

Palliative and End of Life Care Strategy

2021 to 2026







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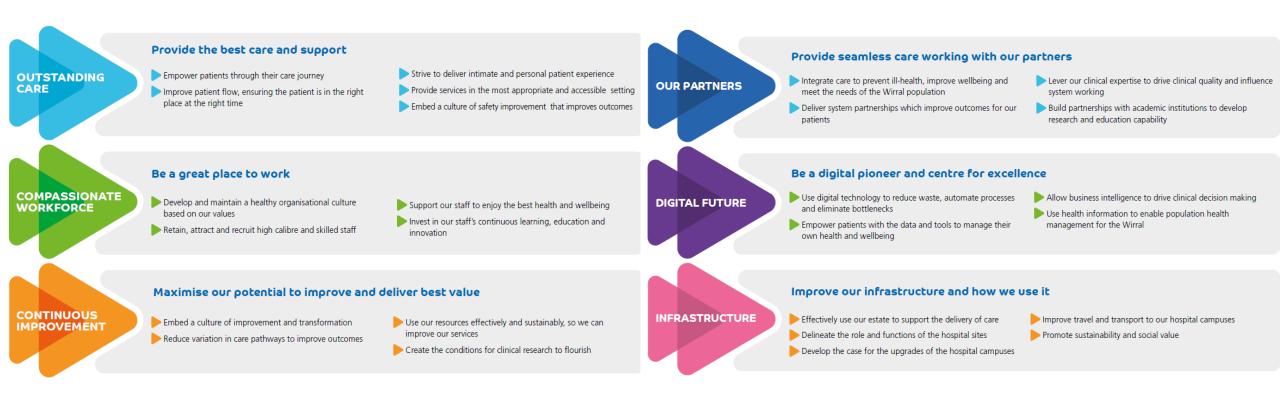
Introduction

Palliative & end of life care affects us all; the value of compassionate, expert care delivered in partnership with patients and families at this important time is immeasurable. Understanding 'what matters most' to people living with serious illness and supporting them to continue to live in keeping with those wishes is a great honour, and part of our core business. In order to achieve this, our workforce must be skilled and our systems robust. More than anything, we must support our staff to see the 'person' rather than the 'patient', and continue to grow a culture that recognises palliative and end of life care as 'everybody's business'.





Our six strategic objectives and priorities demonstrate our intension to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system. We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.





Our Enabling Strategies

Our 2021-2026 Strategy will be delivered through seven enabling strategies as shown.

This Palliative and End of Life Care Strategy underpins our Clinical Service Strategy and our Patient Experience Strategy

Our Palliative and End of Life Care Strategy outlines our intentions to deliver the best possible person-centred care to those living with serious illness, and those important to them.

Achieving our Palliative and End of Life Care intentions will support us to deliver our vision: together we will deliver the best quality and safest care to the communities we serve.







Our Palliative and End of Life Care Journey

In 2018, CQC rated WUTH as delivering 'good' end of life care across all domains. Our patients and their families deserve to expect the very highest standard of palliative care, and we seek to improve this rating to outstanding during the lifetime of this strategy. The size of our mission is significant; a 2014 study demonstrated that 29% of hospital inpatients are likely to be in the last year of life. Collaborative effort across all Divisions and staff groups will be required if we are to achieve the excellence we seek.

The Covid-19 pandemic has demonstrated the importance of a flexible and responsive Supportive & Palliative Care service, which can adapt to rapidly changing clinical demands and educational needs. In April 2020, a dedicated hospital service was commissioned and is now embedded; we are now well placed to move forward with our Trust-wide strategic objectives. Care for patients and their families must be seamless and coordinated between hospital departments and across organisational boundaries. Above all, our care must be focused on 'what matters most' to the individual we serve, and those important to them.

In May 2021, Ambitions for Palliative & End of Life Care: A national framework for local action 2021-2026 was published. This provides us with a clear mission for improvement, and we have used these national ambitions to frame our local objectives





Roles and Responsibilities

- All members of staff and volunteers are responsible for delivering the highest possible quality of palliative and end of life care.
- When clinicians seek help in caring for a patient with palliative care needs, they will be confident of an expert and timely response
- Individual wards must monitor and report on the quality of their end of life care through ward accreditation
- Each Division will select their own priorities from our six ambitions (based on local intelligence), and report on progress at the bimonthly Palliative & End of Life Care Steering Group

- The Supportive & Palliative Care Team will support the Divisions through provision of education and development of quality improvement initiatives
- The Supportive & Palliative Care Triumvirate, together with the Deputy Chief Nurse, are responsible for the development and implementation of this strategy
- Progress will be reported quarterly to the Patient Safety and Quality Board, which feeds into Clinical Governance Group and Trust Board



National Ambitions for Palliative and End of Life Care

- 1. Each person is seen as an individual
- 2. Each person gets fair access to care
- 3. Maximising comfort and wellbeing
- 4. Care is coordinated
- 5. All staff are prepared to care
- 6. Each community is prepared to help



Each person is seen as an individual:

