

Board of Directors

Thursday 07 July 2022

Report Title:	Patient Experience Story
Executive/NED Lead:	Giles Thorpe, Chief Nurse
Report author(s):	Patient Experience Team
Previously considered by:	N/A

Approval
 Discussion
 Information
 Assurance

Executive summary

Patient Experience Story to the Board

Mrs G first contacted the Chief Executive in September 2019 due to care and treatment her elderly mother was receiving in the eye clinic at Colchester Hospital. Sadly, they had recently lost her sister so this was a very difficult time for the family, especially the mother.

Mrs G then made contact again with the Chief Executive in June 2021 following further treatment for her mother in the dermatology department. Both contacts made to the Chief Executive were in relation to thanking him for the excellent service and providing him with feedback on their experiences they had received especially through what had been some very difficult circumstances.

Mrs G contacted the Patient Experience Team on 28 June as, very sadly, her elderly mother took a bad fall at home the previous Friday and it had resulted in a broken femur, which required surgery. Mrs G explained that they had to wait six hours for an ambulance and then a further six hours in Accident and Emergency until x-rays were taken and pain relief given. They fully appreciated and understood the time taken, as they had seen the headlines and it has been made abundantly clear that the NHS was facing an extraordinary amount of pressure and the pandemic had certainly taken its toll.

Mrs G and her family were then advised early Saturday morning that their mother would require surgery and that it would be undertaken either Sunday or Monday. Unfortunately, they were then advised that the surgery would have to wait until Tuesday. The family had concerns as not so much for the operation, but that their mother was getting weaker the longer she had to wait. Mrs G's Mum was in a lot of pain, for which she was being administered pain relief medication, although this in turn was making her sleep more and eat / drink less. Mrs G's Mum was originally put on a drip, as she was not capable of eating and drinking, but was taken off because she was deemed as capable of being able to take food and drink without the need for a drip. The operation was then unfortunately cancelled again, having been put on 'nil by mouth standby' and with their mother not being able to feed herself as she is laid on her back this was having a detrimental impact.

Following contact with the patient experience team, the family met with the ward sister and wider team who advised and supported the family. Surgery took place Wednesday 29 June and mum is recovering well having eaten well and receiving physiotherapy.

What didn't go well:

- The wait for the ambulance and time within A&E and especially getting some form of pain relief to help mum with the pain;
- Operations keep being cancelled;

What went well:

- Daughter felt empowered to make contact with the Trust;
- Communication between ward staff and wider supporting team;
- Recovery once back on the ward following surgery;
- Input from physiotherapy team

Action Required of the Board/Committee

To note and discuss the patient / staff experience story

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust (including any clinical and financial consequences)		There is a risk that a failure to have meaningful patient or staff stories in place and associated effective complaints practices and management arrangements in place there is a risk of recurrent poor experience and potential harm being caused to patients. There is an associate risk of onward referrals to the PHSO, legal claims and reputational damage. The Board listening to stories of patients' and staff's lived experiences ensures that the Trust is committed to keeping the patient, their families and the staff caring for them at the very heart of its decision-making.
Trust Risk Appetite		The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of "no harm" at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients.
Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc.)		A failure to ensure appropriate governance practices are in place to support positive patient and staff experience may lead to a breach against Regulation 16: Receiving and acting on complaints and Regulation 18: Staffing as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.
Financial Implications		A failure to ensure that the Board has oversight of current patient and staff experiences may lead to ongoing and unresolved concerns, which may lead to legal claims or PHSO rulings being raised against the Trust, with associate financial penalties.
Equality and Diversity		<p>In order to ensure that the Trust does not directly or indirectly discriminate all the needs of patients and staff must be considered, in accordance to the Equality Act 2010 and EDI agenda in relation to protected characteristics.</p> <p>The patient and staff stories that are shared with the Board are reviewed to ensure that this does not happen, and that learning is shared to ensure all considerations are given to:</p> <ul style="list-style-type: none"> • age. • disability.

	<ul style="list-style-type: none">• gender reassignment• marriage and civil partnership.• pregnancy and maternity.• race.• religion or belief• sex• sexual orientation
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