The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 July 2021	**Agenda item:**	2
Report Title:	Patient Story		
Author:	Linda Purdy – Associate Director of Patient Experience		
Executive Sponsor:	Mrs Alice Webster – Chief Nurse		

Implications					
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*					
KSO1	**KSO2**	**KSO3**	**KSO4**	**KSO5**	**KSO6**
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*
Board assurance framework	Patient experience supports the delivery of safe and compassionate care as set out on Key Strategic Objective 1.				
Significant risk register					
	Y/N	If Yes state impact/implications and mitigations			
Quality	Y	Patients' and relatives' experience is a key element of quality, alongside providing clinical excellence and safer care.			
Legal and regulatory					
Financial					

Assurance route					
Previously considered by:	N/A				
Executive summary					
Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	To enable the Trust Board to learn from the experiences and concerns of our patients and relatives and consider this story in the context of the Trust's ongoing work to improve not only patients' experience but that of relatives experience at the QEH.				
Summary of Key issues:	The national suspension of face to face visiting during the second wave of the COVID 19 Pandemic made communication extremely difficult for patients and their relatives, particularly clinical and welfare updates for their loved ones. Emma's father-in-law, Reginald, who was universally known as 'Reg' was admitted to Elm Ward with a serious surgical problem. Emma was the spokesperson for the family, but she is also a Junior Sister at the Trust. This patient story is poignant for several reasons. Firstly, Emma's reflection of the poor communication and lack of compassion at the end of Reg's life. The second was that Emma was treated like a healthcare professional, not as Reg's daughter–in–law, despite Emma reiterating this to those involved with Reg's care. The lack of this distinction negatively impacted Emma's and her family's patient experience.				
Recommendation:	The Board is asked to note Emma's story.				
Acronyms					

Patient story

1. Introduction

This month's patient story involves one of the Trust's Junior Sister's experiences as a relative. Emma wrote a letter to the Patient Advice and Liaison Service (PALS), after the death of her father-in-law outlining her experience. She also met with Linda Purdy, Associate Director of Patient Experience. Emma did not want to formally complain but wanted to share her experience to improve the care for other families. The Surgical Divisional Leadership Team was extremely saddened by Emma's letter and acted promptly. Emma describes the day-to-day nursing care as good.

Emma's story describes the difficult journey in relation to both Reg's medical care and decision-making and the poor communication in general. Reg had fluctuating capacity due to an undiagnosed deterioration in his cognitive function. After a period of time a clinical decision was made that Reg was for palliative care and could be discharged. The family were in agreement as was Reg, however there was no recognition of the need for a planned, safe palliative discharge. This resulted in Emma getting involved to facilitate this herself. This was when the situation became more concerning for her. Emma contacted Matron Fuller to assist with the discharge of Reg. In the meantime the ward had tried to contact Emma and asked her to go to Elm Ward. On the way she met a Junior Sister in the corridor who was coming to find her as Reg had sadly suddenly died. Emma describes the rest of the day as one of the most challenging she had ever faced and found a fundamental lack of compassion to Emma and her family. Emma was seen as a fellow healthcare professional and not a relative whose father–in-law had died suddenly.

Emma has met with the Divisional Leadership Team and a number of changes have been implemented to prevent a reoccurrence and to raise awareness.

2. Patient story follow-up (Board of Directors, June 2021)

The Board heard the story of Julie's patient experience after her PALs enquiry regarding the Trust's stance on transgender patients and inclusivity. Julie asked specifically if the Trust would be sensitive and respectful of her needs as a preoperative transgender woman should she be admitted as an emergency patient to QEH. Julie was delighted to find that as a Trust we had a clear policy in place and that the Trust was committed to creating an inclusive culture. We have been very fortunate as Julie has continued to work with the Trust in multiple ways; this includes Julie contributing to the development of the Trust's updated Transgender Policy to ensure it meets the needs of patients. Work is also underway, with the transgender community, to arrange Trust-wide Lesbian, Gay, Bisexual and Transgender (LGBT) awareness training for staff across QEH in the months to come.