

Palliative & End of Life Care Strategy

2017-21

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Vision Statement:

NHS Wirral Clinical Commissioning Group through its Palliative and End of Life Clinical Group shares the six ambitions for Palliative and End of Life care and supports the Wirral Citizens End of Life Charter for the population of Wirral

The services we commission will provide care and dignity to patients, families and the carers of those with life limiting conditions approaching the end of their lives. The health and social care professionals providing that care will be trained to the highest standards, and the provision of care will be supported by good accurate information on patient care, with seamless integrated care across all providers and care settings.

By 2021 all our services will be considered as outstanding by both external audits and more importantly patients and their loved ones.

Six ambitions to bring that vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."



Introduction

Palliative and End of Life Care is one of the most challenging aspects of acute and community based care – delivering good care contributes not only to the targets for the health economy but provides support and dignity to patients and their families at the end of their lives. The majority of individuals state their Preferred Place of Death would be outside of a hospital setting; however, Wirral still has a higher than average number of patients who die in hospital.

The well documented challenges of Wirral’s ageing population and the complexity of conditions that are manifesting in later life will continue to put pressure on existing services and providers to deliver high quality and compassionate care. This vision and strategy for Wirral aims to deliver a set of services and a system of care to meet the challenges ahead.

1. Palliative and End of Life Care: Definitions, commissioning and clinical structures, operation plan 2017-18

Palliative Care

Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

End of Life

Patients are approaching the end of life when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few days or hours) and those with a) advanced, progressive and incurable conditions, b) general frailty and co-existing conditions that mean they are expected to die within 12 months; c) existing conditions if they are at risk of dying from sudden acute crisis in their condition; d) life threatening acute conditions caused by sudden catastrophic events.

1.1 Who we are

This strategic document is co-ordinated by NHS Wirral Clinical Commissioning Group (CCG) to expand on the intentions of its own Strategic and Operational Plans to specifically bring together and focus partners and providers in creating a vision and have a clear strategy to meet the challenges faced by our patient population for whom life limiting disease will become palliative and eventually lead to the end of their lives.

Wirral CCG is responsible for commissioning health services for the residents of Wirral. In doing this we:

- Seek to continuously improve services and reduce inequalities
- Work with patients, carers and the public when making decisions
- Partner with other health and social care bodies in planning and delivery
- Perform our duties efficiently and manage our resources effectively
- Promote the values of the NHS and protect its future

Our pledge to the people of Wirral is that our CCG will be:

- Close to patients, carers and the public
- Led by clinicians to develop and maintain high quality value for money services
- Committed to improving health and reducing inequality
- A partner with other health and social care organisations

1.2 Wirral Palliative & End of Life Care Clinical Group

The Wirral Palliative & End of Life Care Clinical Group works within the CCG remit under the clinical leadership for Long Term Conditions and has dedicated lead GP responsible for Palliative- End of Life care. The Clinical Group has both senior clinical and managerial representation from :-

- Wirral CCG
- Wirral University Teaching Hospital
- Wirral Community Foundation Trust
- Wirral St John's Hospice
- Healthwatch

We are currently without Patient and Carer representation, however our aspiration is to address this and build good mechanisms to involve and engage with our population.

The Clinical Group and its partners are also members of the North West Coast Strategic Clinical Network for Palliative & End of Life Care and is responsible for the development and delivery of this Wirral Palliative & End of Life Care Strategy.

In 2015 the clinical group set itself 4 broad strategic objectives in order to develop a future long term Palliative and End of Life Care strategy for the Wirral population

1. Implementation of the Wirral End of Life Citizens Charter
2. Quality services to care for the dying person and meet the needs of families and carers
3. Create an integrated IT platform that supports care across Palliative and End of Life Care
4. Reorganise existing resources and develop new resource to create a Wirral End of Life 'Toolkit' to support both professionals and the public access to information and support

1.3 Wirral Operational Plan 2016-17

Within the Operational Plan for 2016-17 there are a number of key targets and challenges highlighted for the P&EOLC Clinical group to achieve in the coming year which set the basis and foundations for the overall vision and forward strategy.

