То:		Trust Board					
From:		Carole Ribbins – Acting Chief Nurse					
Date:		25 July 2013					
CQC All applicable							
regulation		tiont Deletive?	- Ctar		auto Caro Division		
The:	Pa		\$ 5101	y – P	cute Care Division		
Author/Responsible Director:							
Sue Mason – Divisional Head of Nursing, Acute Care Division							
Heather Leatham – Head of Nursing, Patient Experience							
Purpose of the Report:							
A short DVD presentation will be provided highlighting a patient relative's							
						it rolati	
experiences relating to end of life care at UHL.							
The Report is provided to the Board for:							
Г	Decision		7	Discussion	X		
	Decision				DISCUSSION	^	
Г				7			
	Assurance				Endorsement	X	
				_			
Summa	ry / Ke	ey Points:					
See overleaf							
<b>Recommendations:</b>							
The Trust Board is asked to note and support the issues highlighted by the DVD.							
Previously considered at another corporate UHL Committee?							
No							
Strategic Risk Register:				Per	formance KPIs year	to date	):
Resource Implications (eg Financial, HR):							
Assurance Implications:							
Patient and Public Involvement (PPI) Implications:							
Stakeholder Engagement Implications:							
Equality Impact:							
Information exempt from Disclosure:							
Requirement for further review?							

# University Hospitals of Leicester NHS Trust

Acute Division

Report to:	Trust Board
Report From:	Heather Leatham, Head of Nursing, Patient Experience Sue Mason, Divisional Head of Nursing for Acute Division
Date:	25 <sup>th</sup> July 2013
Subject:	Relative's story

### 1.0 Introduction

This story relates to the son of a gentleman who sadly died on ward 33 at the Leicester Royal Infirmary.

# 2.0 Key messages from the story

- 2.1 Ward Sister was key in this relative's experience.
- 2.2 Communication from the clinical team to the relative was very good.
- 2.3 Information was provided sensitively but honestly and at the appropriate time..
- 2.4 The patient's appearance, i.e. how they were dressed and attended to, provided confidence in the clinical team and reassurance to the relative
- 2.5 Despite being very busy, the ward staff made time for the relative.
- 2.6 The importance of knowing that a member of the team was with his father when he died.

# 3.0 Lessons to be learned and actions being taken

- 3.1 Improving end of life care has been a key strand of the Acute Division Patient Experience action plan.
- 3.2 A number of ward sisters/deputies have spent a week at LOROS, receiving training on end of life care.
- 3.3 Matrons in Medical Specialties CBU now send letters to relatives of patients who have died, offering condolences and a follow-up meeting to assist in answering questions.

A Patient Experience session is part of the mandatory training – care of older people and end of life care are the focus of this session.

# 4.0 It is requested that:

4.1 The Trust Board receive and listen to the relative's story.

Sue Mason Divisional Head of Nursing Acute Care Division