

Trust Board of Directors Meeting Report Summary

| Date of Meeting: 6 July 2023 | |
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| Title of Document: Patient Experience Story | |
| To be presented by: | Author: |
| Giles Thorpe, Chief Nurse | Tammy Shepherd, Head of Patient Experience |
| 1. Status: For Discussion/Information | |
| 2. Purpose: To share the experiences of patients, relatives and carers at ESNEFT | |
| Relates to: | |
| Strategic Objective | SO1: Keep people in control of their health SO3: Develop our centres of excellence |
| Operational performance | N/A |
| Quality | Delivering a positive patient and relative experience is a key part of ensuring high quality clinical care. It is key that Board is sighted on direct experience of care which are both positive and negative, to gain assurance that when a poor experience occurs action is taken to improve. |
| Legal/Regulatory/Audit | Oversight of patient experience forms part of the Trust's requirements in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 16: Receiving and acting on complaints, and Regulation 17: Good governance. |
| Finance | By ensuring a positive patient experience the risk of ongoing escalation of concerns towards legal claim and financial remedy is reduced. |
| Governance | As part of a well-led organisation, it is important that the Board is sighted on patient experience stories, in order to connect back information regarding quality and operational performance to patients and families. |
| NHS policy/public consultation | N/A |
| Accreditation/inspection | Evidence of the Board's interest in patient experience forms part of the CQC Well-Led review and relates to the relevant fundamental standards as evidenced above. |
| Anchor institutions | N/A |
| ICS/ICB/Alliance | N/A |
| Board Assurance Framework (BAF) Risk | BAF Risk 4: If ESNEFT does not have the correct quality assurance mechanisms in place, then it may fail to maintain or improve the quality and safety of patient services, resulting in poor patient care, increased health inequalities, experience and potential harm. |
| Other | |

3. Summary:

Following a son being informed that his 88-year-old mother was at the end of her life, he was asked by staff if they wanted a chaplain to visit. As she had such a strong faith, it was agreed that although the chaplain was at lpswich, they would be there within the hour.

The Doctors explained to the son what was happening but they did so in a language that he did not understand so asked them to explain in laymen's terms. Although they were very attentive and supportive, the son did not quite understand what was happening to his mother but was very grateful when the chaplain arrived and explained things in a more understandable manner.

The son reported that the chaplain was jovial, excellent at explaining the circumstances and made him and his mother very comfortable at what was a very difficult time. The son explained that although he felt his mother was aware he was there, it was not until the chaplain made contact that his mother made any sign of moving and acknowledging the presence of the chaplain.

The son wanted to convey his thanks to all staff, doctors and nurses for their care, compassion and empathy making the entire experience something he will never forget that his mother received the best possible care at the end of her life.

4. Recommendations / Actions

The Board is asked to discuss and note the patient story.