The following is a summary of the challenges set during 2016-17 that still need to be achieved

1. Both the Care Quality Commission (CQC) and the Care of the Dying Evaluation (CODE) reports have highlighted both real differences between Palliative and End of Life Care within Community, Hospice, and Hospital settings. The variation between good and poor performance is bringing overall performance to at best average and this needs to improve.
2. A review and evaluation of the Specialist Palliative Care Team in 2014-15 made a number of recommendations to increase and strengthen integrated work across acute, hospice, and community care; this work will continue in 2017-18 via the Palliative & End of Life Clinical Group.
3. Work with Wirral St John's Hospice to build and establish the Hospice at Home service out of a successful pilot project. 2017-18 will also see further work to develop the commissioning of specialist Domiciliary Care to more effectively meet the complex needs of End of Life patients.
4. All health economies are required to have in place an Electronic Palliative Care Co-ordination System (EPaCCS) this will enable timely accurate information to be shared between providers to best meet care needs. Initial data sharing agreements between Primary Care and Wirral University Teaching Hospital have been agreed, further work with other partners will enable full delivery of EPaCCS.

1.4 Our Population

Whilst this strategy is focussed on the whole Wirral community and the health and social care economy, we realise that through the various conditions and life experiences that effect the population we are not dealing with a homogenous group of patients. Wirral Joint Strategic Needs Assessment (JSNA) gives a full ranging overview of the Wirral population and contains a specific chapter regarding End of Life statistics.

Therefore alongside this strategy we will work with partners to develop and deliver care locally for the following patient groups

- Children & Young People
- Patients of Older Age and Fraility
- Patients with Dementia and Cognitive Impairment
- Patients with Learning Disabilities
- Black & Minority Ethnic Patients
- Homeless Persons and those with complex life circumstances

Our present and future aspirations for Palliative and End of Life Care is one that will be built on giving respect and dignity to our population to meet the social, cultural, spiritual, and emotional needs during the final period of their existence.

2. Wirral End of Life Care Charter

In May 2015 a Wirral Citizens Charter for Palliative & End of Life Care was launched – all Wirral Health and Social care partners signed up to the Charter. This Charter will form the foundation upon which we will measure the standards, achievements and the performance of all our service models and is the basis for this strategy. The charter contains the 12 pledges stated below.

Wirral End of Life Care Charter

Care, kindness and understanding

You May Expect:

Support by skilled and knowledgeable staff that recognises your situation & who work together to co-ordinate & manage your care.	With your permission that plans, if you have made any, are shared with those involved in your care, so that your wishes may be fulfilled.	That, if you wish, those who are important to you are involved in decisions about your care & treatment.
Care which includes what you eat & drink, control with your symptoms, and support with your emotional, social, cultural, and spiritual needs.	Regular reviews of your individual care plans that will meet your needs and include decisions & actions that are made to best fit your wishes.	The possibility that you may die within the next few days or hours is communicated clearly & sensitively, to you & those who are important to you.
The support of trained staff, who will help you to think & plan ahead, if you want, to discuss your preferences & wishes for your care.	Support to help keep your independence as long as possible by caring staff, respecting your dignity & sense of control throughout your illness.	The needs of your family & others important to you are respected & met, as far as possible.
That you, & others important to you, will be treated with compassion & respect towards the end of your life.	That your body will be treated with dignity & respect after your death.	That during your illness & after your death, those important to you, receive practical, emotional & spiritual support.

End of life care:

- Is the **total** care of a person with an advanced, progressive, incurable illness or frailty;
- Is not just about dying;
- May last a few days, or for months or years;
- Begins when, and continues as long as, it is needed.

