EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS – 28 FEBRUARY 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 an elderly lady and her daughter's challenging experience during an emergency admission at the height of the seasonal pressures. The story describes the delays on arrival at the hospital and whilst in A&E waiting for a bed. It is an example of a potentially quite disjointed emergency pathway due to seasonal winter pressures that can affect people's experience. During this lady's stay with us, she experienced a decline in her condition which was frightening and serious. Her daughter then goes to explain how we effectively managed her mother's condition. The care they both received throughout this lady's admission is described as professional, dedicated and kind. They praise the staff for being continually supportive and always treating her mother with dignity and respect. This story describes how feelings of fear and anxiety were alleviated by the way care was delivered. Stories of effective communication, delivered in a compassionate and caring way are always encouraging to hear.

This story is framed around the Trust's Shared Purpose Framework:

- **person-centredness** – how we work with our patients, service users and each other;
- **effective care** – how we use and develop evidence to underpin our interventions, approaches and the ways we organise care delivery;
- **safe care** – how we practice safely but also develop safe environments;
- **developing effective workplace cultures and teams** – how we sustain the above outcomes through leadership, enabling continuous learning, improvement, research, development and innovation.

The patient's daughter is a member of staff in the Trust and will present her story in person to the Board of Directors.

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
February 2014

Introduction

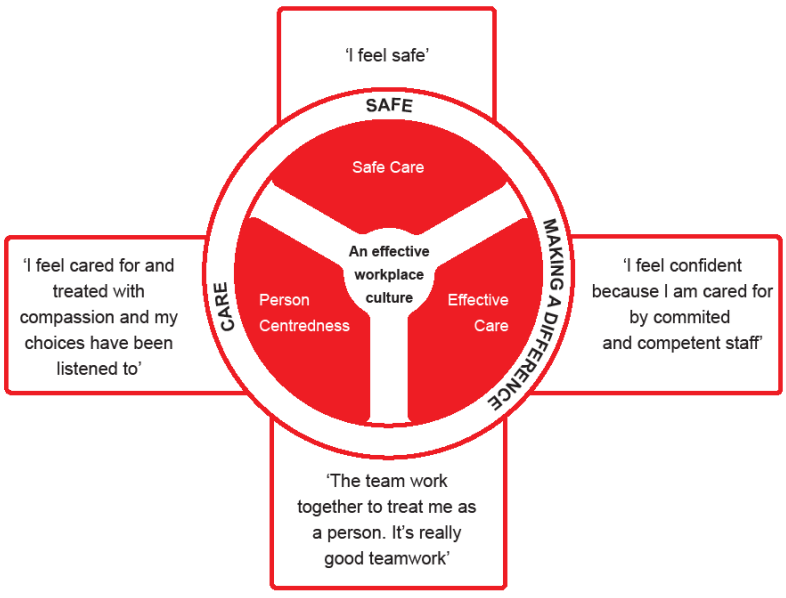
This month's patient story is about a family's experience of the emergency pathway into hospital from home. It describes a challenging experience of a mother and daughter during an emergency admission at the height of the seasonal pressures. The patient's daughter is a member of staff in the Trust and will present her story in person to the Board of Directors. We have framed the story around the Shared Purpose Framework.

The Shared Purpose Framework

A shared purpose is an essential part of developing effective workplace cultures. It is key in establishing person-centred and effective practices that enable everyone to flourish. Purpose defines the ultimate 'why' of the practice and/or service we provide. It expresses our identity and the reason we do what we do. A shared purpose results when a group of individuals aligns their belief systems or values with a common challenge, vision or goal. The Trust's Shared purposes were developed by staff and provide a shared understanding about what frontline staff need to practically do to deliver these outcomes across the organisation. Involving everyone in the decision-making around the framework accords value to those involved, enables engagement, joint responsibility, and multiple perspectives and differences to be recognised and acknowledged. The Trust's subsequent 'Shared Purpose Framework' identifies four key purposes (See below):

- **person-centredness** – how we work with our patients, service users and each other;
- **effective care** – how we use and develop evidence to underpin our interventions, approaches and the ways we organise care delivery;
- **safe care** – how we practice safely but also develop safe environments;
- **developing effective workplace cultures** and teams – how we sustain the above outcomes through leadership, enabling continuous learning, improvement, research, development and innovation.

<u>Shared Purpose Framework</u>



The purposes have subsequently become the Trust's working definition of quality care and are aligned to the 'We Care' values; care, safety, making a difference, also identified through extensive engagement with service users and staff.

