

Patient Story – Person & Relationship Centred Care

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Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

Executive Summary

Patients and people who use the services of Leicester's Hospital are best placed to identify what works and what could be improved in the quality of their care. Stories told by individuals from their own perspective and in a healthcare setting can provide an opportunity to understand their experience of the care received, helping us to learn the good, the bad and what could be done to improve their experience.

This patient story will be presented by the patient themselves and also via video link at Trust Board and is regarding a gentleman who after receiving a diagnosis of lung cancer had an operation at Glenfield Hospital site. He and his partner detail how this traumatic episode in their life was a positive experience because of the support both the patient and the family received from the multidisciplinary team during admission and also following discharge.

Why Has This Patient Story Been Selected For Trust Board?

The Trust has established and effective modes of eliciting feedback from patients and the public. The majority of this feedback is very positive and this is reflected back to the clinical teams. The suggestions for improvement and negative comments, however small in number, are still a key focus for the Trust on its journey to 'Becoming the Best'. A theme for improvement from patients and families is to involvement them more in decision making and care.

Following the 2017 National Cancer Patient Experience Survey (NCPES) it was evident that improvements were required as a number of the patient experience questions showed poor results especially compared to the national scores. In response a large amount of focused quality improvement activity has taken place concentrated upon elements of care that are important to patients with cancer. This particular patient story has been chosen as it illustrates the improvements made in the specific lung cancer pathway. The 2018 results were published on the 4th September 2019 and the specific questions in relation to person and relationship centred care are shown below:

Question	UHL 2017	National 2017	UHL 2018	National 2018
Patient told they could bring a family member or friend when first told they had cancer	79%	77%	86%↑	79%
Patient felt they were told sensitively that they had cancer	80%	83%	87%↑	82%
Patient completely understood the explanation of what was wrong	72%	75%	83%↑	76%
Patient given the name of the CNS who would support them through treatment	95%	94%	96%↑	93%
Patient found it easy to contact their CNS	92%	87%	97%↑	87%
Got understandable answers to important questions	93%	87%	95%↑	88%

The above illustrates improvements to lung cancer patients experience when comparing elements of the 2017 and 2018 National Cancer Patient Experience Survey (NCPES) results in relation to person and relationship centred care. Also it shows that as a Trust we are scoring above the national average in all of these aspects of care.

In the Trust's Becoming the Best Quality Priorities patient and public involvement is the 'golden thread' and therefore activity is focused upon listening to feedback from patients, increasing the involvement of patients in decision making around their care and also extending that involvement to the broader family, where appropriate.

This story has been chosen to share with the organisation because it illustrates what 'becoming the best' looks like from a patient and family perspective. In response to feedback the Trust is focused upon extending the scope of involvement to encompass, where appropriate, the broader family, recognising that the anxiety and stress associated with ill health often extends to the broader family not just the patient in isolation – this focuses upon a person and relationship centred approach to care.

Key Themes In The Patient Story And How Applicable Are They Across The Trust?

This patient story gives staff the opportunity to listen to how this patient and their extended family are affected by a diagnosis of lung cancer, the anxiety and distress this causes for the patient themselves and their extended family. It contextualises what is significant for this individual patient and reiterates the importance of understanding the individual and what aspects of healthcare for them are of concern and therefore require attention.

This story originated from a letter of thanks sent in by the patient's daughter, who is a Specialist Nurse herself in another Trust, she had reflected on her father's care during his time in Leicester's Hospitals and stated that she was very impressed: "The standard of care and support provided was excellent"

It is important that as staff we appreciate that family members and friends are also impacted when a patient comes into hospital, especially when they have received a diagnosis of cancer. Knowledge empowers patients and their family and allows them to feel involved and informed.

In this story the patient describes their experience of care and also the patient's partner describes how for her and the extended family, this was also a very traumatic time in their lives, which was improved by the support they were offered during their time in hospital and also when the patient was discharged. The family states that this support and the information they received enabled them to be fully informed was very reassuring at such a difficult time.

Key Learning Points To Improve The Quality Of Patient Experience, And How Will They Be Monitored In Future?

The key learning point from this patient story is the importance of including patients and where appropriate their family in decision making for healthcare and recognising the impact on extended family when a 'loved one' is unwell. The story illustrates how important keeping patients and family involved and informed can positively impact on the patients overall experience of care.

The patient's family, with the patients consent, should be welcomed into the hospital setting to enable them to support the patient in their involvement in their care planning and decision making. This story shows how patients at times of stress need their families to help them understand what is happening and support them during difficult times.

This patient story highlights the impact of ill health on the broader family and how involving family in care can dramatically enhance the wellbeing of the patient and also how their family handle the stress and anxiety of a loved one's illness.

This story supports the recently reviewed Family, Carers and Friends Charter, which recognises that not all family members wish to be identified as a carer, but should receive the same level of support and involvement when their loved one comes into hospital.

All feedback from family, friends and carers is reviewed in 'real time' at ward and department level ensuring patient led services and care.

This patient and family felt particularly informed as they had access to a Specialist Nurse who could contact the consultant at any time if they had worries or concerns.

Conclusion

This story has highlighted that when a multidisciplinary team work together with the patients and their extended family to ensure joint decision making with open communication and support, this can lead to high levels of patient and family satisfaction and positive outcomes and is an excellent example of person and relationship centred care.

This story also illustrated the outstanding quality improvements made for patients with a diagnosis of cancer when comparing the 2017 to the recently published 2018 National Cancer Patient Experience Survey results.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes / No / Not applicable]
Safely and timely discharge	[Yes / No / Not applicable]
Improved Cancer pathways	[Yes / No / Not applicable]
Streamlined emergency care	[Yes / No / Not applicable]
Better care pathways	[Yes / No / Not applicable]
Ward accreditation	[Yes / No / Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes / No / Not applicable]
Estate investment and reconfiguration	[Yes / No / Not applicable]
e-Hospital	[Yes / No / Not applicable]
More embedded research	[Yes / No / Not applicable]

Better corporate services [Yes/No/Not applicable]
 Quality strategy development [Yes/No/Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- How did the outcome of the EIA influence your Patient and Public Involvement? N/A
- If an EIA was not carried out, what was the rationale for this decision? This is a patient story and reflects feedback from a patient directly

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?		
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: Next Patient Story December 2019

6. Executive Summaries should not exceed **5 sides** [My paper does/~~does not~~ comply]