The Wirral End of Life Care on line resource was developed to support the charter and was launched on 11th May 2016 as part of Dying Matters Week the resource is aimed at both the public seeking information, advice and support, and professionals looking for information on clinical policy, national strategies etc. To visit the site go to www.endoflifecarewirral.org

3. National Strategy & Policy

The biggest change in Palliative & End of Life Care came in 2012-13 when the decision based on the outcome of the Neuberger report, was to abolish the established Liverpool Care Pathway (LCP.) The Leadership Alliance for the Care of the Dying (LACDP) published One Chance to Get it Right in June 2014, which set out 5 Priorities of Care for the Dying Person.

1. The possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's wishes, and these are regularly reviewed and decisions revised accordingly
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them
3. The dying person, and those identified as important to them, are involved in decisions about treatment and their care to the extent that the dying person wants
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support is agreed, co-ordinated and delivered with compassion

The most current directives guiding both Palliative & End of Life Care is the **Ambitions for Palliative & End of Life Care 'A national framework for local action 2015-2020'** and the **Five Year Forward View** for the NHS published by Simon Stevens in 2015.

3.1 The 6 Ambitions for Palliative & End of Life Care

01 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.

02 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.

03 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.

04 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.

05 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.

06 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.

These six ambitions for Palliative & End of Life Care are further underpinned by eight foundations

The foundations for the ambitions



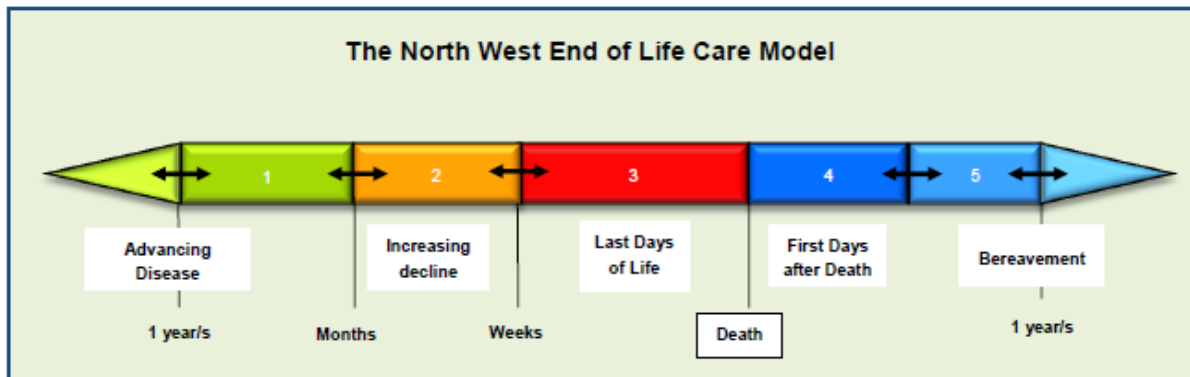
National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

Wirral PEOLC Clinical Group through our local Charter, and the challenges we currently face to achieve the CCG Operational Plan targets, support both the national ambitions and foundations for Palliative and End of Life Care and our current services models and partnership working align with the foundations set out above.

- Personalised care planning is something all our local providers have been developing both within their organisations and across them to ensure good continuity of care both the Record of Care and Advanced Care Planning are key elements to this.
- Whilst progress has been slow in meeting the deadlines to implement the Electronic Palliative Care Co-ordinating System (EPaCCS) within Wirral, this is part of the first wave of data sharing agreements between Primary & Secondary Care to create a Wirral Shared Care Record.
- Education and Training is also an area for improvement. There are elements delivered by the Specialist Palliative Care Team, the End of Life Facilitators, and through Wirral St John's Hospice, but currently there are problems in matching the delivery of training and front-line staff release from clinical duties.
- The Specialist Palliative Care team work 7 days a week but are not a 24/7 service, other services such as GP Out of Hours, District Nursing and the PAIL line do ensure that patients have access 24/7 to care services. Further integration between providers and the creation of shared care records are both critical in strengthening any future 24/7 model of care.
- The work of Wirral CCG and the Clinical Group is based on good information and evidence received around service performance, population data, and patient feedback and there is a good track record in Wirral of working with and engaging patients, families, and carers of the dying person. This is also a fundamental part of how we expect to lead and co-design our future models of care and service delivery as part of this strategy