The four purposes are easy to remember and make explicit what is expected of staff at every level of the NHS Career framework. It integrates performance indicators, knowledge and know-how, attitudes and behaviour and contextual factors. Each purpose is linked to the Trust's quality strategy and integrates the '6 Cs' (Care, Compassion, Communication, Courage, Commitment and Competence) arising from the national nursing and midwifery strategy (DH, 2012). The Trust subsequently endorsed the relevance and importance of the shared purposes and the '6 Cs' for all our staff groups.

The Emergency Pathway
Patients are admitted to hospital via a number of routes. Many patients come to us via A&E, having been collected by the Ambulance service. This is often unexpected and can be a frightening experience. During winter time the Trust experiences pressures in the system that can sometimes mean delays for patients arriving at our doors. There are many reasons for this, one of which may be delays in discharging people home to free up beds for those still arriving. During winter the Trust often plans to provide more capacity by opening and staffing additional ward beds to help us manage the emergency demand. This is common practice across the NHS.

Delivering Safe Effective Care
Despite these pressures, it is paramount that we continue to provide safe and effective care to all of our patients and their families and friends. This story describes the experience of an elderly lady who was admitted as an emergency and became very unwell during her stay. The story is told by her daughter.

Mum's Story
"My Mum is 90 and registered blind, having very limited sight. She lives independently although housebound with assistance from the family. Mum's story starts on 29th December last year.

I was on my way from Ashford to visit Mum in Canterbury when I was contacted by 'Helpline' to say that my Mum had fallen, could not get up and they had sent for an ambulance. I was about 5 minutes away so arrived before the ambulance, which appeared 20 minutes later. The paramedics believed that my Mum had broken her hip and that she needed to be taken to hospital. As we live 10 minutes from the William Harvey Hospital (WHH) and the rest of the family live in London and Essex I asked whether they could take Mum to the WHH but as my Mum lives nearer to Margate they could only take her to the Queen Elizabeth Queen Mother Hospital (QEQM). We were unfamiliar with QEQM, so understandably we were wary at her being sent to a hospital that we did not know.

As it turned out we need not have worried.

On arriving at QEQM I found that she was in one of 7 ambulances docked at A&E so had to wait a time before I could go through and join her. Most of the A&E bays were full but despite this she was assessed, x-rayed and made as comfortable as possible. Because it was very quickly confirmed that she had broken her hip, she then had to wait for the Orthopaedic Surgeon to attend to her. Time passed and the staff in A&E transferred Mum and other orthopaedic patients into a side bay to await the doctor. We also had to wait a long time for a ward bed. The Orthopaedic Surgeon arrived and explained very patiently to Mum and at the same time sketched for me what had happened to Mum's leg so that we

could fully understand. We were told that there were no beds available on an orthopaedic ward and after about 6 hours in total Mum was taken temporarily to Birchington Ward, a gynaecology ward, until she was collected for surgery the next day. The staff tended to my Mum well.

She was able to sign her own consent for surgery, although I was asked to countersign. Her anaesthetic options were discussed with her and she was able to make her own decision on this. We were kindly invited to accompany Mum to the door of the theatre which gave Mum the opportunity to speak with us until the last moment.

On return from surgery she was taken to Quex Ward. The surgery had gone well and the staff had Mum out of bed the next day as per normal. Three days after her arrival on Quex the ward had to be closed for 3 days due to Norovirus. Mum did not contract this. Throughout this closure the staff kept us informed of Mum's progress and said that we could ring at any time should we have any concerns.

It is difficult now to remember the next series of events.

Mum's leg was healing but her general health was gradually deteriorating and the recording of her observations was stepped up and recorded at the bedside using VitalPACs. Her fluid intake and eating decreased and her kidney function etc. was reduced. She contracted a urinary tract infection and chest infection so x-rays and scans were ordered to assist in monitoring these. She was catheterised, provided with oxygen and antibiotics and fluid intravenously. Her bloods were monitored. It appeared to us that VitalPACs was used to closely monitor all these levels and together with normal visual assessment, all the various actions taken to alleviate Mum's symptoms were not hit and miss. My family were unaware of the use of a system like VitalPACs and wondered why nurses were using their mobiles to text from the bedside!

During the kidney scan it was discovered that Mum had an aneurysm. A vascular doctor from Kent and Canterbury visited Mum. I was there whilst he spoke most kindly and clearly with Mum and he explained what had been discovered and that although it was not at a dangerous stage, because of her great age, it would be inadvisable to operate. It was clear that Mum fully understood. Speaking with my husband and I afterwards the doctor explained that Mum would not be asked to attend follow up out-patient appointments and we agreed that this was a kindness because as they could not operate why attend to just be told it was getting bigger.

