Trust Board Meeting in public

Report Summary

Date of meeting: Thursday 08 January 2026	
Title of Document: Public Board of Directors Patient Story	
To be presented by: Catherine Morgan, Chief Nurse	**Author:** Tammy Shepherd, Head of Patient Experience Amanda Price-Davey, Director of Midwifery Morven Hurding, Macmillan Lead Cancer Nurse
1. Status: For Approval/Discussion/Assurance/Noting/Information	
2. Purpose: • To receive an update following the presentation at the Trust Public Board meeting in November 2025. • To hear of a patient's experience, and the learning undertaken following the feedback.	
Relates to:	
Strategic Objective	Keep people in control of their health; Develop our centres of excellence; Drive technology enabled care
Operational performance	N/A
Quality and equality impact	The 2025/26 priorities and operational planning guidance refers to the difficult decisions that will be required in prioritising resources. To proactively manage quality, mitigate, manage, and escalate risks and concerns, a robust quality and equality impact assessment process is required as part of financial and operational decision-making, including cost improvement plans. To comply with the Equality Delivery System 2022 framework, Board responsibilities, Domain 3 - Board/ Committee papers (including minutes), to identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. Delivering a positive patient and relative experience is a key part of ensuring high quality clinical care. It is key that Board is sighted on direct experience of care, which are both positive and negative; to gain assurance that when a poor experience occurs action is taken to improve.
Legal, Regulatory, Audit	Oversight of patient experience forms part of the Trust's requirements in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 16: Receiving and acting on complaints, and Regulation 17: Good governance.
Finance	By ensuring a positive patient experience, the risk of ongoing escalation of concerns towards legal claim and financial remedy is reduced.
Governance	As part of a well-led organisation, it is important that the Board is sighted on patient experience stories, in order to connect back information regarding quality and operational performance to patients and families.
NHS policy/public consultation	N/A
Accreditation/ Inspection	Regulatory frameworks expect Trusts to have a programme of continuous improvement

Anchor institutions	The Trust is committed to being an inclusive purchaser, employer and service provider and regularly reviews its accessibility for all cohorts of people for both employment opportunities and service provision.
ICS/ICB/Alliance	We ensure there is transparency in terms of availability of our ED&I data and work collaboratively with the wider health and care system (Suffolk & North East Essex Integrated Care System, etc.) to share best practices relating to patient and staff experience improvement initiatives.
Board Assurance Framework (BAF) Risk	BAF Risk 4: If ESNEFT does not have the correct quality assurance mechanisms in place, then it may fail to maintain or improve the quality and safety of patient services, resulting in poor patient care, increased health inequalities, experience, and potential harm.
Other	

3. Summary:

At the Public Board meeting held Thursday 06 November, Amanda Price Davey, Director of Midwifery shared a video hosted by Joyce McIntyre, Community Ambassador – African Families in the UK in relation to care within maternity.

Since this public board meeting, further work has been undertaken which includes:

- The "It's ok to ask" videos have been shared more widely following significant interest.
- Further scoping for Midwifery Continuity of Carer teams for our most vulnerable groups is underway.
- The development of a specialist team in Colchester community to replicate that now in place on the Ipswich site is in development with plans to roll out in the summer of 2026.
- New research study has been launched by consultant Midwife Patience Gyampeh (nee Pounds)

Today, the Board will hear from Morven Hurding, Macmillan Lead Cancer Nurse and Natalie Wheatley, Neuro-Oncology & Teenage and Young Adult Clinical Nurse Specialist who are both supporting Mr Bateman to share his experience of care.

Mr Bateman's care experience began in 2017 when he was diagnosed with a tumour in his spinal cord. Mr Bateman had an initial operation to try to remove the tumour, however, it was embedded and it could not be removed.

Mr Bateman was told the tumour was an ependymoma, characteristically slow growing with no spread and regular MRI scans would be carried out to monitor the tumour. Unfortunately, on 06 March 2023, David woke up to discover he had suddenly become completely paralysed from the chest down. This was believed to have been due to the tumour reacting to chemotherapy, changing shape and tearing at the spinal cord in the process.

Mr Bateman was referred to Stoke Mandeville and whilst chasing up an appointment with them, the secretary asked if he had been in touch with SIA (Spinal Injuries Association). Mr and Mrs Bateman immediately got in touch with SIA at which point their lives begin to change for the better some 16 months after the initial paralysis.

Key issues identified

Lack of joined up communication, treating symptoms in silos rather than adopting a holistic approach – no single point of contact to reach out to for support

Due to a lack of coordinated support from healthcare teams, alternative resources were called upon unnecessarily i.e. hospice, paramedics, emergency department staff

Multiple opportunities were missed throughout a prolonged period by various healthcare professionals to signpost the Mr Bateman to SIA (Spinal Injuries Association) for support

Learning opportunities

Patient Experience to be shared at a number of forums to increase staff awareness of SIA
Posters to be placed in outpatient clinics, wards areas, waiting areas signposting SIA
Patient Experience noticeboards to include SIA awareness
PALS office to be briefed on SIA so they can signpost to them when necessary/appropriate
Information on SIA shared with the cancer wellbeing centres

4. Recommendations / Actions

That the Board of Directors note the continued improvements following the November Public Board meeting and the work undertaken to improve patient and family experience within Cancer for our patients, carers and loved ones.