Trust Board Meeting: Wednesday 11 March 2015
TB2015.27

<table>
<thead>
<tr>
<th>Title</th>
<th>Patient story</th>
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<tr>
<td>Status</td>
<td>For information</td>
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<tr>
<td>History</td>
<td>Patient stories are regularly presented to Trust Board and Quality Committee.</td>
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<tr>
<th>Board Lead(s)</th>
<th>Ms Catherine Stoddart, Chief Nurse</th>
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<td>Key purpose</td>
<td>Strategy</td>
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Executive Summary

1. Mr and Mrs B had been trying for a baby for more than eight years and had undergone several attempts at In vitro fertilization (IVF) therapy including travelling to Spain and the Czech Republic. In September 2013 Mrs B discovered that she was pregnant and she went into premature labour at home in February 2014. They felt ‘cheated that the pregnancy had not gone to term’. Their first encounter with the Trust was when they drove to the Horton General Hospital (HGH).

2. Mrs B had been prepared for a routine birth at the HGH but given the risks of delivering prematurely, she was rapidly transferred to the John Radcliffe Hospital (JR) where she delivered two girls. It was significant to the family that the twins were born on the same day that Mrs B’s father had died at the same hospital.

3. The infants were immediately transferred to the New-born Care Unit (NCU) at the JR where they stayed in hospital for over two months.

4. This patient story was selected based on the criteria previously approved at Quality Committee for the selection of stories. In this case the story is predominantly positive however this still provides an opportunity for the Trust to learn. This story has been used as a pilot to determine if it is valuable to assess the story against the behaviour indicators in the living out our values document. As such additional quotes from the parents have been provided to support the behaviours staff exhibited.

5. The learning from this story is;
   - There is a positive impact on the patient experience when staff behaviours consistently reflect the Trust values.
   - Co-ordinated, compassionate, proactive and family centred care results in a positive experience for parents.
   - Parents value honest, factual, decisive communication from staff at all levels which is intuitive, compassionate and informative.
   - Parents appreciate being involved in any decision making surrounding their infants and partners care.
   - There is a need to support partners and parents who are attempting to balance the demands of work with supporting their families. One of their concerns has been resolved (there is now free Trust wide Wi-Fi access). In addition, free public working areas are being included as part of the design of the new Welcome Centre entrance.

6. Staff experience:
   - It was constructive and rewarding to hear a balanced story showing such gratitude and appreciation of the things we take for granted.
   - The parents sent a card and small gift of thanks to all members of staff (over 120 who had been involved in the care of these parents and the twins).

7. Recommendation
   The Trust Board is asked to note the key messages highlighted in this story.
Patient Story

1. Purpose

1.1 The purpose of this paper is to;

- Provide the context and background to Mr and Mrs B’s experience in the maternity and new born care services at the Horton General Hospital (HGH) and the Women’s Centre at the John Radcliffe (JR) Hospital.
- Enable Trust wide learning from this story.

1.2 This story highlights the importance of;

- The lasting impact on patients and families when professionals demonstrate confidence in their practice and show skill in managing and supporting families though situations that are uncertain and life threatening.
- The value to parents of having frank conversations on difficult subjects with clinical staff, provided effective communication.
- The lasting impact of thoughtful and personalised levels of care for vulnerable family members/parents.

2. Background and context to the patient story

2.1 All wards involved (i.e. Horton Maternity Services, the JR Women’s Centre, Special Care Baby Unit (HGH SCBU) and NCU) endeavour to elicit feedback from parents and learn from patient stories.

2.2 The story was developed with the full consent and co-operation of Mr and Mrs B. They invited the Divisional Nurse to the family home and gave permission for their story to be recorded. They talked with her for about 90 minutes. On this occasion the Trust has been able to obtain several direct quotes from the family which were overwhelmingly positive and provided some insights into the challenges faced by families particularly in relation to the logistics of managing hospitalisation for parents.

2.3 These infants, born prematurely, were cared for in the NCU and latterly in the HGH Special Care Baby Unit (SCBU) for several months until they were able to be discharged home safely.

2.4 Most of the time Mr and Mrs B stayed with the twins – when the infants were medically unstable they stayed on the unit with their babies and at other times both parents were present during the day and the father went home at night.

