
Title:	10 AUDIT STANDARDS FOR END OF LIFE CARE HOSPITAL USE	Ref No: 1645 Version: 1
Directorate:	Palliative Care	Classification: Guideline
/Responsible for review:	Consultant in Palliative Medicine	Due for Review: 13/01/20 Document Control
Ratified by:	Service Delivery Unit	
Applicability:	All patients as indicated below	

1. Clear documentation that the patient is approaching end of life.
2. Clear documentation that discussions have been held by a named senior clinician with the patient (if possible) and family/carer that the patient is approaching end of life.
3. Clear documentation that discussions have been held with the patient (if possible) and family/carer around preferred place of care at end of life.
4. Clear documentation that routine observations are to be discontinued and the rationale for this (e.g. may cause distress to the patient).
5. Prn crisis medications prescribed.
6. If patient has syringe pump clear documentation that the rationale for this has been discussed with patient (if possible) and family/ carer.
7. Clear documentation of the efficacy of drugs given to control symptoms.
8. All medications rationalised and unnecessary medications discontinued.
9. Clear documentation that the patient is reassessed daily Monday to Friday by an appropriately trained Doctor and a plan of care made for out of hours.
10. Clear documentation that mouth care, pressure area care and comfort measures are undertaken by an appropriately trained practitioner.

Protocols & Guidelines – Document Control

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Ref: D1430	Title: 10 Audit Standards for End of Life Care		
Date of Issue:	13 January 2017	Next Review Date:	13 January 2020
Version:	1		
Author:	Consultant in Palliative Medicine		
Index:	Palliative Care		
Classification:	Guideline		
Applicability:	All patients as indicated		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief.		
Evidence based:	Information not supplied		
References:			
Produced following audit:	No		
Audited:	No		
Approval Route:	See ratification	Date Approved:	17 November 2016
Approved By:	Service Delivery Unit		
Links or overlaps with other policies:			
All TSDFT Trust strategies, policies and procedure documents.			

PUBLICATION HISTORY:

Issue	Date	Status	Authorised
1	25 July 2014	New	Consultant in Palliative Care Consultant and Clinical Director of Palliative Care
1	13 January 2017	Date Change	Service Delivery Unit
1	20 February 2018	Review Date Extended 2 Years to 3 Years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process? NO	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>	NO	
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Details (<i>please state</i>):	Hospice Staff		

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)		<i>G1645 – 10 Audit Standards for End of Life Care</i>		Version and Date	<i>Version 1 October 2016</i>
Policy Author		Consultant in Palliative Medicine			
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input type="checkbox"/> X No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input type="checkbox"/> X No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input type="checkbox"/> X No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To guide provision of end of life care in line with national policy					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Consultant in Palliative Care		Signature		
Validated by (line manager)	Consultant in Palliative Care		Signature		