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**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. COVID 19 has resulted in the Trust having to adapt in many ways including how we communicate and support families. We want to get it right; to provide the best care possible to all of our patients who are at the end of their life. And we want to provide the best support we can to their loved ones, in whatever way we can.

To help us improve how we do this we would like you to answer the questions below. These questions relate to the support you received and the care that your loved one received leading up to and around the time of their death. Completion is entirely voluntary. You need only answer those questions that are relevant and that you are comfortable with answering.

There is no time limit by which you need to reply. Feel free to complete the questionnaire if and when you are ready to with the minimum of upset or distress. For any help and assistance in completing the questionnaire please contact the Patient Advice and Liaison Service (PALS) team on 01722 429044.

If you have any questions including any concerns about the care your loved one received during their last hospital stay, which you would like to discuss further please leave your name and contact details where directed on the last page, and a member of PALS team will contact you. In this instance it is also helpful to provide the name and date of birth of the person who has died.

This survey has been designed so that answers can be anonymous. However there are opportunities to comment on individual wards and staff who may have significantly impacted on your experience. By providing details which could identify you or your loved one, you consent to Salisbury NHS Foundation Trust processing your data for the following purposes:

* Contacting you to discuss any questions or concerns you may have further, should you request on the last page of this survey for the Trust to do so
* Improving End of life care provision throughout the Trust in the future
* Providing both positive and constructive feedback to relevant parties

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.

So we can provide feedback to individual wards and clinical teams please tell us:

**The ward/department in which your loved one died:** ………………………………………..

 **Your relationship to the person who died:** …………………………………………………..

**Q1** **During the last days or hours of their life, were you given the opportunity to talk with any doctors or nurses involved in your relative’s care?**

Yes, in person □ Yes, via telephone □ Yes, other ………………….. □ No□

**Q1a 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?**

Not applicable □ Yes □ No□

Please add any comments ………………….……………………………………………………….

**Q2 Were you told that your loved one may die?**

Yes □ No□

**Q2a 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□

Please add any comments ……………………………………………………………………………….…

**Q3 Did your loved one have an advanced care plan prior to their last admission, sometimes known as an Advance Directive, Treatment Escalation Plan (TEP) or ReSPECT/DNR form?**

Don’t know □ Yes □ No□

**Q3a If yes, do you know whether it was taken into account by your loved one’s medical team when they were admitted?**

Don’t know □ Yes □ No□

**Q4 Had your loved one ever expressed where they would like to die?**

Don’t know □ Yes □ No□

**Q4a If yes, where had they wished to die?**  …………………………………………………………

**Q4b Are you aware whether anyone had a discussion, with the patient or their loved ones, about where they may want to die or why this may not have been possible?**

Don’t know □ Yes □ No□

**Q4c On reflection was the hospital the right place for your loved one to be?**  Yes **□** No**□**

Please add any comments ………….………………………………………………………………………

**Q4d Were you or another relative/carer able to visit your loved one in hospital?**

Yes **□** No**□**

**Q4e If yes, was the room/ward in which they spent their last days or hours appropriate?**

Don’t know □ Yes □ No□

Please add any comments ………….………………………………………………………………………

**Q4f Did you or anyone else use the Trust’s communication channels?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Video calling | **□** | Bedside phone | **□** | Patient’s own device | **□** |
| Phone to ward | **□** | Message to a loved one | **□** | None | **□** |

Please add any comments ……………………………………………………………………………….…

**Q5 Did the patient or their loved ones receive support from the hospital chaplaincy team in the days before or after their death?**

 Don’t know □ Yes **□** No**□**

**Q5a How would you rate the support and helpfulness of the hospital chaplaincy team?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not applicable |  | 1 | 2 | 3 | 4 | 5 |  |
| □ |  Very poor | □ | □ | □ | □ | □ | V good |

Please add any comments ……………………………………………………………………………….…

**Q5b If you didn’t receive chaplaincy support, would you mind telling us why?**

Not aware of service **□** Didn’t want support **□** Own support provided **□** Other **□**

**Q6 Did the patient or their family receive support from either of the following teams during their final admission to hospital?** *(please tick all that apply)*

End of Life Care Team **□** Hospital Palliative Care Team **□** Neither **□** Don’t know□

**If yes, how would you describe their support?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not applicable | V Poor | Poor | Adequate | Good | V Good | Don’t Know |
| a). To the patient | □ | □ | □ | □ | □ | □ | □ |
| 6). To loved ones | □ | □ | □ | □ | □ | □ | □ |

Please add any comments ……………………………………………………………………………….…

**Q7 During their last hospital stay, how would you assess the overall level of care in the following areas:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | V Poor | Poor | Adequate | Good | V Good | Don’t Know |
| a). | Relief of symptoms | □ | □ | □ | □ | □ | □ |
| b). | Communication | □ | □ | □ | □ | □ | □ |
| c). | Compassion & dignity | □ | □ | □ | □ | □ | □ |
| d). | Emotional & practical support provided to loved ones | □ | □ | □ | □ | □ | □ |

**Q8 In the days after your loved one died do you have any comments about the following teams? Could anything be improved?**

a)Bereavement Suite Office

………………………………………………………………………………………………………………….

b)Medical Examiner’s Office

………………………………………………………………………………………………………………….

**Q9 If you had any questions or concerns about your loved ones care, were you able to talk to someone about these?** *(please tick all that apply)*

Not applicable □ Yes, before their death □ Yes, after their death □ No□

**Q9a If yes, were your questions and/or concerns addressed?**

Not applicable □ Yes □ No□

Please add any comments ……………………………………………………………………………….……………

**Q 10 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 Consultant in charge of your loved one’s care and where named, individuals concerned.*

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

*These comments will be fed back to senior nurses and clinicians able to influence the quality of end of life care provided in the Trust and used by the Head of Patient Experience and the Lead Nurse for End of Life Care to identify areas for improvement and highlight training needs.*

**Finally,**

* **Do you have any outstanding questions or concerns about the care your loved one received during their last hospital stay which you would like to discuss further**

Yes □ No□

* If yes, please read the privacy statement below before leaving your contact details for a member of the PALS Team to contact you.

Name: ……………………………………... Telephone or mobile: ……………………………………

The full name of the person who died: …………………………………………………………

The date of birth of the person who died: ………………………………………………………….

**Please return any completed forms using the pre-paid envelope provided.**

**Privacy Statement**

By providing your name and telephone/mobile number, you consent to the Trust’s PALS team using these details to contact you and store any notes taken during your telephone call on the Bereavement Service database. Any notes we record will be used to document relevant details which may aid further communication with you, including exploring any concerns or questions you may have. We will neither raise a formal complaint nor initiate any investigation without asking you during your phone call. If you do decide to raise a formal concern or complaint the PALS team will co-ordinate this and inform you of the outcome of any subsequent investigations. Your personal data will not be shared outside the Trust and will only be accessible to authorised staff on a need-to-know basis. The Trust complies with UK Data protection law and any data collected will remain on the Bereavement Database for at least 5 years. However, you have a right to withdraw your consent for your personal information to be held at any time. If at any point in the future you wish for your personal information to be anonymised or deleted, please email sft.pals@nhs.net and we will endeavour to do this.

|  |  |
| --- | --- |
|  |  |

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