to thank you for all the care and support you gave our precious mum"

## April

"Thank you so much for all you did for my mum. You made sure she got home quickly and safely"

"Keep up the good work you are invaluable"

"Thank you for seeing my Dad through the dark times"

"You championed our cause of giving him a peaceful and dignified end of life in the right setting and talked to him with such respect and courtesy"

I know it was never "just your job"

"You cannot put a price or a cost on human memories of loved ones and the little things you do will be remembered in the hearts of relatives for years to come"

## May

"Please can you thank RJ, he was an absolute rock and the voice of common sense and reason when there was none elsewhere. My father took an instant like to him and we appreciated everything he did for him"

## References

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Department of Health (2008). *End of Life Care Strategy: Promoting high quality care for all adults at the end of life*. London: HMSO.

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*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*.

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# Glossary of terms

Word	Meaning
<b>Benchmarking</b>	Benchmarking is a continuous process by which an organization can measure and compare its own processes with those of organizations that are leaders in a particular area.
<b>NICE</b>	The National Institute for Health and Care Excellence
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation
<b>Advance Care Plan</b>	Advance care planning' (ACP) is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. The main goal is to clarify peoples' wishes, needs and preferences and deliver care to meet these needs.
<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>'Fast Track'</b>	The purpose of the Fast Track Pathway Tool is to ensure that individuals with a rapidly deteriorating condition, which may be entering a terminal phase, are supported in their preferred place of care as quickly as possible.
<b>EPaCCS</b>	Electronic Palliative Care Co-ordination Systems. This enables the patient's clinician to electronically record and share people's care preferences and key details about their care at the end of life.
<b>LPRES</b>	LPRES (Lancashire Person Record Exchange Service) LPRES is a comprehensive electronic Shared Care Record, which integrates health and social care organisations across Cumbria and Lancashire.
<b>Gold Standard Framework</b>	The Gold Standards Framework (GSF) The National Gold Standards Framework Centre (GSF) help doctors, nurses and care assistants provide the highest possible standard of care for all patients who may be in the last years of life.
<b>Population based needs assessment</b>	Health needs assessment. Assessment of health needs is not simply a process of listening to patients or relying on personal experience. It is a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.
<b>Tertiary</b>	The NHS is divided into primary care, secondary care, and tertiary care. Primary care is often the first point of contact for people in need of healthcare, and may be provided by professionals such as GPs, dentists and pharmacists. Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture. Tertiary care refers to highly specialised treatment.
<b>End of Life Champions</b>	Someone who wants to act as a local champion for palliative and end of life care.