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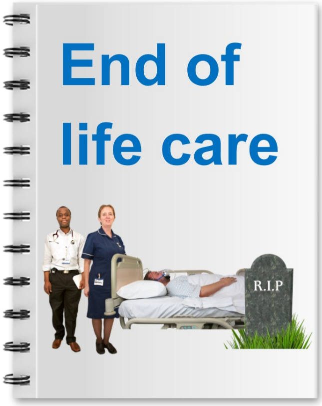
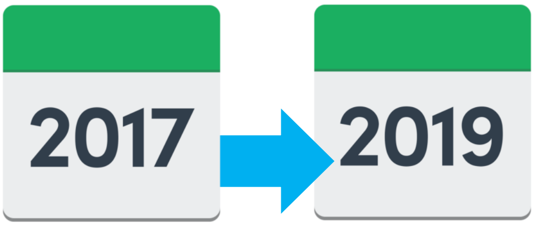




Our plan about how to support people at the end of their life

This is an easy read copy of
our End of Life Strategy

Hard words in this booklet

End of life means when someone is ill and is going to die.

A **strategy** is a type of big plan.

The **Care Quality Commission** is an organisation that checks health and social care services.

A **Chaplain** is a worker who supports people and often includes religion.

Capacity is about whether someone is able to understand things and make a decision.

Palliative care is specialist care when someone is dying.

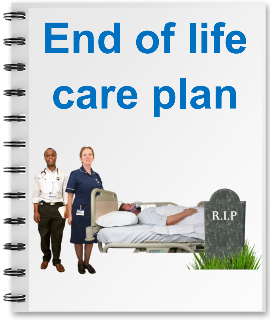
What ‘end of life’ means

We say **end of life** when someone is ill and likely to die in the next 12 months.

We say **end of life** up until the person dies.

This is the same if someone is ill for a long time or if they die quite suddenly.

This plan is for all adult patients who are at the **end of life** including people who may find it hard to understand what is happening for example people who have dementia.



This plan will help us care for people well at the **end of life** whatever illness they have.

What is in this booklet

This booklet is the James Paget University Hospital plan about how we will care for people who are very ill and going to die.

This is called **end of life care**.

Our plan will also say how we will train staff so they feel confident caring for people who are going to die.

Our plan will help more people understand about **end of life** care for people who are going to die.

To write our plan we have thought about how the James Paget University Hospital will work with other organisations.

Good things -

what we will see if our plan is working well

Every patient who is getting near the end of life has their own **end of life care plan**

Patients die in the place they chose and where they are more comfortable

Patients have a better experience and tell us things are working better for them

Staff feel more confident and knowledgeable about **end of life care**

More staff come along to **end of life care** training from different departments

We work in partnership well and meet national aims for good practice

Risks -

what we will see if we do not get things right

Patients have a bad experience and tell us things have gone wrong for them

Things go wrong and we get complaints from patients

The **Care Quality Commission** give us a bad rating

We get bad publicity which means people do not feel confident about the hospital

Aim 1 - telling someone they are dying respecting their wishes

If a patient gets very ill a doctor who is very experienced in knowing when people are dying will see them.

If the doctor says they think the patient is going to die soon then we will explain that to them.

We will do it clearly so they understand.

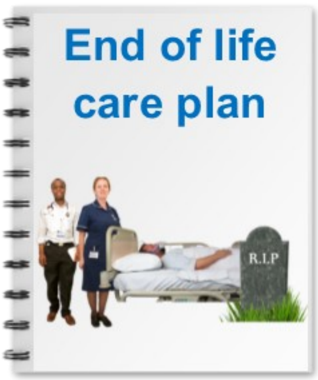
We will also talk to people who are important to the patient and let them ask questions.

This could be family or friends.

If someone is unconscious or has said they do not want to know when they are dying then we will not tell them.

When a patient's illness changes we will review how we are caring for them.

We will write in their records any changes.



We will always remember what the patient said about how they want to be cared for.

We will write a care plan and check it every day especially as patients get more ill.

We will use the plan to help us decide how best to care for them.

We will make sure the **Chaplain** is available for people of all different faiths and for people who are not religious.

When someone is dying we will make sure that we transfer them quickly so there is the best chance that they can die at the place they have chosen.

Aim 2 - **making sure people understand**

We will communicate clearly and kindly with a patient who is dying.

We will listen to the patient and give them the chance to talk and ask questions.

We will make sure that people have private space when we are talking with them.

We will not go too fast.

We will check who are the important people in the patient's life.

We will help those people understand what is happening as well.

Aim 3 - **involve patients in their care**

We will involve the patient in what is happening to them.

This could be big decisions or smaller things like what someone wants to drink.

We will talk gently with the patient who is dying to find out their wishes.

We will make sure the patient and the people who are important to them know who is their doctor.

Each day they will have a nurse who is caring for them.

This nurse will check things are being done how the patient's care plan says.

If a patient does not have **capacity** to make decisions we will still try to include them when we talk about them.

When big decisions have to be made about a patient's treatment we will make sure only trained doctors and nurses are involved.

When we have to think about stopping treatment for a patient who is dying we will make sure a senior doctor is involved.

We will make sure we stick to the laws and rules about decisions and advocacy.

If a patient does not have **capacity** then we will get them an advocate if needed.

Aim 4 - **looking after family and friends**

We know it is hard for lots of people when a patient is dying.

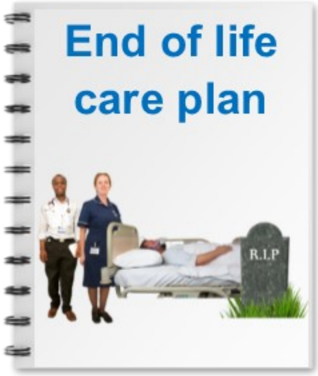
We will try and help family and friends of the patient.

If a patient does not have **capacity** to make decisions we will talk to people who are important to them.

We will be careful and kind when we talk to a patient's family and friends.

We will ask them for feedback when it is ok to do this.

Aim 5 - **a care plan for each patient**



Each patient will have their own **end of life** care plan which is reviewed and kept up to date.

Plans will have patient's wishes and views about their treatment and care.

As long as it is safe we will give patients food and drink.

If they need help to eat and drink staff will support them.

We will use the Gold Standard Framework and get help from the **palliative care** team. When we use special equipment we will explain what it is for.

We will make sure dying patients are given private space whenever we can.

We will try and follow their wishes about where they want to be when they die.

Training staff and telling people

We want to make sure staff who are working with patients who are dying are well trained.

We want staff to be confident about how to support patients and their families and friends.

We know it is important that hospital staff are well supported.

Looking after patients who are dying is hard.

We want all hospital staff to know when they need to give **end of life care** to a patient.

We will have a symbol to help staff recognise when someone is an **end of life care** patient.

We will have **end of life care** Champions.

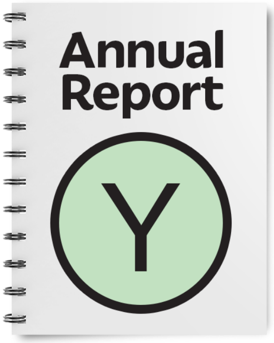
These will be specially trained staff who will help others give this type of care.

Checking how we are doing

We will have a Care at the **End of Life** Group who will check that this plan is being put in place.

This group will report to the people who run the James Paget University Hospital.

We will make sure that we are working with other organisations and services so that this plan works properly.



We will review how we have done at the end of this strategy.

We will write an report each year which says how things are going.