END OF LIFE CARE STRATEGY 2026-2031

Department/ Service:	Palliative Care
Originator:	Dr Rachel Bullock, Dr Mandeep Uppal, Dr Nicola Heron
Accountable Director:	
Approved by:	ISAG
Date of approval:	9th April 2026
Revision due: **This is the most current document and should be used until a revised version is in place**	9th April 2029
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	
Target Staff Categories:	

Strategy Overview:

Key Amendments to this Document

Date	Amendment	Approved by:

End of Life Care Strategy 2026 – 2031

Background

Worcestershire Acute Hospitals NHS Trust is committed to delivering the best possible care and services for our patients, putting them first in everything we do.

Worcestershire Acute Hospitals NHS Trust places emphasis on preventing avoidable deaths but for patients whose condition is, despite the most appropriate medical care, deteriorating towards the end of life we continue to support and care for our patients, and those important to them, through this time.

This document outlines the approach to end-of-life care, and its delivery, for adult patients.

Definitions

Palliative Care

The World Health Organisation defines Palliative Care as an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems.

End of Life Care

NICE (National Institute of Clinical Excellence) outlines people who are approaching the end of life as those who are likely to die within 12 months, people with advanced, progressive, incurable conditions and people with life-threatening acute conditions.

At Worcestershire Acute Hospital NHS Trust the End of Life Strategy focuses on the holistic care of patients in the last days and hours of life. Our approach to End of Life Care is explicitly based around national guidance and recommendations.

"Dying is inevitable, and many patients share this part of their life's journey with us in a hospital setting. Providing a high quality of dignified, personalised care at this important stage in their lives is as vital as at any time; ameliorating and preventing unnecessary suffering for both patients and their loved ones alike."

Dr Ed Mitchell – Deputy Chief Medical Officer, Worcestershire Acute Hospitals NHS Trust

OUR VISION

Worcestershire Acute Hospitals NHS Trust is committed to the delivery of high quality, supportive, coordinated, individualised care for patients, and those important to them, at the end of life.
We will achieve this by three key domains

Individualised CARE - Quality CARE - Empowered to CARE

These three domains are based on recommendations from: Ambitions for Palliative and End of Life Care[1], NACEL Recommendations[2] and Fit for the Future NHS 10 year plan,[3] in addition to, Herefordshire and Worcestershire ICS Palliative and End of Life Strategy.[4]

End of Life Care at WAHT recognises the importance of the 'one chance to get it right.[5]'
We focus on ensuring that we:

RECOGNISE – the possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

COMMUNICATE – sensitive communication takes places between staff and the dying person and those identified as important to them.

INVOLVE – the dying person, and those identified as important to them, are involved in decisions about their care to the extent that the dying person wants.

SUPPORT – the needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

PLAN & DO – an individual plan of care, which includes consideration of food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and actioned.

DOMAIN ONE: Individualised CARE

- Ambitions[1] 1 – Each Person is seen as an individual; 3 - Maximising comfort and wellbeing; 4 - Care is Coordinated,
- NACEL recommendations[2]– improvement in initiatives in personalised care planning
- FIT for Future[3] – Shift from Analogue to digital
- HW ICS Strategy[4] – Compassionate, timely and shared advance care and support planning; maximising digital and new technologies

To ensure high quality care for the dying person, and those important to them, we will:

- Provide individualised care for patients at their end of their lives.
- Engage in discussions about plans for their care.
- Utilise an individualised care plan explicitly based on national recommendations.
- Ensure regular assessment of symptoms using Palliative Care Symptom Observation Chart
- Promote the use of the 'My Wishes' advance care plan to help inform individualised care.
- Continue to use ReSPECT as an opportunity for Advance Care Planning and supporting the transition from analogue to digital ReSPECT.
- Support individualised approaches to hydration and nutrition at the end-of-life including comfort feeding approaches and the 'Taste for Pleasure' initiative.
- Promote psychological, emotional and practical support including the use of Peony End of Life volunteers and the SUPPORT programme.
- Facilitate, where possible, transitions to preferred places of care, including discharge home.
- Support spiritual care needs assessment and collaboration with Chaplaincy.
- Work collaboratively with community palliative care service to ensure seamless continuity of care on patient transition between services.
- Utilise electronic resources (such as Shared Care Record) to engage with community services and provide timely communications.

