

Outstanding Care - Connecting Families

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Trust Board paper C

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

Executive Summary

Since February 2020 Leicester's Hospital has been responding to the COVID-19 pandemic. Over the last six months staff have demonstrated their ability to flexibly rise to the challenge of the changing healthcare landscape while meeting the individual needs of each patient and their family and loved ones.

This patient and family story is about a gentleman who sadly died whilst in hospital in July 2020, at a time of restricted visiting for all hospitals. This family story will be shared by the gentleman's daughter on behalf of the family, via Microsoft Teams.

Why has this patient story been selected for Trust Board?

In line with government advice since April 2020 the Trust restricted visiting to help protect staff, patients and visitors due to COVID-19. Exceptions were made for patients requiring support, such as:

- Parents for patients under 18 years old
- Carers for patients requiring assistance
- Relatives collecting a patient being discharged
- Immediate family/partners of those at end of life
- Birthing partners

Despite these exceptions, many families were unable to easily visit their loved ones in hospital. This may have been due to family members themselves shielding or being in a high risk category which made visiting a hospital environment inappropriate.

For clinical teams this required a proactive approach in connecting with families and often having difficult conversations over the telephone or via iPad / skype. Clinicians also had to assess the risks for families attending the Trust and also take into consideration and balance risk for the whole family.

This story has been chosen as it illustrates that clinical teams have been highly effective in ensuring open and honest conversations with relatives despite the restricted visiting and lack of opportunity to meet face to face. Relatives need to be fully informed of predicted outcomes and given the opportunity to be with their loved one in particular circumstances. This can benefit the patient, as they can be surrounded by people they love. Despite the additional challenges of COVID-19 this story is an example of how across the Trust bringing families and patients together has been achieved very successfully.

What are the key themes in the patient story and how applicable are they across the Trust?

The gentleman in this family story was admitted to Glenfield Hospital at the beginning of July. The medical team initially instigated a number of interventions but after approximately 24 hours the family were informed that their father was extremely unwell and despite the interventions his condition was not improving. A number of further treatments were commenced but eventually in consultation with the family the decision was taken to start an end of life care plan.

For the purposes of Trust Board this is where the family story begins. This gentleman's daughter will share with Trust Board how she and her sister were able to be with their dad, albeit in full personal protective clothing as he passed away. The family will share how they felt the clinical team showed outstanding levels of kindness and compassion.

The family share that there was one particular member of staff who was there after their father's breathing devices were removed and sat with this daughter and her father as he passed away so she was not alone at this time. The daughter felt the nurse showed great warmth at a very difficult time and feels she could never thank this nurse enough for such a truly heart-breaking but beautiful peaceful moment for her father.

There are a number of learning points from this patients and families experience that are transferable across the Trust to reinforce the importance of this element of practice for all disciplines and specialties.

What are the key learning points to improve the quality of patients care/experience and how will they be measured and monitored in future?

This story highlights the need to keep families and their loved ones in hospital connected at this difficult time when visiting is restricted. For many patients and their loved ones coming into hospital is a very difficult and stressful time and can often mark a change in an individual's well-being and as in this case it can be when a patient receives end of life care.

Since the visiting restrictions Leicester's Hospitals have worked to establish new and innovative ways to support the clinical teams' to connect with families with many of these interventions being implemented at speed.

These initiatives have been supported by the Communications Team who provided an innovative platform to highlight these to the wider Leicester, Leicestershire and Rutland community so the public have clear communication from the Trust:

Additional ways to stay in touch with patients



WhatsApp and iMessage - Patients are able to use personal devices to stay in touch with family and friends. Mobile reception is good across our sites. Free Wi-Fi is also available to everyone in our hospitals enabling the use of chat apps like iMessage and WhatsApp.

Facetime and Skype - A number of iPads across our wards that enable patients to video call a nominated relative with the help of our ward staff. To make use of this service you will need to enable Facetime on your apple device or sign up to a free Skype account, and then call the ward for further information.

Calling the ward - If you do need to telephone the ward for an update, please nominate a single family member to make the call. This will prevent long wait times for other patients and their families wishing to make calls.

Patient Liaison Service - In the event that you cannot call a ward directly our PILS team can help to arrange for you to get a call back from someone to discuss any medical or treatment concerns you have in relation to your loved ones care. To access this service, we'll need to be able to identify you as next of kin and you will need to be able to provide a patient password as well as three identifiers for the patient.

E-greetings - Send a short message and picture from a selection on our website and we will print the message out and deliver it to your loved one.

Patient property drop-off - At all three of our hospitals, relatives or friends of patients have the opportunity to make a single drop-off, of items for loved ones. Items could include clothing for home travel, toiletries, letters, cards or photographs. Items should be provided in a sealed, disposable bag, no larger than a supermarket carrier bag. The bag should be labelled with the patient's name, date of birth and ward. The drop-off points at our hospitals are the main reception desks at Leicester General or Glenfield Hospital, or Windsor Reception for Leicester Royal Infirmary.

These initiatives have been very well evaluated by patients and families and the Trust is keen to hear further. There are a number of initiatives taking place to seek feedback and engage with families on the effectiveness of these initiatives and to elicit ideas for future developments. These include:

- 3,000 postal surveys are being sent out with patients to give to their families and carers during July and August asking how well the Trust has communicated during the restricted visiting and ask for suggestions for improvement
- Work with Health watch to seek the views of families and carers
- Cards distributed with the Trust website and QR scans to direct the public to feedback opportunities on the Trust website.
- Specific opportunity in Children's Hospital to elicit feedback from families
- Specific feedback opportunities in maternity to understand how the current restricted have affected families

Lastly the Trust is continually reviewing when the present restrictions for visitors can be adjusted and the Chief Nurse is working with colleagues across the region to phase the reintroduction of visiting for families and carers as we move forward.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Yes
Safely and timely discharge	Yes
Improved Cancer pathways	Yes
Streamlined emergency care	Yes
Better care pathways	Yes
Ward accreditation	Yes

2. Supporting priorities:

People strategy implementation	Not applicable
Estate investment and reconfiguration	Not applicable
e-Hospital	Yes
More embedded research	Yes
Better corporate services	Yes
Quality strategy development	Yes

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? This is a patient Story and therefore is one families experience of care
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required This is a patient Story and therefore is one families experience of care, and has been chosen because it illustrates a patient feedback theme.
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? See above

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?		
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: December 2020
6. Executive Summaries should not exceed **5 sides** My paper does comply