

Board of Directors (Public)

4 November 2021

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

Approval
 Discussion
 Information
 Assurance

Executive summary

In July 2021, Peter fell at home fracturing his hip. A hip fixation was performed in Colchester hospital. Peter's recovery pathway was shaped by his Ullrich Muscular Dystrophy, and he spent 7 weeks in hospital, two weeks in Aldham Ward, Colchester, and five weeks in Durban Ward, Clacton.

Peter works as a specialist on diversity and inclusion and offers reflections from this view on his patient experience. Peter would like to thank all the staff that contributed to his care and recovery, and in addition offer reflections to the Board that are meant constructively.

Peter would like to congratulate and thank all those who ensured a successful operation, recovery and good start on the rehabilitative process. Special thanks to frontline staff, from paramedics to HCAs, nurses, doctors, physios and therapy instructors, admin staff, cleaners, and others who perform their work with such dedication and skill. It is clear that many go above and beyond, and this is particularly evident in the face of the limited resources they have to operate.

The quality of care that Peter received depended, in part, on him advocating for his own needs. In particular, the specific pathway of rehabilitation with his preexisting condition was only taken into account after the patient repeatedly raised the topic. At several points this was met with rejection or it was implied to the patient that his demands were unusual, excessive, or beyond the responsibilities of the ward to provide. It was only at the patient's instigation that those responsible for care of his Muscular Dystrophy were contacted, or an assessment was done to see what the needs would be.

Transitions are stressful for any patient, and this was compounded by the way they were handled. On arriving at Accident & Emergency, the patient was taken to the x-ray scan without being asked about whether he would need painkillers. On leaving Aldham Ward, the patient was initially informed that Durban Ward had "rejected" him because of his therapy needs.

Discharge from Durban Ward was initiated the day before an important scan that would determine the patient's future mobility, when it could have been initiated the day after that scan.

Issues around transitions also show a broader challenge of communications. Hospital staff give significant effort to communications, and consulting the patient, however there are key gaps that limit the effectiveness of these efforts. These gaps can cause unnecessary distress. The patient is not given full information on the choices they have, or visibility on the processes that concern them. One example of this is the patient's discharge letter, which was not checked with the patient (happy and able to do so), and gave incorrect information to the agency providing support on leaving hospital.

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. • gender reassignment

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