3.2 North West End of Life Care Model

Since 2013 there have been various proposals for a new model care pathway. Initially in Wirral there was a local Wirral EOL model, however in line with our fellow CCG's and Providers across the Cheshire & Merseyside network we are now working to the North West Model



3.3 NICE Guidelines

This model of care has been further unpinned by the release of new NICE Guidelines NG 31 in December 2015 for Care of the Dying Adults in the Last Days of Life.

www.nice.org.uk/guidance/ng31

All Wirral Palliative and End of Life Service Models have adopted the North West Model and are working to the current NICE guidelines.

4. CQC reports and Care of the Dying Evaluation (CODE)

4.1 CQC reports

Both the Care Quality Commission (CQC) and the Care of the Dying Evaluation (CODE) reports have highlighted both real and perceived differences between Palliative and End of Life Care within Community, Hospice, and Hospital settings. There is clinical variation between the services that need to be addressed if we are to achieve our ambition of providing outstanding care.

The following is a summary of Wirral's Provider Services CQC reports

Wirral Community NHS Trust: September 2014

Overall rating for End of Life Care: Good

1. Safe: Good
2. Effective: Good
3. Caring: Good
4. Responsive: Good
5. Well-led: Good

Full report:

http://www.cqc.org.uk/sites/default/files/ry7_coreservice_end_of_life_care_wirral_community_nhs_trust_scheduled_20140911.pdf

Wirral University Teaching Hospital FT Trust: September 2015

Overall rating for End of Life Care: Requires Improvement

1. Safe: Requires Improvement
2. Effective: Requires Improvement
3. Caring: Good
4. Responsive: Requires Improvement
5. Well-led: Inadequate

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/AAAD9111.pdf

Wirral St John's Hospice: March 2016

Overall rating for End of Life Care: Good

1. Safe: Good
2. Effective: Good
3. Caring: Good
4. Responsive: Good
5. Well led: Good

Full report: http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473658387.pdf

4.2 CODE – Care of the Dying Evaluation

In November 2015 the Cheshire and Merseyside Clinical Strategic Network commissioned the Marie Curie Palliative Care Institute Liverpool (MCPIL) to survey bereaved relatives of patients on their experiences of care across Hospital, Community and Hospice settings as part of the Quality Assurance for Care of the Dying. The report used three distinct methods in its research, which included reviews of the systems for complaints across organisations, a survey of bereaved relatives, and qualitative interviews.

For the purpose of the Wirral report whilst different perceptions of experience could be seen between our three providers surveyed Wirral Hospital, Wirral Community Trust, & Wirral St John's, however as each provider, and the environments they deliver care within is distinctly different, Wirral Hospital was compared to both the Royal Liverpool and Aintree Hospitals.

In general across all categories in Wirral both Wirral CT and Wirral St John's scored better than Wirral Hospital. However Wirral Hospital performed better than Aintree Hospital overall, but less than the Royal Liverpool in the majority of categories.

<http://www.cmscnsenate.nhs.uk/strategic-clinical-network/our-networks/palliative-and-end-life-care/senate-news/national-care-dying-audit-hospitals-2016/>

4.3 The Wirral Challenge

In summary our providers most recent CQC reports and the real experience of bereaved patients families through the CODE process, show there is variation in the experiences of Palliative and End of Life Care. Overall Wirral cannot be complacent and accept a mixture of good and average between providers as this results in the whole system performing below what we would wish for ourselves and our own loved ones. The findings of these external reviews need to drive our forward vision and strategy towards greater integration and seamless journeys for patients through community, hospital or hospice based care. The level of care provided and the professionalism of staff is highly commended in these reports, the Wirral health economy needs to agree a better model of leadership to deliver integration and improve standards especially for End of Life Care within the acute setting.

The Care Quality Commission has produced and published a thematic review of End of Life Care entitled 'A different ending' which specifically highlights the inequalities in care experiences for the most vulnerable and under represented patient groups. This also re-inforces the way in which future service provision will be measured and the standards Wirral Providers will be expected to achieve. Equally the introduction of Patient Outcomes based metrics, such as Friends and Family Test would be expected to show the positive experiences of care provision.

