



# Salisbury NHS Foundation Trust

## Adult End of Life Care Strategy 2016 - 2021

## Foreword

“End of life care affects us all, at all ages, the living, the dying and the bereaved.”<sup>1</sup>  
This strategy builds on the “Ambitions for Palliative and End of Life Care: A national framework”<sup>1</sup> and is an opportunity for the Trust to set the future direction and improve end of life care for our patients.

This strategy is based on the Trust’s values of patient centred and safe, responsive, friendly and professional<sup>2</sup>. As a Trust 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.

## Background

End of life care is one of the core services of Salisbury NHS Foundation Trust catering for a population of 250,000 people across South Wiltshire and areas of Hampshire and Dorset, with approximately 470 beds including an onsite Specialist Palliative Care Unit (Salisbury Hospice).

There are approximately 800 deaths a year in the Trust and although work continues to support patients to die in their preferred place, as with the rest of the country the majority still die in the acute setting. It is estimated that one percent of the UK population will die in the next year and the SFT catchment population is older than the average for England (2011 – 19.5% 65 years+ compared to England average of 16.7% and projected to increase) and therefore this figure will be higher. Evidence suggests that up to 10% of inpatients of acute trusts will die during that admission and almost one in three will have died within the year. It is therefore essential that we do everything we can to provide excellent quality of care for patients and their families at the end of life.

Salisbury NHS Foundation Trust cannot achieve the following ambitions on its own as the acute setting and Salisbury Specialist Palliative Care Service, which is part of the Trust, only provide certain aspects of the patient journey at the end of their life. A key aspect of this strategy is the vital role of partnership working between Secondary and Primary care, the Clinical Commissioning Groups and other providers both statutory and voluntary.

The strategy is in line with national and local strategies and guidance including but not limited to:

- Ambitions for Palliative and End of Life Care - A National Framework for local action 2015-2020<sup>1</sup>
- NICE Guidance: Care of Dying Adults in the last days of life (2015)<sup>3</sup>
- NICE Quality Standard: End of Life Care for Adults (2011)<sup>4</sup>
- “One Chance to get it Right” and 5 Priorities of Care (2014)<sup>5</sup>
- Wiltshire End of Life Care Strategy 2014 - 2016<sup>6</sup>
- Salisbury Specialist Palliative Care Strategy 2012 – 2017<sup>7</sup>

**Vision:** *“Promoting excellent end of life care for everyone.”*

Salisbury NHS Foundation Trust will ensure that all patients and their family/carers receive patient centred care and support that meets their needs and preferences at the end of their life. This will be achieved through the delivery of high quality, timely, effective and individualised services ensuring equality for all and that respect and dignity is preserved both during and after the patient’s life.

## **Our Aims**

Our aims interlink with the Trusts strategic goals of; Care, Choice, Our Staff and Value. Ensuring that patients are treated with care, compassion and kindness, and that SFT provides a full range of services including access to appropriate specialists so as to provide choice for patients and their families. The goals make it clear that staff within the trust are valued and able to develop so as to be able to provide skilled care and that this is all delivered with efficiency and effectiveness making sure services are equitable and available to everyone with a need.

Aim 1: To improve recognition of our patients approaching the end of their life, and have open and honest conversations with them and those important to them.

Aim 2: To have a caring, compassionate and competent workforce to deliver excellent end of life care for all.

Aim 3: To deliver high quality personalised care at end of life involving patients and those important to them in decisions about their care.

## **The Ambitions**

To deliver these aims we will build on the Ambitions for Palliative and End of Life Care set out in the national framework by the National Palliative and End of Life Care Partnership (2015 – 2020)



**Professional   Responsive   Patient centred and safe   Friendly**

## Ambition 1.

### 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.”

#### What the Trust will do:

- Recognise individuals who may be in the last year of their life and have open and honest conversations with them and those important to them.
- Offer holistic assessment and involve appropriate members of the wider multiprofessional team.
- Involve patients and those important to them in decision making about their care and future planning.
- Work with other health and social care agencies and voluntary organisations to improve access to care at end of life to support patient choice.
- Offer sensitive and timely bereavement information and support.

