

## REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Family and Staff Story for the Board

**Meeting date:** 2 April 2026

**Board sponsor:** Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)

**Paper Author:** Karen Edmunds, Associate Director of Patient Experience

### Appendices:

#### Appendix 1: Alistair and Simon's story

### Executive summary:

Action required:	Information
<b>Purpose of the Report:</b>	<p>The family and staff story relates to the experiences of the husband of a patient called Mary who was cared for in the Intensive Care Unit (ICU) at the end of her life, and of a staff member who works with the ICU and the NHS Organ donation programme.</p> <p>There will be attendance at the Board by Alistair, Mary's husband, and Simon, EKHUFT staff member and Specialist Nurse in Organ Donation, NHS Blood and Transplant.</p>
<b>Summary of key issues:</b>	<p>Getting a patient's care right at the end of their life can help provide them with a 'good' death. Involving their loved ones, listening to their concerns and involving them in the decision about the best and safest place for the person to die will support them as far as possible to have a peaceful and pain free death.</p> <p>This story concerns the experiences of both the patient's husband, Alistair, and the staff member, Simon, who supported Alistair and his daughters when making the decision to donate some of Mary's organs after her death. Mary was on the organ donor register. Alistair felt the care and compassion shown by Simon and all the staff at the ICU and theatre staff helped him and his daughters deal with a traumatic and unexpected death of their beloved wife and mother.</p> <p>Appendix 1 sets out Alistair and Simon's story.</p> <p>The Critical Care team have been very proactive in getting feedback from patients and their families. The Patient Voice and Involvement team worked with them to create a bespoke survey to get feedback, as they receive very little via the Friends and Family Test (FFT) survey, as patients either transfer to a ward and are then discharged from there or sadly pass away. The results of the survey are shared at operational meetings and instances where staff are named are shared in named staff's 1:1s and appraisals. Feedback via the survey is overwhelmingly positive.</p>

	The exceptional service provided by ICU staff, who work in an emotionally challenged environment supporting patients and their families every day, shows that we can provide excellent care. The ICU staff's care and compassion has a lasting impact on patients who survive and on the families of those who pass away. This care, compassion and respect supports the difficult conversations at the end of a patient's life, including the patient agreeing to and / or their family agreeing to donating organs or tissue.
<b>Key recommendations:</b>	The Board of Directors are asked to discuss the report and to <b>NOTE</b> the exceptional service provided by ICU staff, which has a lasting impact on patients who survive and on the families of those who pass away.

### Implications:

<b>Links to 'We Care' Strategic Objectives:</b>	<ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Patients</li> </ul>
<b>Link to the Trust Risk Register:</b>	None.
<b>Resource:</b>	No
<b>Legal and regulatory:</b>	The Trust must comply with the Care Quality Commission Regulations. The Equality Act 2010 and the public sector equality duty under the Act require NHS organisations to demonstrate due regard to people with protected characteristics in the provision of healthcare. The Carers Act 2024.
<b>Subsidiary:</b>	No

### Assurance route:

Previously considered by: Not applicable - Patient/family stories come direct to the Board.

## **Family and Staff Story for the Board**

### **Alistair and Simon's story**

#### **1. Introduction**

- 1.1 Alistair's wife Mary became seriously ill following a prolonged sinus and ear infection. She did not respond well to the antibiotics given. Her condition deteriorated rapidly, leading to admission to intensive care and an induced coma. MRI scans showed severe brain damage with no prospect of meaningful recovery or independent life.
- 1.2 Following clinical consensus, care was shifted from active treatment to palliative end-of-life care.
- 1.3 Mary had previously registered as an organ donor, which came as a surprise to the family but was felt to align with her values.

#### **2. Organ donation process**

- 2.1 The specialist organ donation team sensitively discussed donation with Alistair and their daughters. The Intensive Care Unit (ICU) team supported the process. Alistair says that their kindness and compassion will stay with him forever.
- 2.2 Mary successfully donated both kidneys, each going to recipients in their 60s (one after several years of being on dialysis).
- 2.3 Mary was able to donate her eyes and bone to help others through tissue donation.
- 2.3 The family later incorporated the experience of organ donation into Mary's funeral eulogy.

#### **3 Quality of care**

- 3.1 Alistair and Simon both emphasised the exceptional quality of care provided by ICU staff.
- 3.2 Staff showed consistent dignity, respect, compassion, and clear communication throughout Mary's admission.
- 3.3 Care extended not only to Mary, but also to supporting the family emotionally.

#### **4 Final moments**

- 4.1 In Mary's final hours, staff organised a deeply respectful and personal farewell:

- Music played, personal items were present, and family spent time together.
- ICU and theatre staff lined the corridors as Mary was taken to the operating suite.
- Life support was withdrawn in a calm, decorated space; Mary died peacefully shortly after.

4.2 This experience had a profound and lasting impact on the family.

## **5 Reflections and learning**

5.1 Alistair raised concerns that earlier recognition of the seriousness of the infection might have altered outcomes.

5.2 Alistair appreciates that GPs often treat such symptoms as routine, making rare complications difficult to predict.

5.3 Alistair recognises the emotional burden carried by ICU and organ donation staff.

## **6 Mary as a person**

6.1 Alistair says Mary was kind, community-minded, and generous.

6.2 Mary was deeply involved in gardening societies, volunteering, animal rescue, and adult education.

6.3 Mary's life values were seen as continuing through organ donation — “she died as she lived, giving to others.”

## **7 Conclusion**

7.1 Alistair's story highlights:

7.1.1 Excellence in intensive care and end-of-life care.

7.1.2 The role and value of organ donation.

7.1.3 Compassionate practice by NHS staff.

7.2 Alistair has been invited to attend and speak at the Board meeting, with family support if desired.