Wirral Hospital has put in place a detailed action plan and strategy to improve their performance and ratings in End of Life Care (see Appendix 1). The aim of Wirral CCG's overarching strategy is to provide the support and framework to deliver the necessary improvements required in achieving good ratings and excellence across the health economy.

5. Wirral Services and Provider Landscape

In May 2014 Wirral CCG completed and presented recommendations of a service review for the Specialist Palliative Care Team employed by Wirral CT who provide both community based support and an in-reach service within Wirral Hospital. In total the report made 20 recommendations and through the executive summary the broad points below are still to be fully implemented.

- A greater balance of specialist palliative care resources across the community and hospital setting giving appreciation to demand and resources
- For the wider community Integrated Specialist Palliative Care Team and consultants to be co-located to influence greater integration, case management and enable efficiencies
- Greater communication and promotions of the role of the Integrated Specialist Palliative Care Team and Palliative Advice and Information Line amongst primary care and hospital staff
- Greater continuity of contact between the Integrated Specialist Palliative Care Team and fellow staff and professionals within the Wirral St John's Hospice and Wirral University Teaching Hospital

During 2015, through the Palliative & End of Life Clinical Group, a task and finish group was set up chaired by Wirral St John's with the brief to implement the report recommendations. The target date set for agreeing and implementing a new integrated model was April 2016 which has not been met.

5.1 ISPCT & EOL Care of the Future.

As a starting point for this strategic vision and plan there is still work to be done in gaining the full support and agreement of partners and providers that the 2014 service review recommendations are to be implemented. The deadline has shifted to April 2018 to deliver agreed change to our existing working models therefore it is a matter of urgency and crucial to this strategy that this matter is addressed to give credibility and establish the momentum to deliver our future plans. In order to support this a future planning event with external support and facilitation will take place with our partners and providers to create a model that meets our aspirations.

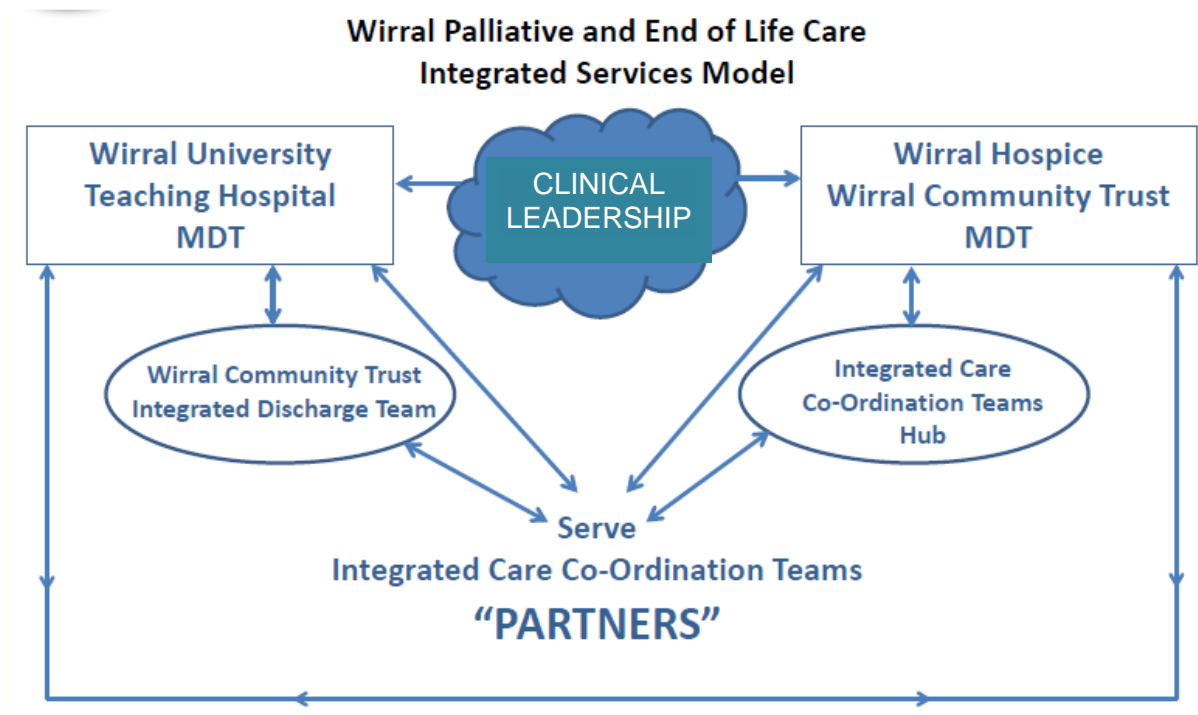
The variation in quality assessments through the CQC and the experiences of bereaved families through CODE have highlighted specific challenges in End of Life Care particularly in the acute setting. Whilst on average 70% of patients state their preferred place of death is outside of an acute hospital setting, around 50% of Palliative and End of Life patients will die in hospital.

