

Board of Directors

☐ Approval ☐ Disc	ussion	
Previously considered by:	N/A	
Report author(s):	Melissa Dowdeswell, Chief Nurse	
Executive/NED Lead:	Melissa Dowdeswell, Chief Nurse	
Report Title:	Patient Story	

Executive summary

Patient Story to the Board

Ashley is a young woman who has learning disabilities, is autistic and has suffered two strokes. In June during the pandemic, she had gone to the bathroom and found herself on the floor and in a lot of pain. Her mother (her Carer) brought her to Ipswich hospital as her car is adapted for her daughter's needs.

Ashley was in severe pain, and unsure of what would happen by going out, and to a hospital in the midst of the pandemic.

They arrived at the pre COVID A&E (The Garret Anderson Centre) where two nurses, who informed them that the A&E had moved, explained where to go, and that mum would not be able to accompany her daughter into A&E.

This caused Ashley to become distressed, to which her mum informed the nurse that her daughter had learning disabilities, and would not be able to go in, or without her. Mum took Ashley to the advised location of A&E where a nurse who took information, and ascertained that Ashley had learning disabilities and her mum, as the carer, would need to accompany her. The nurse advised that this would be ok, and they were both taken into the Triage area.

Everything was dealt with quickly, professionally keeping the patient and carer informed throughout.

The consultant explained that Ashley would need an X-ray to ascertain what was causing her pain.

Ashley was informed that she had two fractures and that she would need to have a cast put on. During the process, Ashley needed to go to the bathroom, but required support for these personal needs. The Health Care Assistant (HCA) went to find some female support to aid her in supporting Ashley; however, she informed Ashley's mum that there were only male staff on to support. Ashley's mum explained that unfortunately, it would not be possible for Ashley to accept a man attending to her personal needs.

The HCA understood, and said that she would be back, at which point she returned with a female doctor who attended with the HCA to Ashley's personal needs. Ashley's mum was taken aback by this doctor's effortless approach, as she just got on with it, and made sure Ashley's dignity and needs were met, even though she was very busy with other patients.

Ashley then had to go to get her cast put on, she was wearing socks and the clinician explained that her sock would need to come off. Her mum explained to the clinician that Ashley had learning disabilities and would not let anyone touch her feet apart from her mum. The clinician responded by saying 'then we will leave it on and we can work around it'. Ashley's mum was so surprised and grateful for this consideration of her daughter's needs. She understood that this would make the clinician's job trickier but this came across as no bother at all.

The care and consideration for both the patient and the carer were excellent and instilled confidence to both even in the midst of the pandemic. The evident attention to detail around the wearing of masks, hand sanitising, gloves and mask being given to both carer and patient at every step of the patient's journey was noted.

There were many staff coming in and out of the cubicle and working from start to finish to care for Ashley and her mum and they positively noted that every single person introduced himself or herself first.

Ashley's discharge was effective, and the occupational health team came, informed them what they would do and even came to the house as promised. They assessed the situation, and listened to the needs of the patient and the carer. They arranged for new equipment that arrived within 45mins and they returned the next morning to support Ashley's mum with how to use the new equipment safely. They ensured she was confident before leaving, and even left a telephone number to ensure she had support in case she needed it.

Experience of care

What worked well

- Quick responsive care was given
- Staff Introduced themselves every time
- · Adaptations to patients needs were met every time
- A doctor taking the time to see to Ashley's personal needs
- Feeling truly listened to
- After care was caring and quick
- Everything was explained throughout the whole journey

What didn't work so well

• Communication – The Nurse at the normal A&E could have worded not being able to attend with my daughter a little differently

Main Message

- Excellent patient and carer communication
- Staff going above and beyond even in a pandemic
- · Being truly listened to by all levels of staff
- Discharge was smooth and effective
- True patient centred care
- Giving confidence to both patient and carer in that they quickly build up trust, actively listened, demonstrated they knew what they were doing and that they would take care of the patient and the carer.

Ashley's Story (Patient)

https://youtu.be/Sn9iGgOTlcQ

Mum (Carer)

https://youtu.be/Y3P9Anau7KU

Action Required of the Board/Committee

The Board is asked to reflect and learn from the patient and their loved ones experience.

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)	Nil reported
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 lin	nks Nil reported
to CQC outcomes, Monitor, inspections, audits, e	etc)
Financial Implications	Nil reported
Equality and Diversity	Nil reported