EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS**
DATE**:**	**7 AUGUST 2015**
SUBJECT:	**PATIENT STORY**
REPORT FROM:	**CHIEF NURSE & DIRECTOR OF QUALITY**
PURPOSE:	**Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The Board of Directors have been using patient stories to understand from the perspective of a patient and/or a carer about the experiences of using our services.

Patient stories are a key feature of our ambition to revolutionise patient and customer experience. Capturing and triangulating intelligence pertaining to patient and carer experience from a variety of different sources will enable us to better understand the experiences of those who use our services.

Patient stories provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

SUMMARY
This month's story relates to the experiences of a family whose Aunt died in the Intensive Care Unit at Queen Elizabeth Queen Mother Hospital (QEQM)l. The story is a positive one and is presented in the family's own words that were written in a thank you letter to the staff of the Unit. It describes the good practice in place when caring for bereaved families and friends. This good practice requires sharing across the Trust and rolling out to other clinical areas.

RECOMMENDATIONS:

The Board of Directors are invited to note the key themes of this story and the actions in place to prevent reoccurrence.

NEXT STEPS:

The sharing of this good practice among other teams and staff groups.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Improving patient experience and satisfaction with the outcomes of care are essential elements of our strategic objectives.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This story links to AO1 of the BAF: Deliver excellence in the quality of care and experience of every person, every time they access our services.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

The sharing of this good practice among other teams and staff groups.

FINANCIAL AND RESOURCE IMPLICATIONS:

None noted.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

None noted.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES:

None.

ACTION REQUIRED:

(a) Discuss
(b) To Note

CONSEQUENCES OF NOT TAKING ACTION:

If we do not learn from the feedback from patients and their families there is a risk that we do not continue to make improvements to patient experience and outcomes.

Board of Directors
Patient Experience Story
August 2015

Introduction

This month's story relates to the experiences of a family whose Aunt died in the Intensive Care Unit at QEQM Hospital. The story is a positive one and is presented in the family's own words that were written in a thank you letter to the staff of the Unit.

The Patient Story

"Our Aunt, VC sadly dies on Friday 5th June whilst in Intensive Care at the Queen Elizabeth the Queen Mother Hospital, Margate. Unfortunately, circumstances prevented us from being with our Aunt during her final hours. We would like to compliment all the staff on Intensive Care who when they became aware of our inability to be with our Aunt kept us fully appraised throughout the day of her failing condition and gave us the opportunity to have some involvement with our Aunts final care.

The Intensive care team were extremely sensitive when it came to inform us of our Aunts death late on Friday afternoon. The Intensive care team organised a meeting for us with their Ward Clerk, for Saturday 6th June for us to discuss with her some bereavement assistance/support. Following our meeting with K this morning, we **must** take to opportunity to mention how brilliant K was with her bereavement "counselling". K's assistance, support kindness and professionalism throughout our meeting was outstanding. We really appreciated K giving us a chance and time to talk about VC; this we found invaluable in allowing/permitting us to come to terms with our loss. We were very impressed with the bereavement documentation provided by K, particularly the Notification Guide and Bereavement Register document regarding direct mail for those who have recently died. The template document to notify organisations of a death however, is truly magnificent.

Sadly over recent years with increasingly elderly relatives and friends, we have been involved with the bereavement process on many occasions and they can be at times stressful and difficult. Having to communicate with organisations of a relative or friend's death is always difficult and hard no matter how many occasions we have been in this situation. Therefore to be provided with a template document to assist us with this process is excellent.

We wish to compliment the Queen Elizabeth Queen Mother Hospital, Margate and East Kent Hospitals University Foundation Trust in making available these documents; it illustrates the care and consideration that you have gone to in providing outstanding assistance to relatives and friends at this most vulnerable time. You are the only Hospital or Trust that has ever provided us with such excellent bereavement support documentation. Various parts of the NHS appear to be continually being criticised; we therefore welcome this opportunity to redress a little of this imbalance:

- All the staff in Intensive Care on Friday 6th June where excellent in their care for our Aunt and their communication with us;
- Ward Clerk was magnificent in her bereavement "counselling" on Saturday 6th June;
- High praise to the Queen Elizabeth Queen Mother Hospital, Margate and East Kent Hospitals University Foundation Trust for the thought you put into your bereavement support documentation.

We would encourage ALL Hospitals and Trusts to learn from your excellent example in assisting relatives and friends through this most difficult situation.

Yours sincerely

Mr and Mrs C".

Care and Service Delivery Best Practice
This story commends the person-centredness of the Intensive Care Unit Ward Clerk in particular. These are professionals that we sometimes overlook in our patient stories. The Intensive Care Unit service has an end of life group that represents all three Units Trust wide. This group updates all the paperwork and guidance regularly and evaluates feedback received and the care the Units provide when a person dies. The following practice takes place on all sites:

- A Bereavement pack is given to relatives/friends at the time of the person's death;
- A Discharge summary is routinely sent to the GP;
- A follow up letter offering support and advice if needed is sent out to the family/friends 6 weeks post bereavement;
- An 'open door' policy is in place so that the families or friends may contact the Unit for support for whatever they may need;
- A questionnaire is given to families that covers their bereavement care so that we can respond to any feedback;
- There is a real commitment by all staff to provide the best care possible in difficult circumstances; for families, friends and one another.

Learning and Actions
This best practice needs to be considered in other areas of the Trust as part of routine end of life care. The action from this patient story is to share this good practice at one of the fortnightly Ward Manager Forums led and chaired by the Acting Chief Nurse. Other forums may also need to be considered in order to share this good practice. The Unit will continue to evaluate the care of the bereaved and make necessary improvements as required.

Summary
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