2.5 Prior to this they had both worked full time and considered they had successful and fulfilling careers. Mrs B had resigned from work when she knew she was pregnant and Mr B continued to work in his chosen career which allowed considerable flexibility and ‘agile working’.

3. Positive practice

3.1 Mr and Mrs B described the response of the obstetrics and midwifery team at the HGH as ‘amazing’.
'At this stage we didn't know if our girls, whom we had longed for, for so long, and my wife had nurtured through her pregnancy for the past 26 weeks, were still alive. In the Delivery room my wife was attached to monitors and we were filled with renewed hope as we could see the girls’ hearts beating, they were both alive. The two midwives on duty provided the most exceptional care and made all the difference for my wife and I in the most difficult of situations.'

3.2 There were reports that once transferred to the JR Delivery Suite,

‘Even in this highly stressful situation, all 20 people as individuals were professional, the team work was amazing and the level of care was exemplary’. The Consultant in charge made the decisions and we appreciated his decisiveness.’

‘The nurses, although focussed on the vital initial care of my daughters, asked me to come over and see my baby girls and one of the Sisters took me to one side and explained everything that was happening and what was going to happen next.’

3.3 Once in the NCU, the parents were told that the next 24-48 hours were critical in terms of their daughters’ survival

‘Although a very daunting place to be, the environment and the attentiveness of the medical staff made us feel as good as we could be in a heart breaking situation’

‘They gave us the ‘hard facts, delivered with skill, just the right approach’.

3.4 After 10 hours one of the infants was taken off the ventilator. The parents recalled that

‘One of the nurses took it upon herself to take a photograph and wrote on the back “look Mummy and Daddy I am breathing by myself” love S. A special moment of such thoughtfulness and care that still brings me to tears.

3.5 The parents were told it would be a ‘roller coaster journey’ a long haul of emotional up’s and down’s and indeed it was. The girls progressed well although they had blood transfusions, jaundice, apnoea attacks¹ and bradycardia² – all expected complications of prematurity. The environment was stressful however

‘We were constantly cared for and always considered as parents, we were involved in key decisions and kept updated every step of the way. In all interactions we felt important, always the centre of everyone’s attention.’

‘The nurses were our mother, sister and best friend and we appreciated normalising conversation’.

3.6 The girls were discharged home in May 2014. The parents said that they truly believed that without the expertise, care and professionalism of the team

¹ Their breathing stopped temporarily for very short periods
² Slow heart rate
their daughters might not be alive today or they may have been affected by life altering medical conditions.

‘My wife and I have been inspired by all the nursing staff that touched our lives; they have left a lasting impression in our hearts always. Our daughters’ story and their journey is important to us, we will carry it with us and will be indebted to the OUH for providing this most amazing service when we needed it most, Please pass on our heartfelt admiration and praise’.

4. Patient Feedback

4.1 The themes from Complaints, PALS and the Friends and Family test for the six months from January-June 2014 have been reviewed.

4.2 Complaints data:

Maternity Services: January – March 2014. Over this three month period there were 14 complaints relating to the JR Maternity (including levels 5, 6, and 7) and the HGH Maternity services. Four complaints were upheld, seven partially upheld and three were not upheld.

The key theme was the misinterpretation of appropriateness of the care provided partially resulting from a failure to communicate decision-making with women and their partners. A smaller trend concerned the prenatal management of women with pre-existing medical conditions such as diabetes.

Children’s Directorate including NCU: January – June 2014. Over this six month period, there were 12 complaints relating to the Children’s Directorate. Four complaints were upheld, three partially upheld, four not upheld and one is still under investigation. The key themes of those that were upheld were communication and process issues (e.g. delays). There was one case where a baby acquired an infection in the new-born care unit.

4.3 PALS feedback January - June 2014

There were 12 Patient Advice and Liaison Service (PALS) issues recorded for the JR Maternity (including levels 5, 6, and 7) and the NCU and for the HGH Maternity and SCBU January and June 2014. The one PALS contact relating to NCU became a complaint. Themes have not been drawn out as the content of each contact was quite specific to individual cases.