Evidence of success: Individualised Last Days of Life Care Plan Audit

DOMAIN TWO: Quality CARE

- Ambition[1] 2 – Each person gets fair access to care
- NACEL Recommendations[2] – Access to 24/7 care; Leadership; Equitable care
- HW ICS Strategy[4] – Involve and support the patient/family/friends/carers voice to ensure lived experience perspective central to service development; ensure equitable access

To ensure high quality care for the dying person, and those important to them, we will:

24/7 Care

- Continue to provide access to 24/7 Palliative Care Advice and Support for clinicians alongside 7 day a week in hours face-to-face service.

Governance and Quality Improvement

- Engage with National Audit of Care at the End of Life (NACEL) benchmarking audit
- Reflect, respond and learn from any end-of-life care related compliments and complaints, including bereavement survey.
- Be involved in Trust level audit of use of the individualised last days of life care plan
- Support the development of trust-wide end of life care dashboard.
- EOLC reporting within the Fundamentals of Care Committee and Quality Governance Committee.
- Seek patient feedback on the team and individual performance of the Hospital Palliative Care Team.
- Introduce and embedding person centred Quality Outcome Measures in routine practice.
- Continue with engagement in Trust DREAMS (**D**eteriorating patient, **R**esuscitation, **E**nd of life care **A**nd **M**ortality **S**tudies) End of Life Care meetings.

Partnership working

- System wide collaboration on service development and peer review.

Evidence of Success: NACEL audit and bereavement survey outcomes; Hospital Palliative Care Team Feedback summary; DREAMS meeting minutes and actions

DOMAIN THREE: Empowered to CARE

- Ambition[1] 5- All staff are prepared to care; 6 – Each Community is prepared to care
- NACEL[2] Recommendations: Equitable care; Increased uptake of training
- HW ICS Strategy[4] – Increased early identification at end of life, A high-quality workforce with appropriate skills

To ensure high quality care for the dying person, and those important to them, we will:

- Offer high quality and palliative care education to all staff which is tailored to the bespoke needs of their patient group
- Promote early recognition of palliative care needs including supporting the introduction of Gold Standard Framework.
- Utilise face to face, simulation based and e-learning approaches to deliver education
- Support delivery of communication-based training for all staff, such as 'SAGE and THYME'
- Promote inclusion of end-of-life care education at Trust induction and mandatory training.
- Engage with the current and future workforce to better support their learning needs and delivery of end of life care.
- Ensure that staff have access to the up-to-date Hospital Palliative Care Team Intranet resources.
- Engage with the public and staff through initiatives such as Dying Matters week.
- Support End of Life Care Link Workers in ward areas to champion end of life care.

Evidence of Success: Education uptake; Trust End of Life Care Dashboard; NACEL Staff Survey; Trust and public promotion of Dying Matters.

The Hospital Palliative Care Team recognises the importance of environmentally sustainable practice in healthcare; in delivering our End of Life Care Strategy we will develop and review green initiatives.

References: 1. Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf 2. NACEL Recommendation – NACEL 2024 State of the Nations Reports https://www.nacel.nhs.uk 3.Fit for the future; 10 year Health Plan for England NHS England » Fit for the Future: 10 Year Health Plan for England 4. Palliative and End of Life Care HW ICS Strategy 2025-2030 Home :: Herefordshire and Worcestershire Integrated Care System 5.Once Cancer to get it Right 2014 Leadership alliance for care of Dying People One Chance to get it right

Monitoring and Compliance

Section / page no:	Key control:	Checks to be carried out to confirm compliance with the strategy:	How often the check will be carried out?	Responsible for carrying out the check:	Results of the check reported to: *(Responsible for also ensuring actions are developed to address areas of non-compliance)*	Frequency of reporting:
No.	**WHAT?**	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Use of the Individualised Last Days of Life Care Plan for Adults across the Trust	Completion of audit cycle for Individualised Last Days of Life Care Plan for Adults	Biannually	End of Life Care Facilitators and Palliative Medicine doctors	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Directorate Governance Meeting	Annually
	Use of the Integrated Care after Death Pathway across the trust	Completion of audit cycle for Integrated Care after Death Pathway.	Annually at each site (Worcestershire Royal and Alexandra Hospital)	End of Life Care Facilitators	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Bereavement services	Annually
	Training uptake by clinical staff.	Review of the training matrix to ascertain level of attendance as sessions.	Annually	End of Life Care Facilitators	Hospital Palliative Care Business Meeting Hospital Palliative Care Team annual report Learning and Development team	Annually
	Patients discharged from the Hospital Palliative Care Team caseload have an up to date electronic palliative care record	Review at Palliative Care Team MDT meeting.	Weekly	All Hospital Palliative Care Team staff	Hospital Palliative Care Team annual report	Annually

