

Trust Board Paper Q

To:	Trust Board
From:	Rachel Overfield, Chief Nurse
Date:	26 September 2013
CQC regulation:	All Applicable

Title:	Patient Story – Neonatal Unit, Leicester Royal Infirmary										
Author/Responsible Director:	Elaine Broughton, Acting Head of Midwifery/Lead Nurse Rachel Overfield, Chief Nurse										
Purpose of the Report:	To provide the Trust Board with a patient story which highlights positive feedback given to the Neonatal Unit.										
The Report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 10%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	X	Assurance	X	Endorsement	
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Assurance	X	Endorsement									
Summary / Key Points:	The story of Olivia's' journey since her birth on 7 th April 2013, was highlighted to Dr Andy Currie, Consultant Neonatologist, in a lovely email of gratitude from her parents, who wished to share how impressed they were with the care they received throughout Olivia's stay on the Neonatal Unit at Leicester Royal Infirmary.										
Recommendations:	Trust Board are asked to receive and note this report.										
Previously considered at another corporate UHL Committee?	No										
Board Assurance Framework:	Performance KPIs year to date:										
Resource Implications (eg Financial, HR):											
Assurance Implications:											
Patient and Public Involvement (PPI) Implications:											
Patient aware that her feedback and interview are being presented at Trust Board.											
Stakeholder Engagement Implications:											
Equality Impact:											
Information exempt from Disclosure:											
Requirement for further review?											

University Hospitals of Leicester NHS Trust

Report To: Trust Board

Report From: Elaine Broughton, Acting Head of Midwifery/Lead Nurse

Date: 26 September 2013

Report Title: Patient Story - Neonatal Unit, Leicester Royal Infirmary

1. Introduction

The story of Olivia's journey since her birth on 7th April 2013, was highlighted to Dr Andy Currie, Consultant Neonatologist, in a lovely email of gratitude from her parents, who wished to share how impressed they were with the care they received throughout Olivia's stay on the Neonatal Unit at Leicester Royal Infirmary.

2. Patient's Story

Olivia's mum, Georgina described how they were not expecting any complications with their daughter following a normal delivery in the Kensington birth centre. Unfortunately following the delivery during the night Georgina became unwell due to excessive blood which required intervention and blood transfusions. While Georgina was receiving treatment to stabilise her condition, Olivia had a 'dusky' episode which resulted in a paediatrician being called to Delivery Suite to review her. The paediatrician recognised that Olivia was having difficulties with her breathing but also saw signs while examining her that made him suspect Olivia may have Downs Syndrome.

Georgina stated what a traumatic and upsetting period this was for herself, her husband and the immediate family but described the team on the neonatal unit as being in control throughout her stay and kept Olivia's best interests in mind. They thanked the team sincerely for the care, compassion and professionalism that they showed to all the family.

Georgina described how they were in a very fragile emotional state, particularly in the first week when they had a tremendous amount of information to absorb, she described how all the team they came into contact with were patient and kind, but always remembered to include helpful advice and guidance on how to look after Olivia. This is of tremendous importance with a baby in a highly intensive area, to try and normalise the every day basics of caring for a newborn baby.

The team on the neonatal unit supported Olivia's parents through the adjustment of coming to terms with her condition and in the interview Georgina says how much it helped her to bond with Olivia, that the nurses caring for her showed her so much love. Georgina finds it difficult to put into words what an impact the experience has made on the family, from the excellent facilities for the parents, the well equipped unit and above all not just the excellent clinical care but the emotional and practical

care provided by everyone they came into contact with in the service. They feel that the emotional support received during the first week influenced where they are as a family today. The team must feel so proud to be part of that journey for Olivia, Georgina and John.

In the closing paragraph of the email Georgina and John wished to support a wider recognition for all the staff in the neonatal for the excellent work they do, and would support nominating them for an award.

This is a perfect example of caring at its best and also the caring and compassion that is described by Olivia's parents throughout her stay on the neonatal unit, is what the new nursing model of the 6 C's is all about. They are also very proud as they feel they experienced the NHS at its finest.

3. Learning Points

The learning points from the patient story are nearly all positive:

- Good quality emotional care is as important to patients as good quality clinical care.
- Patients and their families recognise and appreciate compassion expressed to their loved ones.
- Recognise the value of the support staff as the patients and their families are influenced by everyone they meet on their journey.
- Not only does Georgina express her gratitude for care in the neonatal unit, when interviewed she says how well she was cared for by the maternity unit. There is a learning point for the maternity department in that Georgina did not receive a follow up appointment to give her and John a chance to discuss her traumatic time following the birth of Olivia, which is extremely important. She had to ring and arrange it herself which should not be the case. Therefore the Head of Midwifery and Clinical Lead will look into this process to make it more robust to ensure this does not happen to other families.

4. Recommendations

Trust Board are asked to receive and note this report.