4.4 Friends and Family Test feedback:

There were 383 Friends and Family Test comments for Maternity between January and June 2014, with 95% confirming they would recommend their care to friends and family. Most comments related to high quality care, compassionate and professional clinicians.

There were a few comments relating to staff being overworked and very busy, resulting in delays however comments generally supported the views of this story.

“Midwives were fantastic and facilities were great and had the best experience ever.”

“I was treated as an individual at all times and never hurried to make a decision”.
5. Trust Learning

5.1 This is a positive story, which demonstrates the effect of the Trust values of compassion, respect, excellence and delivery on patient care. Mr and Mrs B experienced a traumatic start to their daughters’ lives; which was made easier by the professionalism of all the clinical teams involved in their care.

5.2 An article on patient experience for health care clinicians identified that only 10% of patient experience is affected by logistics and administration, whereas 90% is affected by patient interaction. The article stated that compassionate care and support can make the biggest impact for patients as they feel cared for.

5.3 The story was undertaken as a pilot for analysis by the Trust’s Values Project Manager, who has implemented the courses on values based interviewing and values based conversations. She launched the ‘Delivering Compassionate Care’ course on Friday 6 March 2015.

5.4 Table 1, below, gives an analysis of Mr and Mrs B’s letter using the Trust’s values and behaviours within the personal guide for staff. This analysis will enable the team and staff across the Trust to clearly identify the positive impact of their professional behaviour and clinical interaction on patient and relatives experience.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Value</th>
<th>Behavioural Indicator</th>
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<tbody>
<tr>
<td>Even in this highly stressful situation, all 20 people as individuals were professional, the team work was amazing and the level of care was exemplary’.</td>
<td>Delivery and Excellence</td>
<td>Works collaboratively with others and values partnership working</td>
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<td>The Consultant in charge made the decisions and we appreciated his decisiveness.’</td>
<td>Delivery and Excellence</td>
<td>Accepts responsibility for own actions and for putting changes in place.</td>
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<td>‘The nurses, although focussed on the vital initial care of my daughters, asked me to come over and see my baby girls and one of the Sisters took me to one side and explained everything that was happening and what was going to happen next.’</td>
<td>Respect and Delivery</td>
<td>Communicates verbally and non-verbally in a clear, respectful and timely manner.</td>
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<td>‘Although a very daunting place to be, the environment and the attentiveness of the medical staff made us feel as good as we could be in a heart breaking situation’</td>
<td>Compassion</td>
<td>Acknowledges the difficulty in their experiences and is non-judgemental</td>
</tr>
<tr>
<td>‘They gave us the ‘hard facts, delivered with skill, just the right approach’</td>
<td>Respect</td>
<td>Tailors their approach to meet the other person’s needs.</td>
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Table 1: Analysis of patient feedback against behavioural indicators and values

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Compassion</th>
<th>Respect</th>
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<tr>
<td>‘One of the nurses took it upon herself to take a photograph and wrote on the back “look Mummy and Daddy I am breathing by myself” love S. A special moment of such thoughtfulness and care that still brings me to tears.’</td>
<td>Offers support and is prepared to go the extra mile.</td>
<td>Listens and seeks to understand their needs and perspective</td>
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<td>‘We were constantly cared for and always considered as parents, we were involved in key decisions and kept updated every step of the way. In all interactions we felt important, always the centre of everyone’s attention.’</td>
<td>Respect</td>
<td>Tailors their approach and style to meet the other person’s needs</td>
</tr>
<tr>
<td>‘The nurses were our mother, sister and best friend and we appreciated normalising conversation’.</td>
<td>Respect</td>
<td>Puts the person and their needs first, cares about them and their situation.</td>
</tr>
<tr>
<td>“I was treated as an individual at all times and never hurried to make a decision”.</td>
<td>Compassion</td>
<td></td>
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6. Assessment against the trust values in this story will form part of the types of examples that will be used from patients to inform the Delivering Compassionate Care (DCC) program.

6.1 Throughout March, 2015 a total of 48 frontline staff, managers and external stakeholders will be attending a DCC course run by the Organisational Development Team. The feedback on this course will shape the final DCC course which will be implemented across the organisation. This was funded by the Health Education Thames Valley (HETV) Compassionate Care bid and forms part of the Trust’s Patient Experience Strategy. An evaluation of the course will be provided as part of the annual report.

