

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS – 25 JULY 2014

SUBJECT: PATIENT STORY

REPORT FROM: CHIEF NURSE AND DIRECTOR OF QUALITY & OPERATIONS

PURPOSE: FOR INFORMATION AND DISCUSSION

CONTEXT/REVIEW HISTORY/STAKEHOLDER ENGAGEMENT

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 understand better 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:

This story describes the experience of a patient who is profoundly deaf and partially sighted. It describes the frustration and anger caused for the patient and his family as a result of staff not taking the time and making the effort to communicate effectively.

The story demonstrates how careful and sensitive we need to be when communicating with all our patients and their families, it also shows that we must remain empathetic and monitor the effect of how and what we say on others continuously.

The story describes an event for which lessons should be learned and acted upon. In this case there were no medical errors.

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
July 2014

Introduction and Background

This month's story relates to an issue around communication with a partially sighted, profoundly deaf patient attending his Outpatient appointment. It demonstrates both negative and positive impacts of communication with patients.

This story holds current relevance with the national focus on patient involvement in care.

The NHS Constitution, Principles that guide the NHS No.4. states:

'The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment'.

The Equality Act 2010 requires organisations to make reasonable adjustments to allow people with a disability to experience the same levels of service as those without a disability. The simple adjustment of making extra effort and allowing extra time to communicate effectively would have resulted in this patient being involved in and consulted on decisions about his care and treatment.

Sean's Story

Sean is a 48-year-old man who has been in full time employment since the age of 17. He is profoundly deaf and partially sighted. He uses British Sign Language to a limited degree but is most comfortable lip reading. Sean has been deaf from birth, which has had an impact on his enunciation resulting in him being difficult to understand at times and requiring additional effort on the part of the person communicating with him.

He supports Gillingham and Arsenal football clubs and enjoys horseracing. His hearing and sight impairments make life harder and more difficult to manage in a society not equipped or willing to make the effort to communicate with him.

Sean lives his life like any other adult male except when he has to attend hospital as a patient. During these visits he has to take his mother with him in order to be heard and understood.

In September 2013 Sean attended Kent & Canterbury Hospital with his mother for an outpatient appointment for suspected kidney stones. He reported to reception and was met by the top of the receptionist's head as she looked at the computer on her desk. The receptionist did not look at him resulting in him not being aware of what was being said. His mother intervened and told the receptionist his name, address, date of birth and other pertinent details. Sean was acutely embarrassed and angry as a 48-year-old man not to have been able to engage with the receptionist and provide this information himself. Had the receptionist looked at him and listened he would have been able to respond effectively and independently, and she would have understood that Sean was a lip reader and what his needs were.

Whilst waiting to see a consultant, a nurse took Sean to be weighed. She did not take the time to explain to him what she was doing and why, leaving Sean agitated and confused. When he tried to get an explanation he describes the nurse as laughing it off, leaving him frustrated once again.

In stark contrast, Sean then saw a consultant who clearly understood his needs, took the time and made the effort to face him and speak slowly leaving him fully aware of his situation and more relaxed and comfortable.

Sean was sent to X-ray and waited. He was taken by the arm to a cubicle to undress which was surprising because he has no mobility issues and is perfectly capable of walking to the changing cubicle unaided. He was X-rayed and following the X-ray he was yet again taken by the arm to a cubicle, which he knew was not the cubicle he had used to undress in. Despite his protests, he was ignored and the staff member opened the cubicle to discover a female patient in a state of undress causing great distress and embarrassment to both patients.

When Sean left the Hospital, he was furious. He did not feel that he had been treated with dignity and respect nor that the hospital Trust had been prepared to make adjustments to enable him fair access to services independently.

