### Inputs

**Investment**  
**Direct Costs £14,851.99**  
- Educator time 404 hours  
- Administrator time 80 hours  
- Stationary & printing  
- Mileage 900 miles  
- Palliative Link group 16 hours  
- Catering  
- Re-accreditation: time 105 hours, 450 miles  

- **Indirect costs**  
  - Care staff time to attend, implement, cascade learning 300 hours per care home  
  - Cost to care home of backfill  
  - Care staff travel cost  
  - Costs will vary according to individual establishment financial arrangements

### The Service

**KEY POINTS**  
- End of Life Care is requiring increasing integration  
- End of Life Care is becoming increasingly complex  
- There are unnecessary hospital admissions for avoidable conditions

**THE SERVICE**  
- An education programme for care homes / care agencies of nine 4.5 hour Workshops over a one year period, with in-practice support and development of Portfolios of evidence of learning cascade and systems implementation.  
- Programme based on the Six Steps outlined in the 2008 DH End of Life Care document aiming to develop knowledge, skills and confidence in: Discussions as the end of life approaches, Holistic Assessment, Co-ordination of Care, Delivery of high quality care, Care in the last days of life and Care after death, and includes a dementia workshop

**GROUPS TARGETED**  
- Care Homes & Care Agencies

### Summary of Benefits

**SUMMARY OF BENEFITS**  
**Patient (resident)**  
- Receipt of care in place of choice by skilled carers  
- Less avoidable hospital admissions & Out of Hours calls  
- Good death facilitated  

**St Wilfrid’s Hospice**  
- Increased expression & delivery of hospice vision to provide high quality education for care home staff

**CWS CCG and Adult social Care**  
- Reduction in unnecessary hospital admissions (The cost of providing a Six Steps+ End of Life Care Programme for 10 Care Homes is met by contributing to averting 6 avoidable admissions in total, or a 6.8% reduction in avoidable admissions)  
- Enabling pro-active rather than reactive care delivery

**Participants and Care Homes/Agencies**  
- Potential increase in bed occupancy & income through other health professionals confidence in care home standards of care  
- Portfolios can be used to provide evidence of End of Life Care for CQC inspections  
- Skilled & valued workforce & Staff investment; potentially greater staff satisfaction, with potential return of less compassion fatigue and staff turnover  
- Evidence for revalidation requirements for nurses on the Nursing & Midwifery Council Register

**Community based care teams**  
- Increased effectiveness in working relationships between professional disciplines through enhanced working practices