East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Report Summary

Date of meeting: 05 November 2026	
Title of Document: Public Board of Directors Patient Experience Story	
To be presented by: Catherine Morgan, Chief Nurse	**Author:** Tammy Shepherd, Head of Patient Experience
1. Status: **For Approval/Assurance/<u>Discussion</u>/Information**	
2. Purpose: • To receive an update following the presentation at the Trust Public Board meeting in September 2026; • To hear patients' experience, and the learning undertaken following the feedback.	
Relates to:	
Strategic Objective	• **Improving health:** not just treating illness, moving from treatment to prevention. • **Joined up care:** integration and community-based delivery. • **Excellent care:** improved outcomes, increasing personalisation and co-production.
Operational performance	N/A
Quality and equality impact	The 2025/26 priorities and operational planning guidance refer 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 of Directors meeting held in September 2026, a short film was shared which included the Chief Executive at Tendring Community Transport who we worked closely with to provide an additional Hospital Hopper bus to support patients in the Tendring areas to attend their appointments, a staff member who took up support from our Tobacco Treatment service and the impact giving up smoking has had on him, and finally a family from Clacton whose son is on our Asthma outreach programme, focussed in our areas of deprivation. The programme of work continues to support our local community to reduce inequalities in care.

Today the Board will see a video which includes short reflections from some of our patients about their experience of care at ESNEFT (including Colchester, Ipswich & a Community Hospital). Some staff also share views on what it is like to work at ESNEFT.

For the filming of this video patients were asked to talk about their experience of care in hospital, including areas like the quality of care they received from staff, the provision and quality of food and also if they had any advice for the Trust Board at ESNEFT.

The value and contribution of feedback from both staff and patients and how this informs improvements plans for the Trust is reflected.

4. Recommendations / Actions

That the Board of Directors is asked to note and consider how views and experiences of both patients and staff are utilised to inform and triangulate in improvement plans and influences decisions taken at the board.

This report provides an overview of the work undertaken to improve patient experience through the collection and sharing of patient and staff stories, collaboration with clinical colleagues, PALS & Complaints data, learning from the National Inpatient Survey, and engagement with patient representatives and external stakeholders. These activities support a culture of listening, learning and continuous improvement, ensuring that patient and staff feedback informs meaningful changes to services and the quality of care delivered.

Recording and Sharing Patient and Staff Stories

Patient and staff stories provide valuable insight into the lived experience of receiving and delivering care. They help bring feedback to life, highlight areas of good practice and identify opportunities to improve the quality, safety and compassion of services.

Work is focused on capturing and sharing these stories in a meaningful way, ensuring that the voices of patients, families and staff are heard and used to inform learning. Stories provide an opportunity to understand the impact of services from different perspectives, identify recurring themes and support reflection across clinical and corporate teams.

Working with Clinical Colleagues to Improve Patient Experience

Close collaboration with clinical colleagues is essential to translating patient feedback into service improvements. Engagement with clinical teams supports the joint review of patient experiences, identification of improvement priorities and development of practical actions to address concerns and enhance the quality of care. A working group has been meeting reviewing what good looks like, where changes can take place and how we can improve the patient experience at ESNEFT.

This collaborative approach encourages shared ownership of patient experience, ensuring that feedback is considered alongside clinical priorities, operational pressures and service delivery requirements. It also creates opportunities to celebrate examples of success and share learning across teams, services and departments.

The focus is on moving beyond the collection of feedback to ensure that insights lead to action, with clear responsibilities, appropriate oversight and mechanisms for monitoring the impact of changes on patients and staff.

National Inpatient Survey

The National Inpatient Survey provides an important source of insight into patients’ experiences of hospital care. The findings help the organisation understand where services are performing well and where further improvements are required.

The survey is used alongside other sources of intelligence, including patient stories, complaints, compliments, feedback and engagement activity, to develop an understanding of patient experience.

Working with clinical and operational colleagues, the key themes and areas for improvement identified through the survey are reviewed to inform service-level discussions and improvement planning. Particular attention is given to understanding the reasons behind patient feedback, identifying opportunities for improvement and ensuring that actions address the issues that matter most to patients.

The findings also provide an opportunity to benchmark performance, share learning across services and strengthen accountability for improving the patient experience. Progress will be monitored through agreed actions and measures, with learning shared through appropriate governance and reporting arrangements.

Working with Patient Representatives and External Stakeholders

Engagement with patient representatives and external stakeholders is an important part of ensuring that improvement work reflects the needs, experiences and expectations of the communities served.

Working with patient representatives supports meaningful involvement in feedback, identification of priorities and development of potential solutions. Their contribution helps ensure that improvement activity is informed by the patient perspective and that communication is accessible, clear and responsive to individual needs.

Collaboration with external stakeholders also creates opportunities to share good practice, learn from the experiences of other organisations and identify approaches that could be adapted to improve services. This supports a wider learning culture and encourages partnership working to address common challenges.

Driving Service Changes and Continuous Improvement

The combined use of patient and staff stories, National Inpatient Survey findings, PALS & Complaints Data and engagement with patient representatives and external stakeholders provides a stronger evidence base for service improvement.

This approach supports a continuous cycle of listening, learning, acting and reviewing, helping to embed patient experience as a core consideration in service planning and delivery. By using the patient and staff video it gives us a baseline of where we currently are and where we need to be. Feedback so far, has been very positive with examples of staff being caring, noting they are incredibly ‘busy’ longer waits for call bells to be answered, food not as good as hoped and communication being key priority. This supports the clinical working group on the next stage of priorities and next steps.

Key Priorities and Next Steps

The next phase of work will focus on strengthening the connection between patient feedback, organisational learning and measurable service improvement. Priorities include:

1. Continuing to capture and share patient and staff stories to support learning, reflection and recognition of good practice.
2. Working with clinical and operational teams to review patient experience themes and agree targeted improvement actions.

3. Using National Inpatient Survey findings to inform improvement plans and monitor progress against identified priorities.
4. Strengthening the involvement of patient representatives in reviewing feedback, shaping solutions and evaluating changes.
5. Developing opportunities for shared learning with external stakeholders and partner organisations.
6. Improving communication about the actions taken in response to feedback, demonstrating how patient and staff voices influence decisions.

Conclusion

Listening to patients and staff, working collaboratively with clinical colleagues and engaging with patient representatives and external stakeholders are central to improving patient experience. By bringing together insights from stories and engagement with the findings of the National Inpatient Survey, the organisation can develop a more comprehensive understanding of what is working well and where improvement is needed.

The priority is to ensure that feedback is not only captured but translated into meaningful action, with clear accountability, effective communication and shared learning across services. This will support a sustained focus on patient care, strengthen confidence in the organisation's responsiveness to feedback and help drive continuous improvements in the quality of services delivered.