A short while later Sean once again attended Kent and Canterbury Hospital, this time for an MRI scan. He was spoken to by a radiographer who listened to his request to speak slowly and loudly. The procedure was explained and Sean went into the radiology suite where he met a second radiographer who spoke very quickly. This staff member also adjusted their communication to meet Sean's needs. The scan was completed without incident and Sean left the hospital content that he had received the same level of service as any other patient leaving. This had been achieved by two members of staff listening and responding to Sean's needs and giving him the time necessary to communicate. When Sean related his story at this point, he threw his arms in the air and said, "If only it could always be like this".

Summary

This story describes some distinctly different experiences following visits to Kent & Canterbury Hospital's outpatient department. It highlights how easy it is to communicate effectively and how easy it is to make assumptions and behave inappropriately. We need to be careful and sensitive when communicating with our patients and their families. Although in this case there were no medical errors, the importance of the patient's dignity cannot be over stressed.

Below are listed the learning and action points that arose from this patient story.

Learning

This story has particular resonance in relation to the Trust's Values.

- Our first value is that people will feel cared for as individuals. Sean would report that he did not feel cared for as an individual on his first visit.
- Staff at this visit were not welcoming and polite, did not make eye contact and were dismissive of his needs. On his visit to the MRI unit, staff were attentive and helpful.
- Sean did not feel respected and did not experience staff acting as an advocate for vulnerable patients on his first visit. He did when he attended for his MRI scan.

It also highlights the need to raise awareness among staff on the individual needs of people with an impairment that requires simple adjustments to maintain their respect, dignity and independence.

Actions

Following the Board of Directors meeting, the film will be made available online for staff. An article in Team Brief will encourage staff to show the film and discuss with their teams how to support patients with impairments and how this relates to the We Care behaviours and learning and objectives set at appraisal.

This story reminds us that we need to ensure our staff have received deaf awareness training. It challenges us to consider if we need a critical mass of staff who are able to communicate using BSL or other sign languages to meet the needs of this group of patients.

It also requires us to consider the implication of the Equality Act for all people, whether they be staff or patients and make the adjustments we need to in order to provide services and a workplace that is inclusive, welcoming and embraces diversity.

The letter overleaf is from Sean's mother and was published in Trust news on 25 October 2013. It acts as an addendum to this powerful story.

Story written by:

Bruce Campion-Smith

Equality & Diversity Manager

Trust News Letter 25th October 2013:**A deaf patient's experience of visiting our hospitals****This mother shares her son's two experiences of visiting one of our hospitals, who is profoundly deaf and partially sighted:**

On 25 September he had an appointment. Checking in at the main desk on arrival although the lady concerned was polite she never looked up from her computer screen when asking the standard questions - name, address etc - so although he is quite capable of answering for himself I had to step in as he could neither hear her or see her lips to lip-read.

Moving on to the clinic it was the same there with the two nurses who were assisting. Once they realise (sic) he was deaf all questions were directed at me. He is not stupid, just deaf! I was told to take him to the another department and give them the forms; was he invisible!

At the second department the young man on the desk again dealt with me not my son. While we were waiting I had the presence of mind to explain about the numbered cubicles in case he had to use one he did. The technician mumbled his name out (not called) then mumbled what he wanted him to do. It was again left to me.

At this point I was getting rather annoyed with things as I felt we were in an environment with people who should have been given that little bit extra training on how to approach a person like my son. He is not unique, there are many hundreds of deaf people around attending hospital appointments. I must stress that nobody was rude to me, but I was not the patient, They just didn't make contact with my son. Looking straight at a deaf person speaking slowing and clearly (not shouting) is not too much to ask is it.

The second visit we made on Sunday 14 October for a MRI scan was a completely different experience.

When the technician called his name I told her he was profoundly deaf. She said "Ok" turned to face him asked him to confirm his details took him off without me to perform the scan, then told him where and when the results would be sent all without me being present. What a pleasure this visit was and I would like to thank this young lady for acknowledging him as a person.

I am not expecting NHS staff to learn sign language but as I have already said, just look the deaf person straight in the face , speak slowly and clearly. Please do not shout.