## Ambition 2.

### 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 the Trust will do:

- Work closely with our Specialist Palliative Care Team and their associated charity, Wiltshire, Dorset and Hampshire CCGs and other statutory and voluntary organisations to improve access to quality end of life care.
- Collect local data to use in combination with national data to shape local plans to ensure equality for those approaching end of life.
- Develop methods for measuring outcomes for our patients in order to improve patient care.
- Work at ensuring fair access to care for those who are more vulnerable and less able to advocate care for themselves.
- Improve access for patients with non-malignant life limiting illnesses with complex needs to our Specialist Palliative Care Service

### **Ambition 3.**

### **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”

#### **What the trust will do:**

- Provide skilled holistic assessment and symptom management.
- Ensure an adequately staffed and competent specialist palliative care team to provide support in complex situations 7 days a week.
- Provide an appropriately resourced and skilled EOL CNS team.
- Have an adequately staffed and skilled chaplaincy service providing spiritual support for those of any or no faith.
- Support the End of Life CNS team to embed the use of the Personalised Care Framework, supporting patients and those important to them in the last hours and days of life, throughout the whole trust.
- Provide improved care environments including appropriate areas for difficult conversations.

### **Ambition 4.**

### **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 the Trust will do:**

- Work with Wiltshire CCG to ensure an effective Electronic Palliative Care Co-ordination System (EPaCCS).
- Make sure the Trust’s planned electronic patient records facilitate sharing of end of life information both within the acute trust and into the community.
- Use the results of National and local work on treatment escalation plans to guide future SFT plans relating to this.
- Work with all available agencies to ensure, where possible, patients are cared for in their preferred place of care.
- Provide a robust rapid discharge home to die process to support patients in the last days of life to be discharged to their preferred place of death.

### Ambition 5.

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 the Trust will do:

- Ensure all staff dealing with patients and families towards the end of life have the skills and knowledge to deal with their needs with compassion and understanding.
- Make sure there is an appropriately resourced and resilient workforce.
- Support the EoL CNS Team, Specialist Palliative Care Team and education department to provide appropriate end of life training, communication skills training and health and wellbeing support to all Trust staff.
- Have clear governance at board level for high quality Palliative and End of Life care.
- Have Trust-wide engagement with end of life care, ensuring it is everybody’s business

### Ambition 6.

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 the Trust will do:

- Engage with our community to improve public awareness of death and dying.
- Maximise the benefit of having a specialist palliative care service within the trust that helps to promote awareness of end of life care in our local community.
- Engage with our volunteers to support patients and their families within the hospital and hospice to develop novel ways of working across boundaries.

## Implementation of the Strategy

Operational progress with the implementation of the End of Life Strategy will be overseen by the Trust's End of Life Steering Group and reported to the Trust Board on a biannual basis and annually to the commissioners. The End of Life steering group will produce and work to an annual work plan to achieve the above ambitions. The work plan will prioritise, focus and manage specific objectives needed to fulfil the strategy.

## Indicators of Success

- Improved feedback from bereaved relatives
- Reduction in complaints relating to end of life care
- Increasing percentage of patient's dying in their place of choice
- Increase numbers of patients involved in planning their future care both formally and informally.
- Increase the numbers of patients having a personalised care plan in the last days of life
- Take part in both national and local audit
- Increase the number of staff who have undertaken training in end of life care in all staff groups across the trust
- Implementation of EPaCCS system across the locality
- Increased use of the Rapid discharge home to die process

## Conclusion

Salisbury NHS Foundation Trust is committed to providing high quality care for patients approaching the end of their lives. It recognises that to achieve this not only are resources within the acute trust required, but clear partnership working with other providers to ensure that patients and those that are important to them have confidence in the services provided and that these services are provided in a co-ordinated and responsive way.

## References

- 1: Ambitions for Palliative and End of Life Care: [www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)
- 2: Salisbury NHS Foundation Trust Strategic Plan 2014–2019: [www.salisbury.nhs.uk](http://www.salisbury.nhs.uk)
- 3: National Institute for Health and Care Excellence, NICE guideline “Care of dying adults in the last days of life 2015: [www.nice.org.uk/guidance/ng31](http://www.nice.org.uk/guidance/ng31)
- 4: National Institute for Health and Care Excellence, NICE Quality Standard “End of life care for adults, 2011 (modified 2013): [www.nice.org.uk/guidance/qs13](http://www.nice.org.uk/guidance/qs13)
- 5: The Leadership Alliance for the Care of Dying People (2014). One Chance to Get it Right. London: LACDP
- 6: Wiltshire End of Life Care Strategy 2014 - 2016
- 7: Salisbury Specialist Palliative Care Strategy 2012 – 2017