

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS – 30 JANUARY 2014
SUBJECT:	PATIENT STORY
REPORT FROM:	CHIEF NURSE AND DIRECTOR OF QUALITY & OPERATIONS
PURPOSE:	FOR INFORMATION AND DISCUSSION

CONTEXT/REVIEW HISTORY

The Board of Directors have been using patient stories to understand from the perspective of a patient and/or a carer about the experiences of using our services.

Patient stories are a key feature of our ambition to revolutionise patient and customer experience. Capturing and triangulating intelligence pertaining to patient and carer experience from a variety of different sources will enable us to better understand the experiences of those who use our services.

Patient stories provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

SUMMARY:

The patient story this month relates to Outpatients Department during a routine appointment with a regular patient of ours who is living with diabetes. The gentleman describes feeling distressed and anxious due to the care given being rushed, uncomfortable and not person-centred. The patient has suggested improvements which reflect the 'We Care' and Trust values.

With the rollout of the 'We Care' programme, Trust values and behaviours and the 'tone of voice' work, we hope to see a reduction of concerns raised that relate to attitude and communication.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Improving patient experience and satisfaction with the outcomes of care are essential elements of our strategic objectives .

FINANCIAL IMPLICATIONS:

None

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

None

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES:

None

BOARD ACTION REQUIRED:

- (a) to note the report
- (b) to discuss and determine actions as appropriate

CONSEQUENCES OF NOT TAKING ACTION:

If we do not learn from events such as these there is an increased risk of further occurrences which may adversely affect both patient experience and outcomes.

**Board of Directors
Patient Experience Story
January 2014**

1. Introduction

This month's patient story is from a gentleman who has lived with diabetes for 35 years. He regularly attends Outpatients for his check up every 6 months. He reports an experience that left him feeling let down and disrespected by our nursing staff.

Recent analysis of our complaints and concerns received in the Trust has shown attitude and communication to be the most common theme. Further analysis has shown this to feature in around 12 complaints per month (out of approximately 50 – 80 received each month). The spread is across all departments in the Trust except Radiology and Maternity who rarely receive formal complaints of this nature. In contrast, the Friends and Family Test feedback is generally very positive with little reference to communication and attitude as a problem. The Patient & Staff Experience Committee asked for more detail around this theme which was provided at the recent meeting in January. In addition, the Trust has recently agreed the 'We Care' values as the Trust values going forward. The Board of Directors received a presentation on the 'tone of voice' work being undertaken with staff at their last meeting. This story is timely as it illustrates how this work and the rolling out of the 'We Care' values may help staff to practice in a more person-centred way, particularly when working within the routine day to day life of the Trust.

2. Patient Story

This gentleman arrived for his usual Outpatients appointment in the summer and was greeted and asked to wait for his pre-clinic checks. He was seen by one of our Healthcare Assistant staff (HCA) who promptly, without explaining what was going to happen, or asked his permission, applied a blood pressure cuff and started to take his blood pressure with his arm dangling down by his side. This was very uncomfortable for the patient, and also the incorrect procedure for taking blood pressure. The patient did try to point this out but with no avail. He began to feel very anxious. Without introducing herself, the HCA simultaneously also started to ask a number of questions of Mr F in order to confirm his identity. He describes the whole procedure as rushed and unfriendly.

In addition, whilst this was in progress, a staff nurse arrived to check Mr F's blood sugar. Despite the gentleman saying he was unhappy with this, she insisted on continuing. This resulted in the patient having two staff undertaking two procedures, both uncomfortable procedures, without him wishing to have them carried out at the same time. This was compounded as little empathy was shown. He was very distressed to see a raised blood pressure recording which he felt was due to his stress and anxiety.

In short, Mr F felt that the blood pressure procedure was undertaken incorrectly as he should have had his arm resting on something. He also felt that he was not listened to, that the nurses were rushing, and it felt to him that they did not care and just wanted to get the job done. He returned to the waiting area feeling very agitated.

To help us, Mr F has made some suggestions for improvement that Matron Janice Biffen has discussed with the patient and also has taken to the Divisional team

meetings. These suggestions are very simple and reflect our Trust values and behaviours. He proposed:

- Making sure we introduce ourselves;
- Ensure that we welcome the patient;
- Check and ask how patients feel;
- Make the identity checks before any procedure;
- Ensure clear instructions and explanations are given to the patient;
- Check if the patient is feeling well afterwards;
- Inform the patient of the blood pressure recording and blood sugar results;
- Make sure we say thank you.

3. The Way Forward

Matron Biffen explained to Mr F about the 'We Care' programme, the 'We Care Champions' and the on-going work in her response letter sent to him. She also visited Mr F and his wife at home with the Sister from the Outpatient Department to discuss the issues he raised. They explained to him some of the changes that have been implemented. For example there is a 'meet and greet' competency that was introduced in 2010 for all Outpatients staff as part of the Customer Care Course. This includes information on introducing oneself and the correct procedure for checking ID. Matron has made sure that those who had not attended the course and undertaken the competency are now scheduled to do so. The staff member who took Mr F's blood pressure has undergone further training to meet the Blood Pressure Competency. Matron and Sister have also provided a better facility within the Department for performing blood pressure checks.

This gentleman's experience is timely given the current climate around listening to patients, being courteous, and the roll out across the organisation of the Trust values. As the 'We Care' programme continues to roll out and staff and patients become more aware of our values and behaviours, we will be held to account even more. We will also hopefully see tangible improvements in attitude and communication across all staff groups and between one another.