



Worcestershire Acute Hospitals NHS Trust (WAHT) provides a wide range of services to a population of more than 575,000 people in Worcestershire. In 2017, there were 48,761 emergency admissions.

The initial scoping exercises included: audits of the use of the End of Life Care plans; reviews of VOICES bereavement surveys and examination of case notes and anticipatory prescribing of patients who had died at WAHT. This highlighted, amongst the Worcestershire Building on the Best team, that in order to achieve the project goals the WAHT workforce needed to be motivated and mobilised to influence cultural change. Consequently several focus group sessions were held, which attracted the wide audience hoped for amongst staff groups, to gauge their perception of what makes good end of life care, what we do well already and what needs improvement. Surveys were also sent out in paper and electronic forms to be accessed by staff that were unable to attend the focus groups. 65 members of staff attended the focus groups and a further 110 members of staff completed surveys.

The feedback from the focus group was analysed, areas for improvement were identified and interested staff enrolled to be part of work stream groups-four Building on the best action groups were formed focusing on the following areas:

- End of life care plan and symptom management-
- Care After death
- Environment
- Advance Care Planning and Prognostication

Meetings were held on a two monthly basis and video conferences across the two hospitals site. A newsletter was also put together on a regular basis to ensure that all interested staff (even if unable to attend the meetings) were kept up to date of actions.

## Impact

### End of life care plan

This document was to support implementation of the five priorities for care in order for care to be delivered in line with recommendations from 'One Chance to Get it Right' The new document is: based around the five priorities of care; is shorter in length; retains the anticipatory and opioid prescribing guidance that was identified as helpful by junior doctors; includes a new page of stickers for daily use in the medical notes promoting adherence to the five priorities of care for the dying person; and has a NEWS style symptom observation chart.

### Symptom management

Currently there is a pilot trial in process of a NEWS symptom management charts. The aim of this is to test if use would demonstrate if patients receive a more informed assessment, given medications more responsively, and if documentation around this is improved.

### Care after death

February 1st 2017 saw the introduction of an Integrated Care after death pathway to improve standards of care in line with national and local guidance. An audit has shown that this has reduced inconsistency of use of paperwork used after death on pilot site and improved standard of care. Staff have accepted this new pathway and a year on it is being effectual in co-ordinating and evidencing care given after death. We have delivered training to over 200 members of staff to increase knowledge and awareness of best practice for care after death (formerly Last Offices and responsibilities to the patient, those who will care for the body and those who will handle body. Currently training is being given to staff at the larger hospital site prior to introduction of the care after death pathway there, using demonstration and e-elca (e-learning) as blended learning.

## Solutions to challenges

- At local or ward level there is an ongoing need to educate, challenge and find means to progress. We recognise the need for wisdom at timing of introduction or re-invigorating approaches depending on other competing interests to ensure maximum, long-lasting, staff engagement.
- The Trust have introduced 4Ward programme (a trust wide initiative) to improve attitudes of staff and behaviours
- Encourage passports for learning, so staff will want to complete "set."
- Supplying aide memoires like credit card anticipatory medications has proved popular and will be revisited with the introduction of the revised EOLC plan
- The work commenced under the umbrella of the Building on the best programme will continue for many months, and maybe years, until some of the actions are in place and can be reviewed. This needs to take into account that wards have a high turnover and staff reconfigure like an endless wave
- Continue to network with the wider Community of Practice beyond the end of the Building on the best programme to optimise sharing of best practice and their expertise
- Celebrate what has already been achieved. Be happy that we continue to Build on the best

## Our 4ward Behaviours



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

For full case study, visit [www.hospiceuk.org/Botb](http://www.hospiceuk.org/Botb)