Therefore it is key aim of this strategy to ensure that the highest standards of treatment and care provide dignity and respect to patients, families and carers across all elements of the Palliative and End of Life Care journey. This will be achieved only when Wirral has a strong clinically led system, that brings leadership into and across the acute, community and hospice environments.

5.2 Aspirational Wirral Palliative and End of Life Care Model

The proposed model aspires to create a Multi-Professional Clinical Team as the focal point of the future provision and expects that the leadership for a balanced and integrated system to stem from them.

The challenge ahead is as the Consultant team are employed across both Wirral Hospital and Wirral St John’s Hospice, and would require agreement on how any relationship with the in-reach and community elements of the service are supported. This would give ‘whole system’ leadership and contribute in part to Wirral Hospital improving its CQC rating on how well-led End of Life care in the acute setting is both delivered and measured.



Whilst there is the need for ‘whole system’ leadership to give direction, the role of other senior medical and nursing managers is fundamental to the delivery and day to day operation of the service model. Future agreement needs to recognise the capacity of the consultant team beyond their clinical demands and draw on the collective expertise of the clinical and nursing leadership potential to create the required integrated and balanced model.

Clinicians who request the support of Specialist Palliative Care services should be confident that they will receive it. It is also important, however, that SPC resources are directed to training and development for other staff groups to empower those who deliver palliative and end of life care as part of a wider clinical practice. In so doing, Specialist Palliative Care resources will in time be directed to patients with more complex needs.

5.3 The End of Life Team

The End of Life Team within Wirral CT underwent a service review in 2015-16, the team consists of End of Life Facilitators who are a team of Nurses that provide training and support through the Six Steps Programme to Care Homes across Wirral.

The team is also supported by the End of Life Co-ordinators who bring together and update the Special Patient Notes to ensure up to date records for Palliative and End of Life patients are available to GP Out of Hours, District Nursing, and other key health professionals. The Co-ordinators also work closely with the Community Geriatrician in the development of Emergency HealthCare Plans.

The broad recommendations of the review suggested:-

- Co-location with the Specialist Palliative Care Team to build a joint approach to training and education
- Discussions with Wirral Adult Social Services about contractual obligations for Care Homes to undertake Six Steps programme
- Explore possibility of training in EOL care to Domiciliary Care providers and their staff
- The End of Life Co-ordinators to have future involvement in ensuring consistent standards of information are maintained and developed as part of EPaCCS

Hospital Specialist Palliative & End of Life Care Team

Wirral University Teaching Hospital employs and manages their own End of Life Facilitators and the Consultant contracts are held at WUTH; the Specialist Palliative Care Nurses in-reach from Wirral Community Trust and are managed by Wirral Community Trust. There is no service level agreement between Wirral Community Trust and WUTH.

The Palliative Medicine consultants on Wirral take part in a weekend and on- call rota enabling 24 hour access to SPC advice as recommended by NICE and 9-5, seven day access to face- to- face contact with Clinical Nurse Specialists.