At this stage it was decided that a DNR would be placed on Mum's file. The considerations and implications for this to be placed were discussed with me and consequently by me with the whole family over the telephone. The family felt this was an appropriate action to be taken.

On one particular day I was at the hospital on my own. My Mum's condition was continuing to deteriorate and the Critical Care Outreach Team was called to provide further assessment. At this point I was advised to call the rest of the family. The nursing team kindly moved my mother from her bay to a side ward so that she and we would be offered more privacy. My Mum, on that day, seemed unaware how poorly she was but enjoyed having her family around her.

The next day Mum appeared to rally and from then onwards, with the continuing support of the medical and nursing staff, moved towards recovery although there were a few steps back. Mum has been, understandably, weakened physically and her rehabilitation in standing and walking has taken a bit of a back seat but on the 29th January 2014 she was

confirmed to be medically stable and was discharged to a rehabilitation bed in Herne Bay where she is now.

All the way through her time on Quex she was treated with respect and dignity and anything that happened to her was explained by the medical and nursing staff and understood by her and then explained to the family when possible. She was able to consent to her treatment. There are not enough words to describe the dedication, professionalism, care and kindness shown to my Mum and to her family by all the staff on Quex Ward for whom we have nothing but praise."

Person-Centred Care
This story describes a pathway of care that involved many disciplines, different locations, and different teams caring for this patient. The experience of this family was that every 'arm' of the journey went smoothly, despite the hospital being busy with pressure on available beds. At all stages the family felt that they knew what was occurring, had the plan of care explained carefully to them in a way they understood and felt cared for by all of the healthcare professionals involved. Stories of effective communication, delivery of compassion in a caring way are encouraging to hear. They describe continuing support from the medical and nursing staff and also say that at all times their mother was treated with dignity and respect. Staff were described as professional, dedicated and kind.

Effective Care
This story describes a pathway of care that could have been perceived as disjointed. The patient had to wait in the Ambulance due to lack of cubicle space in A&E, she had a protracted stay in A&E whilst waiting for a bed to become available on the ward, then she was admitted to a ward which was not of the correct speciality before finally receiving her post-operative care on a surgical ward. This potentially could have led to problems in the smoothness of care. In fact, in this case, despite these challenges the patient received the treatment, surgery and care she required.

Effectiveness includes how we work together as teams. This story describes the clinical deterioration of this elderly patient. Whilst this was most distressing to her family, their experience was that escalation to the Critical Care Outreach Team was timely, and that everyone responded to the change of her condition appropriately. It is interesting to note how technology also contributed to the effectiveness of this critical time in the patient's pathway. We hear in the story about appropriate and timely interventions, treatment and therapies to enable her to recover and then ultimately to be discharged to a rehabilitation bed to continue her recovery.

Safe Care
This story expresses the fear and concern patients may have when an unexpected event brings them to hospital. The family were concerned about their mother not being able to attend the hospital she was familiar with. However, the good news is that they felt safe under the care of those at QEQM. It is important to note that this lady was admitted to a ward that did not specialise in orthopaedic emergency care (normally deals with elective orthopaedic patients), and yet, despite this, the family felt safe. They describe how, even though the ward she was admitted to post surgery had Norovirus for 3 days, they still felt safe and they experienced safe protective care given that their mother did not contract the stomach virus.

The use of VitalPACs appeared to aid staff when to call for additional help. The importance of technology to assist us in providing safe care is worthy of note. Indeed the rollout of VitalPACs to the A&E Departments is in progress for this reason.

Effective Workplace Cultures

The daughter of this patient describes throughout the story a number of teams of varying disciplines who worked together in a joined up way to provide safe effective care. This story illustrates effective workplace cultures where communication was open, help was sought when staff were concerned and that the handover between different specialties and professions enhanced quality, safety and patient experience. The on-going clinical leadership programmes and the mentoring and coaching that staff are undertaking is growing this critical mass of people who are developing their own workplace cultures reflecting the Shared Purpose Framework and making this, the Trust 'We Care' values and the '6 Cs' a reality.

Summary

This patient story is one where an elderly lady is admitted to hospital as an emergency. She experienced some delays in reaching the ward that specialises in caring for people with her condition. She also had a difficult time due to becoming very unwell whilst she was recovering from her surgery. However, by framing these experiences around the Shared Purpose Framework it can be seen that the family experienced person-centred, safe and effective care. This is despite the hospital and health economy in general being under pressure due to the winter season. This lady's daughter will explain the story to the Board of Directors in her own words at the meeting.