A Surgical Experience

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Executive Summary
This story is shared by a patient whose journey of care began in the Urgent Care Centre, and then they were admitted for surgery and subsequent recovery on a surgical base ward at the Leicester Royal Infirmary. Initially this was a positive experience but a number of issues were highlighted from arrival on the ward post operatively that required improvement. These areas focused upon communication and information provision.

Patient Experience
The patient kindly shared their experience during their whole stay in hospital. For the purposes of this story the focus is upon the post-operative experience once returning to a base ward. This experience occurred approximately eight months ago and since then the clinical teams have been working together in response to this feedback to improve services and care.

This story will be shared via video recording and focus upon:

- Following transfer from recovery to the base ward the patient describes a side room to be dirty, with debris on the floor and having to be woken up and moved out to a bay without an explanation late evening time
- Concerns raised around the lack of information given by staff regarding admission and orientation to the ward
- A lack of staff visibility and how medication rounds then discouraged interactions by nurses wearing 'do not disturb' tabards, which the patient felt were patronising; as it was rare to see a nurse at other times

Response to Feedback
The issues raised in this video have been shared with staff and a number of actions taken in response to this feedback. The improvements following this patient's feedback are highlighted below:

<u>Admission to a Side Room</u>

- Prior to a patient coming to a bed space the areas is checked to ensure that it is cleaned. A bed space checklist is completed to this effect and is then inserted into the notes of the next patient to occupy that room/space. All patients are informed on admission to a side-room, that they may be required to be moved out to the bay

<u>Communication/Information</u>

- In response to this feedback the clinical team have developed a welcome letter and information pack designed to fully orientate patients to the ward. A stock of eye shields and earplugs are now available
- Increased staff awareness of giving clearer information particularly on waiting times for aspects of care and updating patients of any changes
- Patient side handover has been introduced to increase patient's involvement in plan of care and to provide opportunity for giving information
- The ward stocks an array of leaflets detailing post-operative advice on various procedures and staff have been encouraged to talk these through with patients on discharge, checking understanding and providing the ward telephone number; with advice on whom to contact if

any problems are encountered. Following this discharge conversation staff are to confirm that the patient is able to leave the ward and to enquire whether any further support is needed
- It is acknowledged that admission to hospital for well patients can be boring therefore the house keeper collects a copy of the Metro paper, which is now available in the Trust. Staff ensure patients have access to headphones for listening to the radio and they are in the process of seeking funding to purchase a television for when they move to another ward

Visibility of Staff
- Nursing teams operate regular rounds and tables have been introduced into each bay to increase staff visibility, observation of all patients and respond to patients needs in a more timely manner
- Patients are informed that registered nurses, when undertaking medicine rounds, wear the tabard as a safety initiative and that if assistance is needed or if they have any concerns the call bell can be used to alert another team member

Friends and Family Test
Feedback collected in September identifies the ongoing actions to feedback is effective on the ward as it drives to deliver a positive experience for all patients.

Percentage of patients who would recommend the ward	Percentage of patients who would not recommend the ward
97%	1%

Free text comments also demonstrate the positive care received:

- “All nurses have been extremely helpful and incredibly nice”
- “All staff were very helpful friendly and reassuring. Very clean ward”
- “All staff was welcoming understanding and around if needed”
- “Friendly and caring staff-clean-helpful and willing to listen even when extremely busy”

Conclusion
The clinical team have demonstrated a proactive response to this patient’s experience of care and have instigated a number of improvements to ensure that the experience for future surgical patients is much more positive. As this experience involves a journey through several wards and departments there has been collaborative approach across Clinical Management Groups involving senior clinical nurses to ensure that these areas learn from this surgical experience.

The ward team continues to gather feedback, listen and respond in our drive to provide a positive experience for all patients.

Input Sought
The Board is asked to:
- Receive and listen to the patient story.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Yes
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Not applicable
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Not applicable
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	Not applicable
Board Assurance Framework	Not applicable

3. Related **Patient and Public Involvement** actions taken, or to be taken:
Patient story consists of feedback from a patient directly about their experience of care. In response to this feedback the Trust identifies how best practice will be disseminated across the organisation.

4. Results of any **Equality Impact Assessment**, relating to this matter:
No equality issues identified as part of this patient story.

5. Scheduled date for the **next paper** on this topic: 1 December 2016

6. Executive Summaries should not exceed **1page**. My paper does comply

7. Papers should not exceed **7 pages.** My paper does comply