Basildon and Thurrock University NHS Foundation Trust
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Outcomes

• Basildon and Thurrock University Hospital (BTUH) is a 650 bed district teaching hospital with around 28,000 emergency admissions each year

What was done?

• Introduction of bereavement survey for all expected deaths, extending to all deaths within the Trust from March 2018
• Implementation of Nurse led DNACPR/TEP initiative and competencies and subsequent Macmillan Grant funding for cascade training across the Essex Success Regime/Locality
• Implementation of Nurse led ACP/Holistic Wellbeing clinic in OPD with a focus on non-malignant disease (Motor Neurone Disease and Respiratory disease)
• Training and education by Macmillan Link Nurses to embed EOL Care competencies for qualified and unqualified nurses throughout the Trust
• Introduction of EOL Care Ulearn core training for all staff
• Implementation of Nurse Led initiation of ICP out of hours for patients with a completed DNACPR/TEP form
• Re audit of the ICP and targeted work by Bereavement CNS in areas identified where ICP was not used (Critical Care/Surgery)
• Introduction of System1/electronic register to mirror the IT systems used by community colleagues and improve transfer of communication
• Implementation of Dandelion Symbol in Trust (Dignity in Death) and Bereavement support resource boxes to all ward areas
• Offering lasting memories keepsakes – finger print key rings/hair locks to bereaved families.
• Development of Hospital based Bereavement Counselling Leaflet
• Participation in research project via Health watch Essex, with a focus on the experience of patients and carers around communication of Advance Care Planning – involving different disciplines and settings within the acute setting (Renal OPD, Medical Cancer Ward, Palliative Care Clinic) July 2017
• Locally developed Audit using NICE QS for end of life care (May 2017) – Agreed and shared across the locality/Essex Success Regime
• Implementation of Medical Examiners role in Bereavement from February 2018
• Inception of Bereavement CNS post – July 2017

Actions

• Use existing processes and tried and tested approaches where possible
• Head of Nursing for End of Life Services (HON) “invited” herself along to Trust Board meetings to present the work of the Botb team, to ensure senior exec engagement
• HON invited to present the work of the Botb and Dandelion initiative at the Nursing and Midwifery Leadership Conference (Imagine, Inspire, Innovate) based across the locality – Dec 2017
• Use relationships already developed with other clinical teams.
• Networking with the teams participating in the Botb programme and subsequent Community of Practice Away Days.
• Use links already established to other work impacting the organisation (e.g.: locality groups, STP)

Sustainability

• Cascade training of Nurse Led DNACPR/TEP decision making, external to the organisation/ across the Essex Success Regime - seeking ongoing commitment and funding from appropriate sources.
• Further expansion of Bereavement team – Business Cases submitted for consideration of funding for Associate Bereavement CNS – with a focus on “sudden deaths” within the Trust (AE/Cardio-Thoracic Unit)
• Further expansion of Palliative Care Team – Business Case submitted for consideration of funding for Frailty CNS, with a focus on Advance Care Planning and Admission Avoidance within the acute hospital setting
• Exploring the option of bringing Registration services on site at BTUH, in order to make the Bereavement process more streamlined, whilst mirroring services provided with other hospitals across the locality.
• Extension of Nurse Led ACP Clinic to include joint working with Dementia Admiral Nurse

For full case study, visit www.hospiceuk.org/Botb

About the project

The aim of this project was to:

• To increase the number of patients who are commenced on an Individualised Care Plan (ICP) in the last few days of life and to ensure optimal end of life care
• To commence Advance Care Planning in a timely fashion and appropriate setting and minimise repeated and burdensome conversations with multi-professionals.
• Improve the relative/carer bereavement experience at the Trust
• Re-auditing the ICP, assisted with the identification of ward areas where death was expected, but use of the ICP was not initiated
• Increase the number of Advance Care Plan (ACP) decisions during the inpatient stay
• Increase the knowledge and training of staff in End Of Life care (EOLC)
• To increase the number of patients who were able to die in the preferred place of death
• Capture the end of life experience of bereaved families/carers at BTUH
• Implementation of Medical Examiners role in Bereavement