Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC	**Date: 23 February 2017** **Agenda Item: 2.1**	
REPORT TITLE:	Patient Story	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse	
REPORT AUTHOR (s):	Fiona Allsop, Chief Nurse	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A	
Action Required:		
Approval ()	**Discussion (√)**	**Assurance ()**
Purpose of Report:		
To share a patient story with the Board		
Summary of key issues		
• The patient, Ms H, had undergone an elective hip replacement in May 2015. Following the surgery she experienced extreme back pain related to a pre-existing condition which remained for many weeks after the procedure. • Ms H wrote to the Trust expressing her concerns about the experience and her worry and anxiety about the future hip surgery that she required. • The trust responded in writing to her concerns and offered a local resolution meeting to enable an open and transparent conversation between the patient, the anesthetist and the orthopaedics team. • This LRM resulted in an increased understanding for the clinical team of the patient's fears, an opportunity to explain and provide reassurance and also to agree a plan for the future operation. • The concerns were satisfactorily resolved.		
Recommendation:		
To note the report.		
Relationship to Trust Strategic Objectives & Assurance Framework:		
SO1: Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers **SO2:** Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy **SO3:** Caring – Working in partnership with staff, families and carers **SO4:** Responsive – Become the secondary care provider of choice our catchment population **SO5:** Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model		
Corporate Impact Assessment:		
Legal and regulatory impact	Potential regulatory impact in relation to CQC standards and reputational risk	

Financial impact	No
Patient Experience/Engagement	Yes – potential for loss of trust and confidence in the Trust
Risk & Performance Management	No
NHS Constitution/Equality & Diversity/Communication	Potential – see above
Attachment:	

TRUST BOARD IN PUBLIC 23RD February 2017
Patient Story

Complaint:
Ms H underwent hip replacement in May 2015. She had concerns regarding the anaesthetic being administered via her lower back. Ms H explained at pre-assessment that she had arthritis in her spine and has suffered for 30 years with it. She specifically mentioned an area in her back, a hole, which was very painful and she was undergoing injections at her GP for this.

The orthopaedic consultant explained to Ms H that she would get the chance to mention this to the anaesthetic consultant before the operation. On the day of the operation she explained her concerns to the anaesthetist both beforehand and as the anaesthetic commenced which involved the use of spinal anaesthesia. Ms H felt that the anaesthetic consultant did not listen to her concerns.

When she awoke from operation she was in extreme pain, not from her hip but from her back, specifically in the area of the hole. Ms H's partner was present and asked for some help. The orthopaedic consultant was called and he asked for another doctor to examine her back. Ms H was given morphine but the pain did not subside and stayed with her for many weeks afterwards.

In her complaint Ms H explained that her main concern was that she believed that she would shortly need to have her other hip replaced. She was extremely worried about undergoing another operation where she would again experience the pain she had felt at the first one, particularly if she would be injected in her back again. She was very anxious and wanted reassurance that maybe there was another type of anaesthetic she could have. She also wanted it noted in her records that she has a damaged back so as to avoid injection in her back again.

Ms H asked key questions that she wanted answered in our written response to her. These questions were

- What caused the pain in her back she experienced post hip operation?
- If the pain could have been caused by the position she was in during the operation?
- Was the pain caused by the spinal injection?
- Ms H worried about being injected her back in the future when she requires another hip operation.

All these questions were answered in detail and included diagrams and two links to videos to explain the operation and provide reassurance. However it was Ms H's fears about a future operation that prompted an invitation to Ms H to attend an LRM

LRM - November 2016:

The LRM was attended by Ms H and her partner, the orthopaedic consultant and the anaesthetic consultant and the divisional patient experience lead.

The concerns over the pain Ms H experienced were addressed and reassurances were given that a plan would be put in place to help her with the pain when she came in for

the next operation. It was explained that there is no other way of performing the operation, but that now we knew how Ms H felt last time we could prepare thoroughly for the next operation. This included understanding the things that had helped Ms H including positioning, equipment, mobilisation and pain control.

A letter was written after the LRM which was shared with Ms H and her GP and is also part of Ms H medical record to be used to inform future care included preparation for her next operation. In addition investigations are being undertaken to ascertain the cause of Ms H's back pain by the orthopaedic consultant.

Ms H was very thankful for the time spent with her and was happy with the outcome of the meeting. She was happy knowing how to prepare for the next op and that further help was available.

Recommendation

The Board is asked to note the report.
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Fiona Allsop
Chief Nurse
February 2017