

Trust Board Meeting in Public: Wednesday 13 July 2016

TB2016.59

Title	Patient Perspective
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Status	For information
History	Patient stories are regularly presented to Trust Board and Quality Committee.

Board Lead(s)	Ms Catherine Stoddart, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The purpose of this paper is to provide an example of patient perspective.

2. This story provides an important opportunity to:

- Understand the experience and particular needs of a child with autism being treated at the John Radcliffe Hospital and that of his mother.
- Highlight the importance of valuing parents' advice and knowledge in the treatment of their child.
- Celebrate Play workers in improving a child's experience of being in hospital and facilitating their treatment.

3. **Recommendation**

The Trust Board is asked to read and reflect on the patient story and acknowledge the learning.

Patient Perspective

1. Summary

- 1.1 VB, who was 10 years old at the time of admission, has autism. He attended the John Radcliffe Emergency Department (ED) in August 2015 after having a scooter accident which resulted in a large wound to his leg.
- 1.2 VB was extremely distressed about the accident and did not want to show anyone the wound. However, when he arrived in ED, staffs were skilled at reassuring him and calming him down and were able to dress the wound.
- 1.3 They realised that VB needed to be close to his mother, Mrs. B, and found a large bariatric wheelchair so that they could sit together. VB really enjoyed being pushed around in the wheelchair with his mum. Mrs. B said how much she appreciated the staff in ED who supported VB:
 - 1.3.1 *“One of the nurses found us a huge wheelchair that we could both sit on and they pushed us around with VB on my lap. At that point, it was as if the clouds lifted and we knew everything was going to be ok” (Mrs. B)*
- 1.4 After being treated in ED, Mrs. B was asked to bring VB back the next day for a general anaesthetic so that more involved treatment could take place.
- 1.5 Mrs. B knew that she would need to fully prepare VB for the general anaesthetic due to his autism and high levels of anxiety. When they got home, Mrs. B contacted a friend who is a doctor and asked for advice and information on the treatments so that she could make VB feel safe.
- 1.6 Mrs. B then spent a lot of time explaining everything to VB in a way that he could understand and allayed his anxieties. Mrs. B felt more information about the procedure adapted for children with special needs and their carers would have been really helpful. She also felt that having a contact at the hospital to ask for advice would have been particularly useful.
- 1.7 The next day they came to Day Surgery and met the surgeon. At this point, the surgeon explained to Mrs. B that a general anaesthetic might not be necessary. This caused Mrs. B deep concern as she was aware that her son would not be able to tolerate a local anaesthetic as at this stage he was extremely distressed, particularly when anyone tried to view the wound.
- 1.8 Mrs. B realised she needed to have an in-depth discussion with the surgeon about VB's particular needs and did not want to do this with VB present as it would have been distressing for him.
- 1.9 Mrs. B was able to have this discussion with the surgeon without worrying about VB because a skilled Senior Health Play Specialist (DS) had been assigned to support VB. DS and VB *“quickly became friends” (DS)* and she used a number of tools to distract VB and put him at ease, particularly the iPad.
 - 1.9.1 *“It was fantastic to have DS there as VB immediately liked her and got involved with the things she gave him to do. I was able to fully engage with the surgeon and explain my concerns which he quickly understood and took on board.” (Mrs. B)*

- 1.10 After discussions with Mrs. B, the surgeon understood the need for the procedure to be undertaken with a general anaesthetic. Once this was confirmed to DS, they were able to prepare VB with a special booklet for children which clearly described each step.
- 1.11 A positive outcome for Mrs. B and VB was that as a result of the procedure the surgeon was able to clarify the cause and extent of the wound, so Mrs B could then talk to VB about it and let him ask questions and understand the cause of the trauma; VB has been unable to fully communicate what had happened to him now which has been helpful for his family and medical staff as the accident had not been witnessed by an adult.

2 Recommendations

- 2.1 The Committee is asked to:
- Read and reflect on the patient story

Catherine Stoddart
Chief Nurse

July 2016