5.4 Bereavement Services and links with Wirral Carers Partnership

The future development of this strategy needs to look at 'commissioning more than medicine' this includes access to and provision of bereavement services.

Whilst the P&EOLC Clinical Group recognise the importance of this, as it largely effects the family and carers of the patient who has passed away, and the focus of the group is about supporting patients who are palliative and approaching death. It was decided to approach Wirral Carer's Partnership to look for a common approach to supporting bereavement as families and carers are those who are left with loss. A formal discussion took place with the Carers Partnership in December 2015, and it was agreed there was scope to explore joint working and approach to develop future service models.

6. The Challenges ahead

In order for Wirral CCG and the Palliative & End Of Life Clinical Group to achieve the requirements of national policy guidelines and strategic objectives in meeting the current challenges within our health economy and provider landscape; the following action plan sets out our key actions and the expected outcomes for 2017-21

Action Plan & Timelines

Action	Outcome	Start date	Achieved by
Address the current resource and operational issues required to improve the integration of Specialist Palliative Care services within the acute care settings without the need to re-commission existing contracts. To support this will be a cross-provider Transformation Change through Strategic Leadership, with support from senior executive level managers from CCG and Providers.	<p>A new agreed integrated model that is clinically led and is supported by the Consultant Team has strong and identifiable working structures within Wirral Hospital and in the Community that works closely with Wirral St John's and Primary Care.</p> <p>Integrated services models in line with the Local Strategic Delivery Plan (LDSP) will form the basis of future commissioned services.</p>	Current action	April 2018
To support Wirral Hospital to improve its performance across the CQC domains and build up levels of leadership required to address the 'Requires Improvement' overall rating for End of Life Care	Wirral University Hospital produced an action plan and strategy in May 2016 to address the findings of the report. Clear improvements will be verified at the next inspection	Current action	May 2019
Launch and establish Wirral End of Life On-line Resource for Professionals and Public. Work with community groups and those working with under-represented groups, such as BME, LGBTI, Disability, Carers etc. to continue the development of the resource.	An active upto date on-line resource contains advice and information for patients and public on supporting end of life and bereavement. An on-line resource for professionals to access strategy and policy documents and information and advice on training and support. Established editorial and governance structures maintain a high quality on-line resource.	Current action	On-going
Take advantage of the opportunities through the creation of the Wirral Shared	EPaCCs is part of the Wirral Shared Care Record and provides real time up to date information on the care and	Current action	April 2018

Action	Outcome	Start date	Achieved by
<p>Care Record to embed EPaCCs to enable supporting information to pass between care professionals in real time and ensure current up to date information is shared and accessible.</p> <p>The Government response to choice in end of life care has set a local target of April 2018 for EPaCCs with the whole country expected to covered by 2020</p>	<p>treatment of Palliative and End of Life patients. Information on expected deaths, advanced care plans, and DNACPR are acted upon avoiding unnecessary and distressing incidents for patients families at the end of their lives.</p>		
<p>Take forward the development of Advanced Care Plans (ACP) through a clinician led task and finish group to embed good practice across the provider organisations.</p>	<p>Advanced Care Planning is an established process that brings together a comprehensive health and social care plan for patients that takes into account their wishes and preferences towards end of life care.</p>	July 2017	April 2019
<p>Develop a Wirral Personalised Care Plan (Record of Care) for last days of life, and build on other planning models such as Emergency Health Care Plans (EHCP) & ReSPECT</p>	<p>The use of the Record of care will support clinicians to deliver personalised care to patients in the last days of their life in keeping with national guidance.</p>	July 2017	April 2019
<p>Develop more community based services such as Hospice at Home and enhanced Domiciliary Care to relieve pressures on inpatient beds and support as many people as possible to die in their preferred place</p>	<p>Hospice at Home is an established community service with a high success rate of giving Palliative care support enabling death in patients preferred palce of care. Enhanced Domiciliary Care through fast track CHC has reduced levels of inpatient care and improved the Wirral performance supprting the patients last days of life outside of hospital</p>	April 2017	April 2018
<p>Scope and map out current providers and availability of Bereavement Services across Wirral and through gap analysis identify unmet need.</p>	<p>Wirral has a clear and consistent offer of bereavement services to families and carer's who have lost love ones.</p>	April 2017	March 2018
<p>Develop a comprehensive and co-ordinated progamme of training and education to</p>	<p>Through the re-established Training & Development Group a comprehensive training programme, resources, and</p>	Current Action	June 2018