	Trustwide rollout of Peony Volunteer service	Review with Peony Volunteer coordinator and compliance with Peony Volunteer SOP	Annually	Peony Volunteer coordinator	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Directorate Governance Meeting	Anually once fully launched
	Engagement with National Audit of Care at the End of Life (NACEL) benchmarking audit	Completion of National benchmarking audit as specified intervals	As advised by national team	End of Life Care Facilitators and All Hospital Palliative Care Team staff	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Directorate and divisional Governance Meeting	As advised by national team
	Review of end of life complaints, compliments and bereavement survey	Review of Datix EOLC dashboard and bereavement survey responses	Monthly	End of Life Care Facilitators and Hospital Palliative Care Team clinical /governance leads	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Directorate and divisional Governance Meeting	Monthly or more frequently where indicated.
	Trustwide engagement with Gold Standards Framework training, implementation and subsequent ward accreditation process	Monitoring of engagement with Gold standards framework implementation	Training and implementation by 2027 Inpatient ward accreditation by 2029	National Gold standards framework team. Lead Palliative care nurse, Quality improvement team	Progress reviewed at regular GSF implementation meetings	TBC

Strategy Review
The Hospital Palliative Care Team will review this strategy in 2031

References
National Institute for Health and Care Excellence (2017). Care of Dying Adults in the last days of life (NICE Quality Standard 144). Available at: https://www.nice.org.uk/guidance/qs144 (Accessed 17 April 2023)

Worcestershire Acute Hospitals NHS Trust (2022) Tastes for Pleasure SOP (WAHT-PAL-001)

Worcestershire Acute Hospitals NHS Trust (2023) Care after Death Guidelines For the Adult Patient WAHT-NUR-066

Worcestershire Acute Hospitals NHS Trust (2024) End of Life Care Policy WAHT-NUR-095

Herefordshire and Worcestershire Integrated Care System - My Wishes Care in the last year of life :: Herefordshire and Worcestershire Integrated Care System – (Last accessed Jan 2026)

Background

Equality requirements
[A brief description of the findings of the equality assessment Supporting Document 1]

Financial risk assessment
[A brief description of the financial risk assessment Supporting Document 2]

Consultation
[This section should describe and appropriate consultation process which should involve stakeholders]

Contribution List This key document has been circulated to the following individuals for consultation:	
Name	**Designation**
Hospital Palliative Care Team	
This key document has been circulated to the chair(s) of the following committees / groups for comments:	

Approval Process
[This section should describe the internal process for the approval and ratification of this strategy]

Supporting Document 1 – Equality Impact Assessment Form

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	**Dr Nicola Heron, Dr Rachel Bullock, Dr Mandeep Uppal**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Mandeep Uppal	**Consultant in Palliative Medicine**	**Mandeep.uppal@nhs.net**
Date assessment completed	**12/06/26**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Trustwide End of Life Care Strategy 2026**				
What is the aim, purpose and/or intended outcomes of this Activity?	This document outlines the approach to end-of-life care, and its delivery, for adult patients at Worcestershire Acute Hospitals NHS trust.				
Who will be affected by the development & implementation of this activity?	☒ ☒ ☒ ☒	Service User Patient Carers Visitors	☒ ☒ ❑ ❑	Staff Communities Other _____	
Is this:	☒ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?				
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Review of updates to local and national guidance. Review of National Audit of Care at End of Life audit. Local audit results Service development plans				

Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	DREAMS Palliative Care Business Meeting Hospital Palliative Care Team annual report Directorate and divisional Governance Meetings ISAG
Summary of relevant findings	Positive engagement and response to updated trustwide End of Life Care strategy.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any	Risk identified	Actions required to reduce /	Who will lead on	Timeframe

potential negative impacts?		**eliminate negative impact**	**the action?**	
		.		
How will you monitor these actions?				
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	Dr Mandeep Uppal
Date signed	15/06/26
Comments:	
Signature of person the Leader Person for this activity	Dr Nicola Heron
Date signed	15/06/26
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
[Insert comments here]		