University Hospital Southampton NHS Foundation Trust

A whole system approach to improving acute End of Life Care

Introduction
University Hospital Southampton NHS Foundation Trust, one of England’s largest Trusts, includes an inpatient NHS hospice, community specialist palliative care team, day care and day case services, acute hospital palliative care team, bereavement service and education. Palliative Care and End of Life Care sit in the same division as surgery, critical care and cancer care. The Transform Programme enabled the Trust to bring together a continual programme of quality improvement, building on the 2008 End of Life Care Strategy.

As part of continual improvement in the provision of End of Life Care, working closely with commissioning partners and its wider community, the Trust

- Asked members of an older people’s forum to help rewrite their Advance Care Planning information
- Introduced a substantive End of Life Care Facilitator post
- Provides a significant amount of education and training within the Trust and its wider community, including care homes
- Provided training to General Practices to support them with understanding early identification of end of life care needs to support Advance Care Planning
- Has worked in partnership with the CCGs and primary care to facilitate the introduction of a Southampton wide Electronic Palliative Care Co-ordination System (EPaCCS)
- Values and encourages close working between clinical teams and the Trust’s well developed spiritual care and bereavement services

- Spiritual care service link regularly with the Southampton Council of Faiths
- Worked closely with community services for people who are homeless and use substances
- Supports and offers training to groups of staff who may not be immediately obvious such as cardiac technologists
- Introduced the options of organ and tissue donation as a normal part of end of life care
- Acted on direct feedback and introduced a free pass to waive car park charges when a death certificate is being collected
- Introduced nicer bags for families to collect loved ones’ personal possessions
- Improved mortuary waiting and viewing facilities
- Notify GP practices more quickly by secure NHS email after a death as standard practice, in addition to individual clinical notifications

Impact

Individuals and carers
From (West) patch pilot data 80% of people with their details and wishes recorded on EPaCCS were supported to die in the place they chose. Over a recent six month period, 15 people who would have been at risk of dying on the streets or as an emergency acute admission, were supported in their hostels, with individualised Advance Care Planning addressing questions such as “who will look after my dog” and the option to connect with estranged families.

Spiritual care support for a person who is not religious but “wants someone to listen and appreciate what is happening to me” can make a positive difference for that person, their relationships and sense of resolution during their final months.
Most nurses who join the Trust now know about the Transform Programme and its key enablers. Having an End of Life Care facilitator provided an opportunity to connect with the cardiac technologists who often work with patients with defibrillators for many years. The Trust now offers the technologists advanced communication skills training and is looking at options for bereavement care and counselling.

The community hostel programme has given not just a more positive experience for people at the end of their life, but also for hostel workers supporting people at the end of life to know they have made a difference.

End of Life Care for homeless people

As with many acute hospitals, due to ward changes and staff movement, there is a need to continually develop more staff as champions.

Links and resources

www.uhs.nhs.uk/PatientsAndVisitors/Visitorsandfamilies/Bereavementcareandsupport/Bereavementcareandsupport.aspx

Countess Mountbatten House

www.cmhcharity.org.uk

Dignity in death. Could the Six Steps of the national End of Life Care Pathway be applied to support people who are homeless and use substances? Druglink, November/December 2013, Chrissie Dawson, Commissioning Manager, NHS Southampton City CCG

www.southamptoncityccg.nhs.uk/documents

End of Life Care Achieving Quality in hostels and for homeless people


European Journal of Palliative Care Case Study Master Classes

30: And baby came too. Lucy’s story
43: Fulfilling a patient’s wish to go home from intensive care

www.haywardpublishing.co.uk/case-study-masterclass.aspx

To find out more about the support available from NHS Improving Quality for End of Life Care visit:

www.nhsiq.nhs.uk/endoflifecare

enquiries@nhsiq.nhs.uk  @NHSIQ

TOP TIPS

• It is a major advantage to have commissioners who understand the different elements of end of life and palliative care
• Being part of a national initiative can add extra positive visibility to your service
• Do not let lack of resources stop you
• Make the case for change to senior managers “this is what we’ve achieved, this is where we want to get”
• As a clinical lead, seek appropriate opportunities to influence corporate understanding of your service
• Remember that ward clerks can be key end of life care champions
• Consider communication skills training and support for all staff with contact with patients at the end of their life
• Include spiritual care within End of Life Care documentation to make sure it’s offered