7. Guest Wi-Fi is now available across all sites offering free Wi-Fi access for all patients, staff and the public. This has been greatly appreciated especially in the paediatric wards where nursing staff have said it is the best thing that has happened for their patients this year.

8. The new Welcome Centre will include accessible work spaces for members of the public to work. The spaces will be adjacent to the PALS office in the John Radcliffe Hospital.

9. Recommendation

6.1 The Trust Board is asked to note the key issues highlighted in this story.

Catherine Stoddart  
Chief Nurse  
March 2015

Report prepared by:

Dr Nettie Dearmun: Divisional Head of Nursing and Clinical Governance Children’s and Women’s Division, Rachel Taylor: Public Engagement Manager
Appendix 1: Patient Story Poster

Mr and Mrs B’s Story

Mr and Mrs B gave their story to Dr Nettie Dearmun, Divisional Head of Nursing and Clinical Governance Children's & Women's Division.

We had been trying for a baby for eight years and found out we were expecting in September 2013. I was first treated at the Horton General Hospital before being transferred to the John Radcliffe New-born Care Unit when I unexpectedly went into premature labour with twins in February 2014. The experience, although very traumatic, was helped hugely by the staff at both of these hospitals who have left a positive lasting impact on us.

27th February 2014: Horton General Hospital, Maternity Services

- The first encounter we had with OUH is when I went into premature labour on 27th February 2014. We had planned to have a routine birth at Horton General Hospital and so we drove straight there when my labour began.

- At this stage we were so worried and didn’t even know if our girls were going to be ok. We were filled with renewed hope when the monitors picked up their heartbeats and we knew they were both still alive. The two midwives on duty here provided us with the most exceptional care – which made all the difference in a very difficult situation.

John Radcliffe, Delivery Suite

- Due to the risk of complications in a premature birth we were rapidly transferred to the John Radcliffe, where I gave birth to two girls.

- The individuals that helped us were so professional and worked amazingly well as a team, with an exemplary level of care. The consultant made all the decisions with efficiency and a decisiveness that we really appreciated.

- Although the focus was on the vital care of our new born daughters, the nurses took time to make us feel included. One of them asked me to come over and see my baby girls and a sister explained exactly what was happening and what would they would do next. Feeling part of the process and not being kept in the dark allowed us to feel more comforted.

John Radcliffe, New-born Care Unit (NCU)

- As soon as they were born the girls were immediately transferred to the NCU and we were told that the next 24-48 hours would be critical in terms of their survival. This was obviously a heart breaking time for us, but staff were so attentive and delivered the hard facts with an approach that made us feel as comforted as we could be.

- After 10 hours in NCU, one of our girls was taken off of the ventilator and a nurse took it upon herself to take a picture of this moment and wrote on the back “look mummy and daddy I am breathing by myself”. This was such a special moment and one that is now captured thanks to the thoughtfulness of the nurse.

- We were told that the next months would be a rollercoaster of emotional ups and downs - they were full of hopes, fears and worry but joy too and the girls progressed well, all thanks to the incredible staff.

- The whole way through we felt cared for and considered as parents, the nurses kept us updated and involved us in decision making, which made a huge difference. We were made to feel important and that we could feel comfortable asking anything we needed to.
### Staff experience
- Staff found it constructive and rewarding to hear a balanced story that showed such gratitude and appreciation of the things that we take for granted.
- The parents sent a card and small gift of thanks to all members of staff (over 120 who had been involved in the care of these parents and the twins).

### What we have learned
- Parents value being given honest, factual and decisive information despite the conversation being difficult in order to support their decision making and the process of care.
- Parents appreciate having an involvement in the decision making process.
- The infrastructure and support for parents in this situation could be improved. They have to balance the demands of work but also the desire to be at the hospital to offer support to their family. This could be helped by having a quiet environment, with Wi-Fi access for example so that fathers can work and still be close by.
- Co-ordinated, compassionate, pro-active and family centred care is recognised by patients and results in a positive overall experience consistent with the six domains of the trust values.