- focus our holistic care on 'what matters most' to people with palliative care needs, and those important to them
- plan care at the earliest opportunity when it is identified that a patient's recovery is uncertain
- support patients with serious illness to discuss and record their wishes for the future, together with their families
- provide spiritual care that is tailored to the individual (for people of all faiths and none)
- provide information and support to bereaved families in accordance with their individual wishes



Each person gets fair access to care:

- provide high quality palliative care through collaboration between the Supportive &
 Palliative Care Team and other relevant specialties
- deliver good end of life care regardless of who a person is, where they live, their life circumstances or the type of illness they are experiencing
- develop systems of person centred outcome measurement
- participate in the development of the Wirral Supportive Care Registry, to support the generation of population-level intelligence and reduce variability in care for people with palliative care needs



Maximising comfort and wellbeing:

- deliver a 7-day face-to-face Supportive & Palliative Care service
- provide easy access to evidence-based symptom control guidelines
- work in partnership with patients, and support them to make informed choices about their medical care
- work flexibly as a Supportive & Palliative Care Team so that we can continue to respond effectively at times of increased clinical demand
- continue to develop our specialist palliative care bed base (The Supportive Care Unit) to deliver the highest possible standards of symptom control and holistic care, delivered by a multi-disciplinary team
- Work alongside colleagues within assessment areas and the Integrated
 Discharge Team to ensure patients experience efficient and coordinated care as they begin and end a hospital admission



Care is coordinated:

- communicate regularly and proactively with patients and their families about their clinical progress, goals of care, and future plans
- develop robust handover processes when patients with palliative care needs move between wards and on discharge from hospital
- embrace opportunities to harness digital technology to improve communication and clinical care
- work in collaboration with key partners across our system to deliver seamless care and learning across boundaries
- ensure that those known to Wirral palliative care services are identified on admission to the hospital setting, so that proactive palliative care input can be offered
- develop shared processes with key partners to avoid duplication, so that patients can 'tell their story once'



All staff are prepared to care:

- provide palliative care education for staff across all disciplines, as outlined within our Trust-wide training needs analysis
- continue to develop a thriving 'link nurse' community, and offer brief coachingstyle ward-based education
- use themes identified through our governance processes to provide targeted education initiatives to relevant clinical areas as required
- work with partner organisations to deliver system-wide training, so that consistent, person-centred care is delivered across organisational boundaries
- provide education to support key quality improvement initiatives e.g. advance care planning, treatment escalation planning and care in the last days of life
- offer opportunities for debrief and reflection for teams who have been through difficult experiences



Each community is prepared to help:

- refresh our volunteer companionship service, offering additional emotional and practical support for patients and those important to them
- provide access to a clinically-led, high quality volunteer education programme
- offer a volunteer service that enables individuals to contribute in a variety of ways, in accordance with their existing skills and expertise
- establish and develop links with relevant third sector and faith-based groups, to enhance the experience of hospital patients, and signpost to individually tailored support on discharge

Strategic Alignment



Our Palliative and End of Life Care Strategic Objectives Aligned to our 2021-2026 Trust Strategic Objectives

	Outstanding Care Provide the best care and support	Compassionate workforce Be a great place to work	Continuous Improvement Maximise our potential to improve and deliver best value	Our Partners Provide seamless care working with our partners	Digital Future Be a digital pioneer and centre for digital excellence	Infrastructure Improve our infrastructure and how we use it
Each person is seen as an individual	✓		~			
Each person gets fair access to care	~		✓		~	~
Maximising comfort and wellbeing	✓	✓	~			
Care is coordinated	~		•	~		~
All staff are prepared to care	~	✓	✓		~	
Each community is prepared to help	~		~	~		~

Patient Experience

The 6 objectives of our Palliative and End of Life Care Strategy are based on the national ambitions and will support the delivery of our Patient Experience Strategy.



	Being made to feel at ease and reassured	Listening to me and respecting me as an individual	Feeling safe and having trust in the staff	Designing my care with me and for me	to plan my aftercare
Each person is seen as an individual	•	✓	~	~	~
Each person gets fair access to care		~		~	~
Maximising comfort and wellbeing	✓	~	•	~	~
Care is coordinated	✓	~	~	~	~
All staff are prepared to care		~	~	~	
Each community is prepared to help			~	~	✓

Next Steps

Implementation, Monitoring and Review





Development and sign-off of the 5 Year Palliative and End of Life Care strategy aligned to the Trust Strategic Objectives and Patient Experience Strategy.

Key outcome measures for palliative and end of life care will inform the divisional and organisational priorities and areas for development. This includes, but is not limited to; performing above average on the national audit, learning from what matters most data, ward accreditation related to palliative and end of life care, friends and family test feedback, and bereavement surveys.

Key to the success of this strategy is capability (confidence, competence and capacity) to meet the palliative and end of life care needs of patients and their loved ones.

Palliative and End of Life Care Strategy priorities will be reviewed as part of annual operational and strategic planning to ensure they remain relevant to our evolving patient needs and maintain delivery momentum.



Appendices











Engagement

Norkshop Output: