Derbyshire Community Health Services
NHS Foundation Trust

DCHS End of Life Care Strategy

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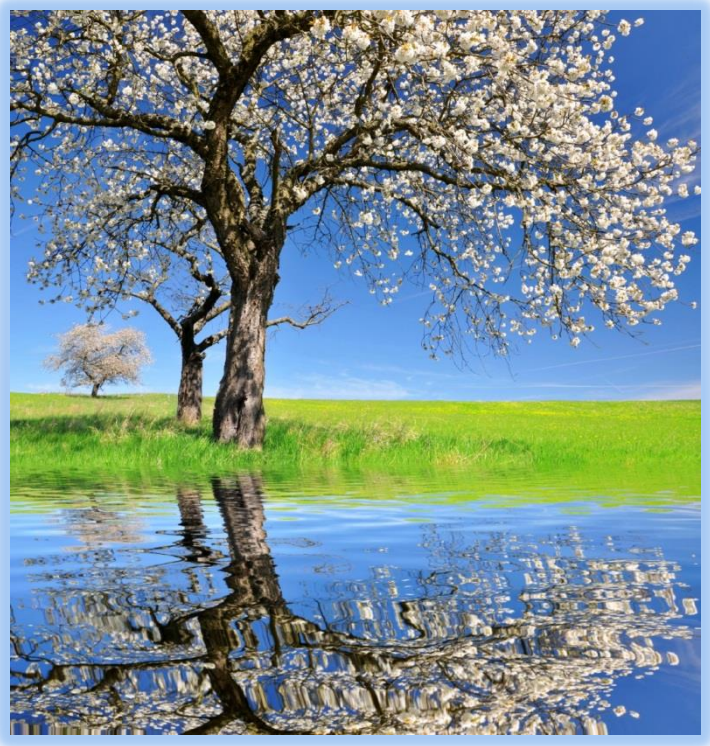

1. Introduction

The DCHS End of Life Care Strategy sets out our approach to those patients coming to the end of their lives as well as those close to them. The care we provide will be high quality, individualised and integrated. It will be provided by well supported staff who understand the importance of working as a team not only within DCHS, but also with other agencies, patients and those close to them.

The DCHS End of Life Care Strategy is informed by national guidance, analysis and best practice standards, including the National End of Life Strategy, NICE Quality Standard for End of Life Care, the CQC report into addressing inequalities in end of life care and the Government's response to the Review of Choice in End of Life Care. The strategy is set against the developing Derbyshire-wide Sustainability and Transformation Plan and is built on the foundations of the DCHS Way, strategic objectives and organisational values. The diagram below shows the ambitions for Palliative and End of Life Care and how these align to the vision, values and principles of the organisation. The End of Life Care Strategy is a key supporting strategy of the overarching Clinical Strategy for the organisation.

It articulates the Trust's strategic aims in response to the changing population profiles. It also addresses the need to ensure individuals have genuine choice around how and where they receive end of life care and that a person nearing the end of their life will receive 'attentive high quality compassionate care, so that their pain is eased, their spirits lifted and their wishes for their closing weeks, days and hours are respected'. It also sets out how we deliver high quality personalised end of life care, and ensuring that our staff receive the appropriate training, resources and support to enable them to deliver this.

Our Vision	Our Ambition	Palliative and End of Life Ambitions	Our Principles
To be the best provider of local healthcare and to be a great place to work	To be the community service provider of choice for Derbyshire and beyond	Each person is seen as an individual	To build a high performance work environment that engages, involves and supports staff to reach their full potential
	Put people at the center of what we do and provide high quality	Each person gets fair access to care	To ensure an effective, efficient and economical organisation which promotes productive working and which offers good value to its community
	To ensure that we develop partnerships which support the delivery of initiative high quality care.	Maximizing comfort and wellbeing	
	To attract and retain the highest quality staff and to ensure that they meet our high standards for the delivery of care	Care is coordinated	To deliver high quality and sustainable services that echo the values and aspirations of the communities we serve
		All staff are prepared to care	
		Each community is prepared to help	

Our Values	To get the basics right To act with compassion and respect To make a difference To value and develop teamwork To value everyone's contribution to our service delivery and development

The National Strategy defines End of Life Care as:
"Care that helps all those with advanced, progressive, incurable illness live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support."

End of life care is the responsibility of all health and social care providers, not only just the remit of a specialist team, and is therefore applicable to any member of staff who cares for someone 'approaching the end of life' and includes people that care for:

- incurable, progressive, eventually fatal illness; including organ failure, cancer, and neurodegenerative problems
- general frailty and co-existing conditions that are life limiting and could lead to death within 12 months
- existing conditions if they are at risk of dying from a sudden acute crisis in their condition
- life-threatening acute conditions caused by sudden catastrophic events.

The DCHS End of Life Care Strategy will be applicable to all people who are cared for in both DCHS inpatient settings and within the community. The strategy is not directly applicable to individuals age 0-19 who generally receive end of life care through specialist hospital services. However, as a universal service, DCHS will provide support to families where a child or young person is receiving end of life care or following a death.

Around 10,500 people die in Derbyshire, in the city and county, each year. People's preference for place of care and place of death is an important measure in the quality of end of life care. Home is the preferred place of care and death for the majority of people. Respondents to the national 2014 VOICES survey reported that more than 82% of people would prefer to die at home, with 8% preferring to die in a hospice, 6% in a care home, 3% in a hospital and 1% somewhere else. However, individual preferences change as death approaches, with fewer individuals wanting to die at home and more wanting to die in a hospice. Nevertheless, it remains the case that only a minority of patients will require admission to specialist services such as hospitals or hospices if high quality, multidisciplinary care is achieved in the community.

It is intended that the DCHS End of Life Care Strategy will be a three year rolling strategy that is updated at least annually. This document outlines the DCHS End of Life Care Strategy, underpinned by national evidence based documents including the the National End of Life Strategy and delivered locally using the principles set out in the Derbyshire Alliance for End of Life Toolkit.

The development of the DCHS End of Life Care Strategy has been built upon the contributions from our clinicians and stakeholders, including partners in the acute trusts, social care and our patients and service users representatives

2. Strategic Context

'How people die remains in the memory of those who live on'
'You matter because you are you, and you matter to the end of your life' – Dame Cicely Saunders, founder of the Modern Hospice Movement

In 2008 the National End of Life Strategy was published with the intention to take a 'whole system' approach to improve end of life care. Following the publication of the Strategy there have been a series of investigations and reports that have also undertaken reviews of end of life care, including the Francis Report and the independent review into the Liverpool Care Pathway, led by Baroness Neuberger. The Neuberger review reflected that, whilst many people had received good care, there were too many who had been treated poorly, both those people at the end of their lives and also their families. A range of publications have been produced that will influence how End of Life Care should be delivered; including:

- National Guidance on Learning from Deaths – A framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care (March 2017)
- End of Life Strategy – Promoting high quality care for all adults at the end of life (July 2008)
- NICE Quality Standard (QS13) – End of Life Care for Adults (November 2011, last updated October 2013)
- More Care, Less Pathway – A review of the Liverpool Care Pathway (July 2013) –Baroness Neuberger
- One chance to get it right – improving people's experience of care in the last few days and hours of life (June 2014) Leadership Council for the Care of Dying People
- Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 – National Palliative and End of Life Care Partnership.
- Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020-21 (December 2015)
- CQC: A Different Ending – Addressing inequalities in end of life care (May 2016)
- Our Commitment to you for end of life care – The Government Response to the Review of Choice in End of Life Care – (July 2016).

''How we care for the dying is an indicator of how we care for all sick and vulnerable people' – National End of Life Strategy 2008

The national guidance 'One Chance to Get it Right' sets out the five priorities for care of the dying patient:

- Recognition of dying
- Communication with the patient and those close to them
- Involving the patient and family in decision making
- Addressing the needs of the family and those close to the dying person
- Delivering an individualised, holistic end of life care plan.

These priorities should be applied irrespective of the place in which someone is dying: hospital, hospice, own home or other home and during transfers between different settings.

The Government's Mandate to NHS England, as described in the planning guidance of 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' emphasises the need for Trusts to support greater patient activation, choice and control and community engagement In order to hand power to patients. Within this guidance is specific reference to ensuring there is a significant increase in patient choice to ensure that more people are able to achieve their preferred place of care and death, including at home.

The Five Year Forward View priorities of tackling the gaps across health, care and finance can only be delivered by changing the NHS's relationship with people and communities to provide fully person-centered community-focused services. The 'Six Principles' developed by the People and Communities Board are key elements in delivering this transformation in care:

1. Care and support is person-centred: personalised, coordinated, and empowering
2. Services are created in partnership with citizens and communities
3. Focus is on equality and narrowing inequalities
4. Carers are identified, supported and involved
5. Voluntary, community & social enterprise and housing sectors are involved as key partners and enablers
6. Volunteering and social action are recognised as key enablers.

3. DCHS Clinical Strategy

The End of Life Care Strategy is a key supporting element of the overarching DCHS Clinical Strategy and as such supports the delivery of our vision, organisational values and strategic objectives.

The End of Life Care Strategy is designed to ensure that we have the most appropriate resources to provide high quality, individualised end of life care that meets the needs of patients and those close to them that align with the six ambitions for Palliative and End of Life Care:

Each person is seen as an individual - 'I, and the people important to me, have opportunities to have honest, informed and timely conversations and 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.'

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.'

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.'

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.'

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.'

Each community is prepared to help – 'I live in a community that 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.'

4. DCHS Position Statement

The DCHS End of Life Care Strategy reflects the evidence-based, best practice priorities, goals and objectives of the national strategies and guidance. Data from our End of Life and Bereavement audits, along with feedback from the Care Quality Commission (CQC), confirm that current end of life care and provision is of a generally high quality; however there are areas where improvements can be made to ensure that end of life care and provision is of the highest quality across all areas and all times.

The development of the 'Place Based' approach to end of life care will enable us to ensure that we embed the national priorities and standards at a local level and for us to use this approach.

We will develop a clear system for sharing best practice across the organisation to ensure that we provide the highest quality services for all our patients, across all our 'places', at all times.

We recognise the need to continue to develop and support our staff in relation to more advanced communications relating to DNA CPR. We will ensure that our patients are supported by the most appropriate staff with sufficient expertise, competency and experience in the most sensitive conversations appropriate to the individual person's needs.

To be able to demonstrate the impact of our strategy we need to be able to evidence and measure our effectiveness. We will enhance our information collection and analysis to enable us to measure our improvements with respect to:

- Minimising delayed transfers of care
- Improving data collection around fast-track referrals
- Referrals for specialist palliative support
- Improving reporting regarding the uptake of training
- Supporting our practices to increase the identification and recording of patients who are at the end of their life
- Earlier identification of patients nearing the end of life in order to support advance care planning
- Implementing a robust mechanism for accurately reporting patients receiving end of life care at any point in time.

5. Internal and External Relationships

The national End of Life Strategy recognises the importance of coordinated care.
Patients and carers will be in contact with multiple organisations across health and social care. The DCHS End of Life Care Strategy recognises the important relationships and interactions with other organisations and highlights the importance of effective and timely collaboration and communication in providing seamless and joined up care that extends beyond individual teams and organisational boundaries.

In collaboration with our colleagues across the Derbyshire system we will work to deliver the 'recommendations for transforming end of life care' developed by the End of Life reference group as part of the developing Derbyshire Sustainability and Transformation Plan (STP).

- **Family, Friends, Carer and Volunteer Involvement**

We recognise the valuable role that family and those close to the person play in the planning and delivery of end of life care; however the preferences and wishes of the patient remain central to this process, thus ensuring a person-centred approach. We will ensure that we maintain on-going dialogue and engagement with patients and families in shaping and developing our models of end of life care provision. We will ensure that these key individuals are supported with practical and psychological input. This may take the form of direct support from frontline DCHS staff and/or signposting to other support networks. By so doing we aim to empower and enable full participation in the end of life care agenda.
Through the integrated community teams we will work alongside communities in developing social capital and community resilience in order to support members of each community that are in the final stages of their lives.

- **General Practice**

In many instances a patient's GP may be most appropriate, and often the first person where discussions around end of life, either for a patient or as a carer, take place. DCHS works as both a partner with colleagues in primary care and also as a provider of General Practice services. We will work to effectively coordinate support through end of life registers, MDTs and coordinating care for the patient and those close to them; ensuring that everyone with a life-limiting condition is given a named care coordinator. Our community nurse, matrons and district nurses are at the front line in providing end of life care. This happens in close contact and with liaison with general practice.

- **Acute Trusts**

DCHS will work effectively as a partner with acute Trusts. This includes accessing specialist advice and guidance across any stage of end of life care. In addition, by providing robust end of life care we will reduce unnecessary acute hospital admissions. Furthermore, through our Multidisciplinary Teams, working in collaboration with General Practitioners, we will support acute trusts to discharge patients to their preferred place of care.

- **Hospices**

The most recent data suggest that 6% of deaths in England occur in hospices. We will support patients whose preferred place of end of life care and death is the hospice to achieve this aspiration; in addition to providing the same key interactions as with acute trusts.

- **Out of Hours Care & the Ambulance Service**

Ensuring that any appropriate information is made available to out of hours services and ambulance services. These will include contributing to patient's health and social care records, providing clearly documented DNACPR decisions as well as the wider advanced care planning decisions. Our ambition is that advance care planning is transferable across care settings including out of hours. To deliver this we will work alongside our health and care partners to develop an Electronic Palliative Care Coordination System (EPaCCS).

- **Commissioners**

By planning and delivering high quality integrated care that meets the individual patient's needs, wherever possible we will enhance care delivered within people's own homes or locations where they call home (nursing /residential homes). As a result, we will help to deliver the overarching strategic objectives for providing care closer to home, avoiding the unnecessary use of hospital beds; whilst at the same time responding effectively to the needs and expectations of our patients. DCHS will work with commissioners in response to any and all local or national guidance. This will include work with commissioners to explore and develop new models of care delivery, including the use of innovative approaches such as telemedicine. We will support commissioners in our shared ambition of providing quality and innovative end of life care.

- **Social Care and Carer Support**

End of Life care will encompass a mix of 'health' needs along with 'personal and social care' needs. Expertise in both areas is vital to provide the best possible care.
We will ensure that patients and their carers receive accurate and effective signposting information to support services. We will build upon the existing framework of General Practice-based multi-disciplinary palliative register reviews. These reviews are conducted with the contribution of adult social care, General Practice teams, DCHS community teams and specialist palliative care support services including Macmillan.

- **Community and Voluntary Sector**

We will work closely with our voluntary sector partners to help improve care in our inpatient wards and in the community setting. The voluntary sector plays a vital role in supporting patients, carers and relatives in the final phases of life. The support provided can take several forms including: sitting services, night time support, provision of wheelchairs and other equipment, emotional and psychological support, specialist end of life care advice for professions including Macmillan nurses. We will actively encourage our staff to be aware of and to signpost or refer patients and those close to them to these voluntary sector services.

- **DCHS Community Teams & Hospital Teams**

The DCHS Community and Inpatient teams within the Integrated Community Services Division of the organisation are at the front line of delivering quality end of life care in a range of settings across Derby and Derbyshire. The teams provide universal palliative and End of Life care using their generalist knowledge, skills and competencies. They liaise closely with specialist palliative care services in the acute trusts and within hospices in order to support the provision of specialist care where this becomes necessary.

6. Workforce – Planning, Education and Support

End of Life Care, both before and after death, is difficult and emotionally demanding. Staff will be involved in providing end of life care across a range of settings, from the hospital ward to the usual place of residence.

Ensuring that we have the right staff with the right knowledge, skills and competencies in place to meet the demographic and social changes associated with end of life care is crucial. Through the Quality People Committee, the Trust continues to ensure that we will have the continuous supply of high calibre, compassionate staff that are able to work flexibly across the organisation and across the full 7 day week.

All staff are trained in those aspects of end of life care that are appropriate to their role to be able to deliver fully personalised care. To do this we will work to ensure:

- Staff are well-trained, knowledgeable, responsive, and utilise their professional judgement DCHS will work towards agreed elements of end of life care training becoming “essential to role”
- Ensure staff are competent and confident to engage in difficult conversations and that they are trained in the recommended language for communicating end of life concepts
- Staff are trained in Advanced Communication skills in order to facilitate discussion and decision around cardio pulmonary resuscitation
- Ensure staff provide on-going opportunities for developing, reviewing and updating personalised care plans, acknowledging that preferences may change over time and that not all options may be desirable or clinically appropriate.
- Ensure staff understand, and are aware of, legislation associated with care, including but not limited to the Mental Capacity Act, Care Act etc
- To be aware and respect the way different communities may approach dying, death and bereavement
- Staff receive on going end of life and palliative care training updates in order to keep up-to-date with evidence based best practice. This should form part of individuals continuing professional development. The aspiration is that front line clinical staff will undergo an appraisal process that addresses the clinical nature of their roles with specific reference to all areas of their clinical practice, including end of life care.

We will closely monitor the access and uptake of End of Life training by DCHS staff provided 'in house' and by the 2 training hubs in the North and South, to ensure our staff receive excellent education and training and aligned with the national standards for end of life education. We will continually review our training offer to ensure that it is of the highest quality and meets the expectations of our staff and patients.

We recognise the importance in training and development to ensure staff are supported to develop the skills and expertise to confidently and compassionately initiate conversations regarding CPR decision making. To do this DCHS will work, in collaboration with the University of Derby to:

- Raise clinicians' awareness of local and national guidance for CPR Decision-Making
- Discuss ethical issues pertaining to CPR decision-making
- Improve clinicians' confidence in initiating conversations regarding CPR
- Identify challenges presented by communicating CPR decisions to patients and their families
- Identify strategies for managing the expectations of patients and their families in relation to CPR decision-making.

We recognise that staff can only provide high quality, compassionate care when they are cared for themselves. Through the strategic priorities, the Quality People Committee is committed to ensuring that DCHS builds a high performance work environment that engages, involves and supports staff. This is of particular relevance for frontline staff who are involved in the delivery of end of life care which can sometimes have significant adverse emotional impacts on staff.

Practical, evidence-based support is available to support staff involved in end of life care. This includes structured processes such as team-based 'after death analysis' as a means of providing peer support and the use of Schwartz Rounds, which is a forum for staff from all backgrounds to come together to talk about the emotional impact of caring for patients. The aim is to provide a safe environment in which to share their stories and offer support to one another. DCHS staff all have access to Resolve, a confidential counselling service that provides face to face support for staff across the county, in work hours and at several locations. Resolve also offer team sessions and incident support. Out of office hours, staff are signposted to local and national helplines and resources such as the Samaritans.
In addition all DCHS staff have access to a range of self-care resources, which includes an emotional wellbeing toolkit, through the staff intranet site, wellbeing champions and the staff wellbeing team. DCHS have also committed to changing the culture around mental health and vulnerability through a number of projects, including signing up to the Mindful Employer Charter and developing a Mental Health Strategy (which included sign up to the Time To Change Pledge).

7. Quality End of Life Care

Quality End of Life Care is built on a number of foundations including identification and assessment, communication and information and personalised care planning. We will ensure that everyone receives good quality personalised care regardless of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

The DCHS End of Life Care strategy recognises the holistic approach that must be taken in order to provide high quality, personalised care. We recognise that physical care, social, practical, emotional, spiritual and religious inputs must come together to deliver a fully integrated, personalised end of life care.

- **Choice - Enabling choice in regard to a preferred place of death can have a positive impact on the experience of bereavement.. All reasonable adjustments will be made in order to ensure genuine choice is available in all areas and all settings. Where an individual is not able to make a decision or lacks the capacity to make decisions regarding their end of life care, Best Interest Decisions will be undertaken in collaboration with carers and those close to the patient, in accordance with the principles Mental Capacity Act.**

- **Person Centred Care – By identifying people nearing the end of their life, we will provide effective assessment, and decision making support. We will coordinate and deliver care in accordance with the wishes and expectations of the patient, supported by those close to them.**

- **Addressing distress – Bringing comfort to patients and their families encompasses the attention that needs to be provided to both the physical and emotional distress. We will ensure that we provide good pain and symptom management, along with emotional and psychological support that benefits the dying and those who spend time with them. We will deliver care in accordance with evidence-based, best practice guidance including NICE quality standards.**

- **Planning and Involvement - We will involve people who have personal experience of caring for patients at the end of life in the planning of our services.**

- **Honest conversations – We will have open, honest, sensitive and well-informed conversations about death and dying, giving due attention to when**

8. Care after death

The care of people in the last few days of life, and the availability of care and support following a death is an essential component in good end of life care. DCHS has a statutory responsibility to ensure that information, practical and emotional support is available to people who are bereaved. Following a death, DCHS will ensure that:

- In the event of a patient's death, in whatever setting, verification and correct certification procedures are carried out as soon as possible, and in line with the current legislation.
- Relatives and carers will be supported with information on what to do following a death
- Honoring people's wishes for organ and tissue donation
- We will honour the spiritual and cultural wishes of the deceased person and their family, those close to them and carers
- Ensuring that the deceased and their family and those close to them, including carers, have privacy and that their dignity is respected at all times
- Ensuring the health and safety of everyone who comes into contact with the body. If a death is being referred to the coroner, no action is taken which might impede establishing the cause of death.
- Providing signposting and guidance on occasions where deep cleaning is required as a result of heavy blood or body fluid stains

Bereavement Support
One of the priorities within the mandate to NHS England is to ensure people have a positive experience of care; including care for people at the end of their lives. DCHS recognises the importance of providing support for the psycho-social wellbeing of all those who are bereaved. Progress in delivering this will be measured by assessing, through an annual survey, bereaved carers' views on the quality of care given to their relatives in the last three months of life. Bereaved families and carers will always be treated as equal partners following a bereavement and should always be informed about their right to raise concerns about the quality of care provided to their loved ones and their views should help inform decisions whether a review or investigation is required.
DCHS currently provides the 'Dealing with Bereavements – What do I now?' leaflet to all relatives and carers'. DCHS recognises that personalised end of life care and bereavement support needs to be tailored to people of any faith or none. DCHS has commissioned a report through the Multi Faith Centre at the University of Derby 'Evaluating Derbyshire Community Health Services Trust Spiritual and Pastoral Care Provision 2015-16'. The recommendations from this report will be used to further develop our bereavement support provision in the future.

9. Governance

The End of Life Care agenda in DCHS has Executive level support in the person of the Medical Director of the Trust. Whilst End of Life care is the business of all DCHS frontline staff, strategically the End of Life agenda sits within the Quality Directorate of DCHS.

The National Standards around end of life care emphasises the need for a multidisciplinary approach. A robust audit and assurance process has been established to provide governance and assurance on delivery. DCHS monitors the quality of end of life care provision using a number of structures and measures.

- **Learning from Deaths – Avoidable Mortality Review**

Learning from a review of the care provided to patients who die should be integral to clinical governance and quality improvement. In March 2017 the National Quality Board published National Guidance on Learning from Deaths – A framework for identifying, reporting, investigating and learning from deaths in care. DCHS will ensure that systems and processes are in place to deliver the standards and recommendations within the framework, supported by policies, training and support to staff to ensure this is embedded within the organisation. These will include:

- A policy for responding to deaths and engaging with bereaved families and carers, supported by data and clear communication and information around decisions
- Ensuring that mortality governance is a key priority for the Board, with dedicated Executive and Non-Executive support

- **Standards and Assurance**

In order to measure the successful implementation and provision of high quality, personalised end of life care, a number of quality standards have been agreed that are linked back to the overarching strategy of delivering high quality, place based personalised care and include:

- Actual versus expected numbers of patients on EOL Supportive/Palliative registers – General Practice
- Percentage of patients on End Of Life registers with a documented Advance Care Plan – General Practice
- Percentage of patients on End Of Life registers with a named lead clinician
- Number of patients with individualised personalised end of life care plans – All settings
- Increased number of patients supported to receive care in preferred place of care
- Reduced numbers of inappropriate admissions into acute hospitals (and subsequent deaths in hospital)
- Percentage of patients dying in preferred place of death (last recorded preference).

- **Audit and Clinical Effectiveness**

DCHS use the principles and tools of clinical governance for continually monitoring, evaluating and reviewing our End of Life Care provision, in line with national guidance and priorities. These include:

- **End of Life Care Audit**.- monitors adherence to the five priorities of care as set out in the One Chance to Get it Right report. The audit features data including:
  - Inpatient mortality and end of life care
  - Community end of life care.

- **Other Key Reports**
  - End of life care Quality Report
  - mortality surveillance report
  - clinical incident report
  - coroner's cases received by the Chief Executive's Department
  - unsuccessful cardiopulmonary resuscitation attempts
  - learning disability mortality reviews
  - Quality Always report – Standard 7
  - STEIs reportable deaths
  - Friends and Family Test
  - Complaints, compliments and comments reports.

Reporting Structures

- **The End of Life Care Group**

The purpose of the End of life care group is to make recommendations for the improvement of End of Life Care by providing the Clinical Effectiveness Group (CEG) with information and assurance that staff of DCHS will be supported and enabled to provide the highest quality end of life care to all patients and their families, irrespective of diagnosis. The group monitors progress against the delivery of all existing and new improvement plans including all end of life care and mortality-related measures as detailed above. The group will also report any outcomes and impact around educational support to DHCS as well as compliance with the End of Life Training programmes as well as reporting activity from other workstreams that may impact on the overall quality and development of end of life care. The End of Life Care Group reports to CEG on a quarterly basis. A summary report is then provided to the Quality Service Committee (QSC); which is a formal sub-committee of the Board. Communication links of this group are detailed in Appendix 1.

- **Mortality Surveillance**

The Trust has a robust mechanism for mortality surveillance. This covers Learning Disability Mortality Review and Mortality Surveillance in general. Learning Disability Mortality Review is currently done within the Learning Disability Teams and it follows the recently established LeDER process. . Mortality Surveillance, in general, is currently conducted through CIPP Critically Ill People Prevention Group, which also currently operates as the Mortality Surveillance Group (MSG). The Mortality review structures in DCHS will be reviewed to ensure alignment with the

principles and practice of Learning From Deaths – Avoidable Mortality Review. CIPP meets monthly with the remit to:

- Review data on patient deaths, including results and learning generated.
- Consider strategies to improve care and reduce avoidable mortality.
- Provide assurance to the Trust Board based on review of care received by those who die as well as understanding the statistics.
- Provide feedback to frontline clinical staff.

- **Quality Always Programme**

The Quality Always programme underpins our approach to making sustainable quality improvements and providing assurance around the standards of care that we deliver. Quality Always uses a suite of quality standards, based upon the Care Quality Commission's fundamental standards. Individual teams are responsible for meeting these standards through self-assessment and clinical audit. Independent peer assessment is undertaken by the Quality Always central team who undertake unannounced reviews against the core standards. One of these standards is standard 7 which assesses the quality of end of life care provided across DCHS. Data collected through Quality Always is part of the triangulation process for reviewing the quality of end of life care.

- **Incident Reporting and Investigation**

DCHS has a culture of openness and transparency in relation to the reporting and investigation of incidents relating to end of life care; aligned to the NHS Incident Framework.

DCHS recognises the value of the importance of involving those close to a patient in the investigation of incidents. This process will be greatly enhanced by the identification of appropriately trained key workers such as family liaison officers.

We are committed to facilitating whole system incident reviews which include health and social care. This is in order to embed learning across the organisations that constitute the system; with information technology and information governance as key enablers to this process.

10. Information Technology, Innovation and Research

Information technology - This plays a vital role in the delivery of high quality, joined up and seamless end of life care. This includes the ability to share records and to capture accurate and contemporaneous data. Integrated health and social care records are essential for the delivery of fully personalised, joined-up end of life care so that everyone with a responsibility for a dying persons care has access to the right information and can implement and update care plans as and when required. We will work as part of the Derbyshire STP to develop Electronic Palliative Care Coordination System (EPaCCS) in order to support partnership working with people and other organisations to design and deliver person-centred care.

Flexible and Agile Working - Continuing to develop our digitalization and agile strategy ensures that our staff are able to access essential information and to update patient records at the point of care

Innovation - To continue to explore opportunities to improve patient care through telehealth that facilitate appropriate interventions that meet the choices and wishes of patients and their families. We will strive to share good practice and to identify and adopt innovation in the delivery of high quality care. We will work as part of the STP to develop a whole-system approach for providing support to patients and those close to them in managing emotionally challenging situations. This should avoid emergency hospital admission at the end of life and support patients to be cared for in their preferred place of care. This may include the use of telemedicine as part of a suite of options for patients and those close to them to receive advice and reassurance in these situations.

Research - DCHS is committed to participating in research relating to end of life care in order to contribute to the body of evidence. Projects involving attention to end of life care will be considered as part of a broader DCHS Research Strategy.

11. Equality, Diversity and Inclusion

The DCHS End of Life Strategy is committed to the promotion and delivery of high quality individualised end of life care and support. We will ensure that everyone has the same access to high quality personalised care regardless of their diagnosis, age, ethnic background, sexual orientation, disability or social circumstances, as identified in the CQC publication 'A different ending: Addressing inequalities in end of life care'. We will ensure our end of life plans are designed to meet the needs of our local populations and delivered with care and compassion. We recognise and respond appropriately to the different needs of each person, including those potentially vulnerable groups of patients such as those with dementia, Learning Disabilities and the homeless, and offenders. We will support our staff to ensure that they have the skills and support in identification, communication and cultural awareness.

12. Conclusion

End of life care forms an integral part of the transformation of local health economies which will be necessary to delivering the NHS Five Year Forward View. Improvements to end of life care should not occur in isolation. Working as part of the Derbyshire STP we will work with our partners to 'create sustainable, efficiently designed end of life care services that can achieve better outcomes for dying people.'

The key priorities for DCHS in relation to the End of Life Care Strategy are the need to embed and deliver the 5 Priorities of Care throughout the organisation, to identify appropriately patients who are approaching the end of their life and to ensure that patients and those close to them receive fully integrated, personalised, high quality care throughout all stages in end of life care. We will recognise the expert role that family members and those close to the dying person play and their

role as partners in the delivery of end of life care; and we will work to support them, and indeed all those involved in the delivery of care and who experience bereavement.

As a Trust we will continue to ensure that we work effectively and cooperatively with all organisations and agencies involved in the delivery of care. We will maintain our relentless focus on quality, ensuring that we deliver safe, effective, personalised care that meets, and may exceed the expectations of our patients and those close to them.

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Appendix 1

The EOL group has communication links with the following:

- Clinical Effectiveness Group (CEG)
- Quality Services Committee (QSC)
- ICS Clinical Governance Group
- Patient Experience and Engagement Group (PEEG)
- Critically Ill Patient Prevention Group (CIPP)
- Safeguarding Governance Group (SGG)
- Safe Care Priority Group
- Infection Prevention & Control Committee
- Medicines Operational Safety Team (MOST)
- Learning the Lessons
- Medical Devices & Clinical Equipment
- South Derbyshire CCG End of Life Care Operational group
- Derbyshire Alliance for End of Life care
- East Midlands Strategic Clinical Network for End of Life care