East Suffolk and North Essex NHS Foundation Trust

Board of Directors

30 January 2020.

Report Title:	Patient Story
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 UPDATE

In November, Amie Robinson attended the Board meeting and shared her experience of maternity care at Ipswich Hospital. There were a number of key messages that Amie wished for the Board to hear particularly relating to communication (for example at times of high stress) and the importance and impact of the use of language (for example "being very busy") and ensuring patients and family are reassured and feel safe.

Amie would like to feedback that she felt valued and listened to by the Board. This was something she had not expected, she thought the Board would listen but was not anticipating the level of engagement she experienced. Amie was reassured by the comments and particularly how the questions asked indicated that people were truly listening and interested in how she felt and what if anything could be learnt from it.

Following the Board on the 29th November, Amie was invited by the Divisional Director for Women and Children to share her experience at the divisional team away day. Amie's points around capacity to consent and interpret information at times of stress (pre C-section) and better preparation were welcomed, as there had been the same discussion at a recent national meeting. Amie has been invited to support, from a patient representative view, with new patient information and procedures around the areas discussed and to support with her professional knowledge of supporting young adults with learning disabilities and autism.

Amie will sign up as a patient experience volunteer and will present her story at the Trust induction. Amie is already familiar with Ipswich learning disability specialist nurse services and hopes that she will be able to work with the hospital to give support, feedback and share information around Trust procedures within her professional environment.

PATIENT STORY TO THE JANUARY BOARD

Today the Board will hear from Stephanie Anderson-Wormald who will share the care that both she and her 96-year-old mother experienced when her mother was admitted to Ipswich Hospital after a fall; Shirley Black (Patient Experience Engagement Officer) will accompany Stephanie to the Board.

Summary

Stephanie's mother attended A&E following a fall where she was reviewed and received a brain scan due to concerns regarding facial injuries; she was also seen by an ophthalmologist.
Stephanie was informed that there was no significant injury shown on the scan (including the eye).

When her mother was transferred to SAU, Stephanie left feeling confident after excellent care in A&E and her mum was her normal sharp self, reminding her daughter to cancel a doctor's appointment that day.

However, her mother's health then progressively deteriorated to a point where she was unable to keep her eyes open for more than a few seconds and did not recognise her daughter.

The communication following this raised some questions and concerns as it was suggested a repeat scan to look for a bleed may be indicated and that if Stephanie's mother continued to deteriorate she may lose her and it was not clear what was actually wrong.

She was told that the repeat scan revealed nothing new; however a few days later a junior member of staff informed Stephanie that her mother's fracture behind her cheekbone and the haematoma in her

brain could explain the deterioration. This was the first time Stephanie and her mother had been informed of the two injuries.

One afternoon when visiting Stephanie arrived to find her mother much improved and was informed that her poor health had likely been due to a UTI or excess painkillers. Stephanie's mother was able to leave the hospital 2 weeks after her admission, however due to there being a number of unanswered questions Stephanie wrote to the CEO as she felt there were opportunities for learning. She wished to share praise for overall good care but also concerns regarding use of painkillers and poor/confusing communication. Stephanie was concerned by the use of the term "complaint" and feels that this caused unnecessary stress for her and to the staff that dealt with it and wonders if there is training needed to be given to staff to have a better awareness of the importance of this type of feedback.

Key Points
Positives aspects of care included; quick responsive care was given by caring and hardworking staff, discharge and aftercare was positive and sharing her experience has helped to feel listened too and valued to support the hospital staff.

Areas where improvements could be made include; communication in relation to injuries and risk, plan of care and clarity about concerns and tests and sharing this information with patient and family. Ensuring active listening to patients i.e. to inform use of painkillers.
There should be improved understanding how the word 'complaint' is perceived by patient/carer and staff and a better understanding / not being defensive or upset when a concern is raised rather working with patients/carers to resolve issues and that feedback can be supportive.

Stephanie has shared that having the opportunity to talk about her experience and being asked to be involved to support the hospital helps raise awareness that the hospital is listening and welcomes feedback. It is a step in the right direction that highlights if concerns need to be raised (make a 'complaint') is not seen as a negative or punitive and that positive outcomes and learning can come from it.

Action Required of the Board/Committee
To note the patient story

Link to Strategic Objectives (SO)		**Please tick**
SO1	Keep people in control of their health	☑
SO2	Lead the integration of care	☐
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☐

Risk Implications for the Trust *(including any clinical and financial consequences)*	
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 *(including links to CQC outcomes, Monitor, inspections, audits, etc)*	Nil
Financial Implications	Nil
Equality and Diversity	Nil