Salisbury NHS
NHS Foundation Trust

Your Views Matter

Improving End of Life Care at Salisbury NHS Foundation Trust

We would like to offer you our sincere condolences at this difficult time.

The Trust is keen to improve its services in all areas of care including the care given to dying patients and their loved ones. To help us do this we would like to ask you about the care your loved one received during their last admission to hospital and the support given to you leading up to and around the time of their death.

Below is a questionnaire relating to your experiences. Its completion is entirely voluntary and you need only answer the questions you feel able to. It is designed to be anonymous. However, please leave your contact details below if you have any concerns about the care your loved one received during their last hospital stay which you would like to be explored. In this instance it is also helpful to provide the name and date of birth of the person who has died and we will endeavour to contact you within seven working days to discuss this further.

There is no time limit by which you need to reply. If you feel participating in this questionnaire may upset or distress you, please do not feel that you have to, or wait until you feel better able to. If you require assistance in completing the questionnaire, please contact the Customer Care department on 0800 974208 who can help you. Any completed or partially completed forms can be handed in at the Bereavement suite, Salisbury hospice or returned using the pre-paid envelope provided.

We would like to assure you your views and experiences matter and are highly valued. Any information you provide will help us to improve the care and support we offer dying patients and their loved ones in the future.

Please ***only complete the box below if you would like to be contacted*** to discuss any concerns in more detail. The Trust will aim to contact you within 7 working days of receiving your feedback. Alternatively you can contact the hospital's Customer Care department on 0800 374208	
Name (person to be contacted)	
Relationship to the person who has died	
Contact details (tel number)	
Full name of person who has died	
Date of Birth of person who has died	

Q1 Please tell us your relationship to the person who has died: ……………………………..

Q2 Please tell us the ward on which your loved one died: ……………………………………

Q3 During the last days or hours of their life, were you given the opportunity to talk with any doctors or nurses involved in your relatives care?

If no, please go to Q4 N/A ☐ Yes ☐ No ☐

Q3a If yes, was there ever any difficulty understanding what the doctor or nurse was saying to you about what was happening, and what to expect?

N/A ☐ Yes ☐ No ☐

If your answer is yes, please add any comments

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Q4 Were you told that your relative may die?
If no, please go to Q5

Yes ☐ No ☐

Q4a If yes, in your opinion, did the person who told you break the news in a sensitive and caring way?

Don't know ☐ Yes ☐ No ☐

Q4b Did you have enough privacy when you were told your relative may die?

Yes ☐ No ☐

Please add any comments

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Q5 If you had any concerns, were you given a chance to talk to someone about these concerns?

N/A ☐ Yes ☐ No ☐

Q5a If yes, were your concerns addressed?

N/A ☐ Yes ☐ No ☐

………

………

Q6 Had your loved one ever expressed where they would like to die?

Don't know ☐ Yes ☐ No ☐

Q6a If yes, where had they wished to die?

………

………

Q6b During their last hospital stay did anyone involved in their care have a discussion, with the patient or loved ones, about where the patient may want to die?

Don't know ☐ Yes ☐ No ☐

Q6c On reflection was the hospital the right place for your loved one to be?

Yes ☐ No ☐

Please add any comments

………

………

Q7 Was the environment (eg room/ward) in which they spent their last days or hours appropriate?

Yes ☐ No ☐

Please add any comments

………

………

Q8 During their last hospital stay, how would you assess the overall level of care in the following areas:

	N/A	V Poor	Poor	Adequate	Good	V Good
a). Relief of pain	☐	☐	☐	☐	☐	☐
b). Relief of symptoms other than pain	☐	☐	☐	☐	☐	☐
c). Respect & dignity	☐	☐	☐	☐	☐	☐
d). Compassion	☐	☐	☐	☐	☐	☐
e). Communication	☐	☐	☐	☐	☐	☐
f). Emotional support provided to the dying person	☐	☐	☐	☐	☐	☐
g). Emotional support provided to you and other loved ones	☐	☐	☐	☐	☐	☐
h). Practical support for you and other loved ones	☐	☐	☐	☐	☐	☐

Q9 Did the patient or their loved ones receive support from the hospital chaplaincy team in the days before or after their death?

Yes ☐ No ☐

Q9a If yes, how would you rate the support and helpfulness of the hospital chaplaincy team?

N/A		1	2	3	4	5	
☐	Very poor	☐	☐	☐	☐	☐	V good

Q9b What support did the hospital chaplaincy team provide?

(please tick all that apply)

Religious support for the patient ☐

Non-religious support for the patient ☐

Religious support for loved ones ☐

Non-religious support for loved ones ☐

Other ☐

Q9c If you didn't receive chaplaincy support, would you mind telling us why?

(please tick all that apply)

Wasn't aware of the service / service wasn't offered to us ☐

The patient wasn't religious and didn't require religious/spiritual or pastoral support ☐

It was requested but the patient died before support was received ☐

Religious/spiritual or pastoral support was already being provided by somebody else ☐

The patient had stated they didn't want chaplaincy support ☐

Other ☐

Please add any comments

……

……

Q10 When collecting the medical certificate from the bereavement suite, could anything be improved? Do you have any comments about your experience whilst attending the bereavement suite?

……

……

……

……

Q 11 Overall, how would you rate the care and support provided to you and your loved one?

V poor	Poor	Adequate	Good	V good
☐	☐	☐	☐	☐

Please tell us anything that was particularly good about the care we provided

All positive comments will be fed back to the ward, the Lead Nurse for End of Life Care, the Director of Nursing and where named, individuals concerned.

Please tell us what we could improve in relation to end of life care

These comments will be used by the Lead Nurse for End of Life Care to identify areas for improvement and highlight training needs.

Thank you for taking the time to complete this questionnaire in such difficult circumstances. Your comments are appreciated and will make a difference.

OFFICE USE ONLY: Month: _________
Date of Return: ____ / ____ / _______ Received by:__________________ Method: Post / BS / SH
Follow up required: Yes /No Received by CC: ____ / ____ / _______ C.A: ____ / ____ / _______
Date 1st contact: _______________ By_____________________