NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

York and Scarborough Hospitals Trust Palliative and End of Life Care Strategy 2022 - 2025

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York Trust's overall mission is;

'Start well, live well, age well' for all that live in our localities.

Our palliative and end of life care strategy aims to ensure we all live well until we die.

Our palliative and End of Life Care Strategy builds on the National Institute for Health and Care Excellence's end of life care for adults quality standards (2021) and the Ambitions for Palliative and End of Life Care: National framework for local action (2021-2026). The latter outlines six ambitions for of patients at the end of life which are

1. Seeing you as an individual
2. Ensuring that you get fair access to care
3. Maximise your comfort and wellbeing
4. Approach your care in a coordinated way
5. All staff are prepared to care
6. Work with the local community to promote care for the dying

The ambitions align with our Trust values; kindness, openness and excellence. As an acute hospital and community Trust, we are committed to being involved locally, working to enhance personalised local community services and awareness of the needs of those living with and dying from terminal disease. Although our focus is on you and your experience, our concern is broader. Our ambitions include your carers, families, and chosen families and those important to you. To achieve this we are committed to ensure our staff are supported to have the right skills and training, are confident in their work, and provide compassionate care and support to you when you need it.

Ambition 1

Each person as an individual

We pledge that all of your personal needs and wishes will be explored through honest conversations about the challenges living with your disease, and at a time when you feel ready, discussions about dying, death, and bereavement; these conversation will include you and can include those people that are important to you.

Our staff will deliver care that is person centred and will ensure that choices about your care are recorded and with your consent shared with others involved in your care, supporting you to retain as much control as you wish to have.

We will provide you and those important to you with information, advice and support to enable you to make timely decisions about your care.

Your care will be coordinated to incorporate your personal, health, social and social care needs.

We will achieve this through:

- Working with our local partners (service providers) to empower them to identify adults who are likely to be approaching the end of their life in a timely manner and to ensure that systems are in place and staff are trained for the same.
- Developing and implementing an individualised care plan for everyone receiving end of life care in our services
- Encourage and initiate advanced care planning discussions and document them.
- Working with our local partners to ensure you have access to the best clinical assessment and care delivery in an environment that meets your needs and takes your choices into account.
- Working with you and those important to you in preparation for bereavement, including signposting to appropriate support.

Ambition 2

Each person gets fair access to care

You and those important to you have the right to expect services at the end of life that are coordinated and provide you with all of the support you require.

Death and bereavement affects everyone; we will endeavour that you get the care that works for you personally.

Providing a service that achieves equity and equality in access, responsiveness and outcomes irrespective of background will be at the centre of the day to day care we provide.

We are committed to understanding what outcomes are important to you in relation to your care, recognising that these are key in helping us make continuous improvements. We will achieve this through supporting the development of systems to systematically identify patients approaching the end of life:

- Using all available data sources to better understand the reach of our services and identify any gaps in the provision of end of life care.
- Generating and using this data to inform us how we may need to improve access to and outcomes one receiving care.
- Involving faith groups and cultural communities to improve access
- Committing to using national, regional and local data to further guide and develop services that will improve care for you.
- Continuing to strengthen relationships with other local providers to maintain clear and open communication to facilitate an ease of transition of your care between services, where required.
- Working with you and those important to you to develop a set of measurable, person centred outcomes to both improve your care and so that we can continue to improve services in the future.
- Ensuring availability of literature in a variety of formats/languages and providing access to interpreter services where needed
- Providing 7 day face to face specialist palliative care provision across the Trust
- Ensuring staff have remote access to 24/7 specialist palliative care advice

Ambition 3

Maximising comfort and wellbeing

We know that many people in the last months, weeks or days of life may be fearful of being in pain or distress, irrespective of condition or diagnosis.

We will recognise and respond to your concerns, assess any physical, psychological or social needs causing distress and endeavour with you and those important to you, to find a solution 7 days a week

We know that access to early, good quality palliative care can improve health outcomes. We will maintain and develop the existing Specialist Palliative Care service that we provide.

We will achieve this through:

- Relating all our specialist education to the Yorkshire and Humber Learning Outcomes framework for all clinical staff ensuring skilled assessment and symptom management.
- Working with and supporting you to achieve your personal goals whilst maximising your independence.
- Embedding use of the Individualised Care Plan for the dying patient for those in the last days of life.
- Equipping our staff with the knowledge of how to access expert advice, medicines and equipment so they can respond rapidly to your changing needs.
- Encouraging the use of patient related outcome measures in specialist practice to firstly ensure the focus of care is on what you as an individual need, to demonstrate the benefit of palliative care and to continue to develop services according to the needs of those it serves.

Ambition 4

Care is coordinated

We know that fragmented and disjointed care can be a source of anxiety and frustration. We are committed, as part of the wider system work, to develop and enable a more coordinated response that is proactive to your needs.

We strive to provide services to all communities that sustain excellent care outside of inpatient services. We will work closely with our local partners in social care and the voluntary sector to achieve this.

We will achieve this through:

- Working with our partners to further develop and with your consent, use your shared healthcare record to improve your care..
- Developing and consistently using patient held information, including any individualised future care plans.
- Clear leadership and executive support for excellent Palliative and End of Life care.
- Clear signposting to locally and nationally relevant services available to you.

Ambition 5

All staff are prepared to care

Our staff are a competent and compassionate workforce that are supported to deliver excellent end of life care.

We actively remain open to new ways of learning and interacting with the people we support. We are committed to providing our staff with the correct education and skills to help them to best meet your needs.

We will listen to your voice and ensure that any themes or trends identified are reported through governance and reporting structures to enable shared learning across the organisation.

To establish adherence to best practice and making changes to practice where these are required occur in a timely fashion, we will undertake regular quality assurance and improvement. We will participate in locally relevant research to further develop practice locally, regionally and nationally.

We will achieve this through:

- The implementation of the end of life care education programme for all staff.
- Recruiting End of Life champions across the Trust
- Providing opportunities for clinical supervision and peer support in all clinical teams to allow for reflection and learning, supporting the mental health of staff
- Formalising the ward to board meeting structure to ensure that there is a clear process for communication and shared learning for End of Life Care.

Ambition 6

Each community is prepared to help

As part of your palliative and end of life care we believe that it is important to identify and work with the voluntary sector in local areas to help support you and those important to you. We are committed to increasing public awareness of the difficulties faced by those living with terminal disease and those who are dying. In our communities we aim to promote more openness around end of life issues.

We will achieve this through:

- Developing signposting systems through our website alongside easy read leaflets to enable families, neighbours and communities to help, such as Dying Matters and death cafes.
- Developing training module which can be used to train volunteers, community organisations in principles of palliative care, empowering them with skills to care for loved ones.
- Using all available opportunities to share patient stories with a wider audience to demonstrate acceptability and benefit of a broader palliative care approach from diagnosis to death.
- Partnership working with national and local organisations who provide support for you and those important to you.
- Working with and supporting primary care to build confidence in a palliative approach to your care and to develop social prescribing.

Accountabilities and Responsibilities

Delivery of the strategy is overseen by the Director of Nursing. The senior palliative and end of life leads report to Trust Board via the Quality and Safety Committee. The Palliative Care Business Joint Meeting takes responsibility for implementation of the Strategy objectives, for setting out the implementation and measuring progress.