

Board of Directors

Thursday, 07 November 2019

Report Title:	PATIENT/STAFF STORY BRIEF
Executive/NED Lead:	Catherine Morgan; Chief Nurse
Report author(s):	Catherine Morgan; Chief Nurse
Previously considered by:	N/A

Approval
 Discussion
 Information
 Assurance

EXECUTIVE SUMMARY

PATIENT STORY REVISIT/UPDATE

At the Board meeting in August 2019, John Poole attended with his wife to talk about his experience of care at Colchester Hospital having suffered a sensory stroke. He shared with us that the acute care episode was excellent and described staff as exceptional. His main concerns related to care and support after discharge from hospital.

Since this time, a number of actions have taken place to support John in his recovery. Follow up appointments have taken place with both the Stroke Consultant and Stroke Nurse Specialist to answer questions and to access some after care for example; occupational therapy and the counselling service. John is also now aware that his GP will support after hospital care and medicines reviews and is the point of contact to coordinate his care needs.

The Stroke Service recognised the need to improve their service and plan to:

- Change their discharge communication to include a letter around the role of the GP after discharge and how they are a key part of the recovery team; and
- Organise patient and staff listening events and look at any correlation between the emerging themes. They will then come together to work on themes via experience based co production.

TODAY'S BOARD STORY

Today the Board will hear from Amie Robinson who will talk to us about her experience of maternity care at Ipswich Hospital; Shirley Califano (Patient Experience Engagement Officer) will accompany her to the Board.

Summary

In summary, Amie's experience was mixed with some positive examples of care and some areas for improvement. Her birth experience deviated from plan and she felt that she was being delayed prior to attending the hospital, which was very busy when she arrived. The emergency care was good but communication could have been improved. Amie had a baby boy, Oskar and all is well.

Some key messages include:

- Giving Information around caesarean sections during pregnancy not at time of need;
- Considering ability to truly have the mental capacity when in an emergency situation and high emotional state to be able to make an informed decision;
- Recognising that after a general anaesthetic patients may not remember what you have asked them or what they have answered;
- Excellent patient centred care at time of waking up from anaesthetic;
- Talking to family, this does not need to be clinical, just reassuring; and

- Having the chance to not only talk about care experience but to share it and be asked to get involved to support the hospital is excellent patient care

Action Required of the Board of Directors

The Board is asked to note the report.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input type="checkbox"/>
SO3	Develop our centres of excellence	<input type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	Nil
Trust Risk Appetite	Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	Nil
Financial Implications	Nil
Equality and Diversity	Nil