Action	Outcome	Start date	Achieved by
support staff both directly and indirectly involved in the care of patients with palliative conditions or those approaching the end of their lives including DNACPR, MCA, and Communication Skills	flexible delivery options are designed and implemented to meet the needs of health and social professionals working in situations where issues relating to Palliative and End of Life Care happen.		
All current Wirral Providers as a whole system health economy, or future Accountable Care Organisation (ACO), to achieve the best ratings possible in both Palliative and End of Life Care	Consecutive CQC inspections and other evaluations of Palliative and End of life have shown consistent improvement across all Wirral providers. Wirral Services are amongst the best both regionally and nationally.	April 2017	June 2020

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http://info.wirral.nhs.uk/ourjsna/end_of_life.html

Adult and Palliative Care Strategy 2016-19 - Wirral University Teaching Hospital Foundation Trust May 2016

Our commitment to your end of life care –the Government response to the review of choice in end of life care – Dept of Health July 2016

<https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response>

Appendix 1

Wirral University Teaching Hospital Adult palliative and end of life care and strategy summary 2016-2019

Vision: Our ambition is to make palliative and end of life care as good as it can possibly be each and every time. By working together we will provide care that is well planned, compassionate, holistic, and focused on continuously meeting the needs of the individual and those close to them

Aim 1: Deliver system-wide improvements that make the best use of quality frameworks and specialist expertise	Aim 2: Invest in and empower staff to approach care towards the end of life as ‘everybody’s business’	Aim 3: Co-ordinate and plan care more effectively by working more collaboratively and prioritising integration
<ul style="list-style-type: none"> i. Conduct a workforce review to build capacity and clinical leadership ii. Embed recognised quality frameworks – TRANSFORM high impact enablers, 5 Priorities of care (Wirral multidisciplinary Record care for adults last days of life), NICE Quality standards, North West End of Life Care Model iii. Develop a culture of ‘information for action’ linked to clear clinical governance structures – national and local audit, strengthened incident review process, policy oversight, outcomes dashboard 	<ul style="list-style-type: none"> i. High profile relaunch of the service and strategy ii. Grow the knowledge, skills and capabilities of the hospital palliative and end of life care specialist team – shared skills and learning programme, special interest areas iii. Understand and meet the training needs of clinical and non-clinical WUTH staff and volunteers – training needs assessment, focus on sensitive and timely communication, new tools and processes, holistic assessment 	<ul style="list-style-type: none"> i. Standardise shared documentation and IT systems ii. Devote time to team-building iii. Develop the MDT base within the specialist team iv. Develop more integrated relationships with other specialties v. Adopt a system-wide perspective to service improvement – active collaboration with community and hospice services, dashboard to inform service development need and innovation vi. Interface with the wider community – Wirral End of Life Charter, Dying Matters, Schwarz rounds for staff

Enabling strategies

Culture	Promote PROUD values / Everybody's responsibility / Dialogue – Dying Matters / Schwartz rounds
Training	Training needs assessment and session development / CNS-led CPD programme / Build end of life facilitator and link nurse role
Innovation	Develop new models of care / Healthy Wirral – registries / Research / Advancing Quality improvement methodology
Governance	Review governance structure / Revise and improve use of risk register / share learning from compliments and complaints
Structure	Relaunch service / Develop business case for additional staff / Service level agreement with Wirral Community Trust
Measurement	Local and national audit enabled via Millennium / Develop End of Life Dashboard to inform service monitoring and development

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