

Priorities for Care of the Dying Person

The Priorities for Care are that, when it is thought that a person may die within the next few days or hours..

1. This possibility 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.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The variations in care for dying people found by the review panel highlight that where change is needed, it is in the practice of particular local organisations and staff. The role of national organisations is to require, encourage and support that change. In some instances where organisations are delivering poor care to dying people, the issue is not just about care in the last few days and hours of life. The Francis Inquiry⁴ into the events at Mid Staffordshire NHS Foundation Trust highlighted an organisational culture that tolerated poor standards and a disengagement from managerial and leadership responsibilities. Where these sorts of failings occur it is very likely that their manifestation in poor standards of care will include poor standards of care for dying people. The programme of action being taken in response to the findings of the Francis Inquiry will, therefore, be a key element in ensuring consistent, high quality care for people in the last days and hours of life.

In addition, the 21 organisations in the Leadership Alliance for the Care of Dying People are committed, as appropriate to their individual roles, to requiring, encouraging and supporting the changes local organisations and individual staff need to make to deliver the five Priorities for Care of the Dying Person consistently for everyone in the last few days and hours of life in England. As well as setting out the five Priorities for Care of the Dying Person in detail, this document sets out what the members of the Leadership Alliance will do to require, encourage and support their adoption and delivery. Annex B relates these actions to the recommendations for national organisations made by the LCP review panel. The document is accompanied by a separate commitment statement and call to action by Alliance members. This sets out their collective and individual commitments to ensuring that all care given to people in the last days and hours of life in England:

- is compassionate;
- is based on and tailored to the needs, wishes and preferences of the dying person and, as appropriate, their family and those identified as important to them;

⁴ See www.midstaffspublicinquiry.com

- includes regular and effective communication between the dying person and their family and health and care staff and between health and care staff themselves;
- involves assessment of the person's condition whenever that condition changes and timely and appropriate responses to those changes;
- is led by a senior responsible doctor and a lead responsible nurse, who can access support from specialist palliative care services when needed; and
- is delivered by doctors, nurses, carers and others who have high professional standards and the skills, knowledge and experience needed to care for dying people and their families properly.

Nothing less will do.