



Name of project: Establishing an effective system to make sure the voice of the bereaved relative/carer is heard and listened to (East Kent Long Term Services)

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Kent Community Health NHS Foundation Trust

What was our aim?

To establish an effective system of getting feedback from bereaved families of patients who were on Kent Community Health NHS Foundation Trust (KCHFT) Community Nursing Long Term Services (LTS) caseloads, who died in their own homes, to ensure best practice by the end of January 2022.

Why is it important to relatives/carers and staff?

Reference to **Learning from Deaths Guidance 2017** - Importance of engaging with families and carers and to recognise their insights as a vital source of learning: <https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/>

Following the COVID-19 pandemic there has been an increase in end of life care being delivered by KCHFT LTS. It has been identified that there is no structured bereavement pathway that makes sure all relatives/carers of patients who have died in their own homes are invited to give feedback to the Community Nursing Teams (CNT).

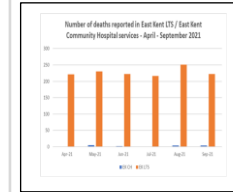
The community hospitals provide an informative pack to bereaved relatives/carers which includes a letter from the Medical Director that explains the feedback process which exists following the care episode. It was felt strongly that this should be considered as an option for all CNT relatives/carers.

It is important that relatives have the reassurance that lessons will be learned, if needed.

Sharing learning and reflection is an important part of KCHFT values. Good practice will be celebrated and action plans and resulting changes in practice will be taken forwards and shared widely.

Community Nursing teams will also benefit from the knowledge that they are providing best practice to their patients at the end of their lives.

Ideas and tests of change



Initially the idea was to adapt the existing process from KCHFT community hospitals for use by the CNTs. The process for identifying those patients who had died with completion of a Datix form was investigated.

We looked at the numbers of deaths in community hospitals and the deaths in the community over a six month period. This data evidences a significantly higher number of deaths have happened at home, with CNTs, as opposed to community hospitals.

There have also been eight formal complaints regarding End of Life care from 1 April 2021 – 20 September 2021, in East Kent LTS.

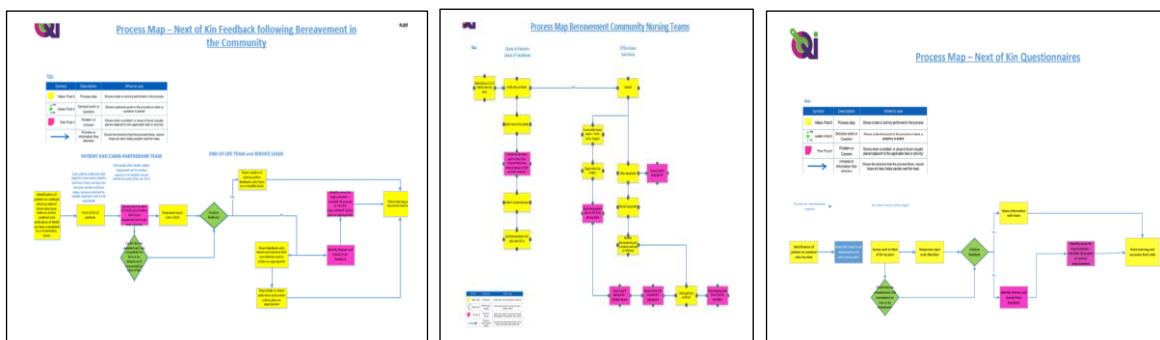
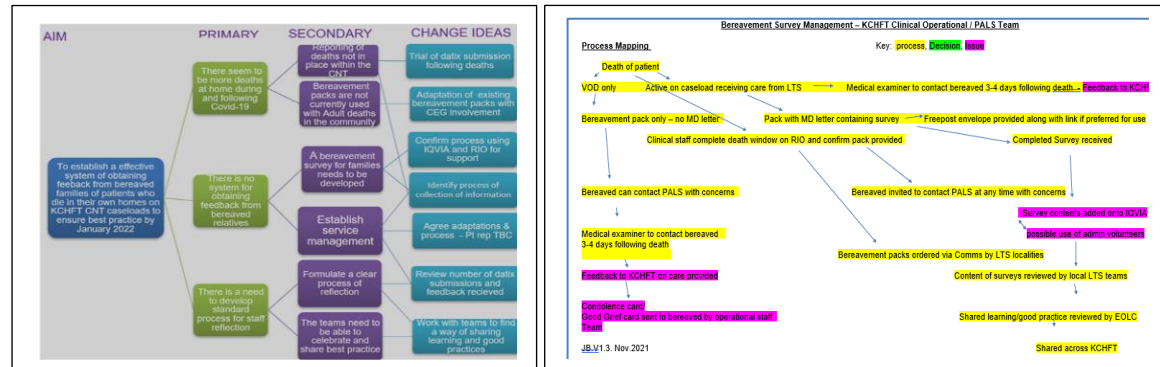
It was deemed that following the same process would create unnecessary additional workload for the CNT staff, this process having been previously discussed and agreed as not required by the trust.

Discussions with the electronic patient record system (RIO) operational team confirmed means of obtaining lists of patients who had died under the care of the East Kent CNT teams.

Request to access use of administration volunteer staff to support the Patient Advice and Liaison Service (PALS) in management of increased number of surveys.

The tools we used

We formulated a driver diagram, we included all the relevant stakeholders, we reviewed the paperwork with the Community Engagement Group (CEG) and the People's Network and we used process mapping. We planned how we would collate the surveys to make sure the results and comments were acted upon. Number of surveys sent along with the number received would also be collected.



How did we do?

We networked with CEG, the Patient and Carer Partnership Team, People's Network Group, End of Life Team, Mortality Surveillance Group, Deputy Medical Director, RIO team, CNTs and operational leads to make sure everyone was consulted and aware

We formulated a new relative/carer feedback survey with the CEG and People's Network (scored)



There is also a link available as required to complete the survey

<https://www.oc-meridian.com/KCHT/completion/custom/default.aspx?slid=472&did=>

We ordered the new bereavement packs to be available from the implementation date and sourced additional bereavement information to add to the condolence cards

We have made the process as easy as possible for clinicians and the Patient and Carer Partnership Team with the survey added to the packs. There is ability to cross reference the number of completed surveys received back against the number of patients who died active on the LTS caseload



We have communicated the new process with all staff via a poster and information on our intranet, flo, as well as via CNT meetings and operational lead meetings.



What we learned and what's next

Networking is essential with timely involvement and engagement from relevant services and staff. Process mapping helped in this project.

The need to collect relevant data at start of the project is required in order to be able to plan for appropriate management of revised processes.

Areas for improvement identified from initial survey responses include timely equipment collection and the spiritual needs of bereaved families being met.

Actions will be put in place to for us to improve these areas, where possible.

The packs have been introduced trust wide.

Lessons learned and celebrating of good practice will be shared through the end of life mortality steering group meeting.

This work won project of the year at a KCHFT participation and involvement event 2022.