

# Our story, just one look

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Paper A

## 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
ESM Quality Board	1 <sup>st</sup> September 2021	Discussion

## Introduction

The experience of patients, families and carers within University Hospitals of Leicester's is shared within patient stories; these help the organisation have a better understanding of where things have gone well, how improvements can be made, and provide a powerful insight into services and clinical areas within the Trust.

Since the COVID-19 pandemic, it has been especially difficult for patients, family members and carers. They often have to make the difficult decision of not seeing their loved one for the time that they are in hospital, either to protect their loved one or because of their own underlying health problems. For those who have a loved one at the end of their life this can be even more challenging and the care and consideration of our staff can assist to support them during this difficult time, both if they are able to come into the hospital setting or if this would not be possible.

Feedback received from family members and carers whose loved one has been cared for within the organisation is overall very positive. This family, despite the very sad loss of their wife/mother are an example of this positive feedback during their time under the care of the emergency floor.

## The Care in Leicester's Hospitals

The patient was admitted as an emergency to Leicester's Hospitals in January 2021. After being together for 41 years, the gentleman had been her main carer for the last two years and on recognising she had become unwell during the night he had called 111 for assistance which resulted in her being admitted early in the morning. Unfortunately she did not recover and passed away peacefully whilst under our care.

Even after this very sad and distressing experience the gentleman took the time to write to one of the Matrons working in the clinical area to express his gratitude for the excellent care he, his wife and family received. He explains how the following actions of the staff helped them during and after their experience:

- All of the staff introduced themselves by their Christian names
- Staff were responsive to the patient and family's individual needs
- Provided handmade knitted hearts, which are a reminder of the compassion shown to the Patient and her family
- The Matron took time to introduce herself and ask if there was anything she could do to support at this very difficult time
- The gentleman expressed that his wife was able to "depart with dignity"

The gentleman will be present at the Trust Board to answer any questions and contribute to the discussions; however a transcript that he has written has been recorded and will be shown at board due to the delicate nature of the experience and his recent bereavement.

### **Emergency Medicine**

The Emergency floor is made up of six wards, GPAU (ambulatory medical service) and the Emergency Department; there are approximately 680 patients admitted through the emergency medicine wards every week. Patients admitted to these clinical areas are often not able to prepare for their admission in advance, which can be distressing both to them and their families.

These areas assess and care for some of the frailest patients in the Trust who often have complex needs. Providing end of life care is emotionally challenging for staff, but is more difficult when they have not had the opportunity to develop a relationship with the patient and their family prior to their deterioration. Restrictions to visiting put in place to protect patients, visitors and staff during the pandemic have allowed us to make compassionate decisions based upon individual needs, allowing loved ones to be present to support them as they pass away, where it is safe to do so.

### **Knitted Hearts**

The knitted hearts were a concept developed during the Covid-19 pandemic, when patients were often dying without their relatives being present. This was a way of attempting to create an emotional connection between families and their loved ones who were dying in hospital. Hearts were knitted/crocheted by the general public and staff and matching hearts were placed in the hand of patients who were dying and also sent to their family members by post when they were unable to visit, providing a symbolic connection between them. Feedback from relatives via the bereavement follow up service has been very positive regarding the hearts. Due to the positive feedback the use of the knitted hearts was extended when families were allowed to visit.

### **Conclusion**

This story highlights the exceptional compassion afforded to patients and their relatives by clinical staff across a number of areas within Emergency Medicine during the busy time of the second wave of the COVID pandemic. Despite significant pressures, staff across three clinical areas, ED, EDU and Ward 7 went above and beyond to care for this patient in providing patient centred care at the end of her life. They also provided outstanding care to her family in allowing them to be with her, despite restrictions being in place for visiting and also bestowed emotional support and care to them to enable them to have positive memories of those last few days together. This story demonstrates how remarkable our clinical staff have been in providing innovative ways of caring for people during the last eighteen months during the pandemic.

### **Input Sought**

We would welcome the Trust Board's opportunity to discuss, in depth, this gentleman's experience noting its implications without formally approving a recommendation or action.

**For Reference:**

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

**1. Quality priorities**

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

**2. Supporting priorities:**

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

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

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- 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? N/A

**4. Risk and Assurance**

**Risk Reference:**

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

5. Scheduled date for the **next paper** on this topic: December 2021

6. Executive Summaries should not exceed **5 sides** [My paper does/~~does not~~ comply]