

'A Call for Concern that made a difference'

Veleda & James' Story

A Patient Story

Patient Name: James

Age: 78

**C4C activated on the 05/08/2025,
by James's Daughter, Veleda.**

Background

- James was admitted through the Emergency Department with Sepsis.
- During his inpatient stay he was briefly admitted to ICU, treatment was started, and he was discharged to the ward after 12 hrs in Critical care.
- James was given a side room on that ward due to CRE.
- Being in a side room, isolated, with little stimulus was the start James's deterioration.



“Something didn't feel right”

Veleda knows her dad — and she knew he wasn't himself

- James became increasingly unwell.
- While staff cared for him clinically, his daughter noticed changes that deeply concerned her.

"Dad started to become quite withdrawn and deteriorated in the side room. And then he developed all these scabs around his mouth (...) he had all these ulcers, and his tongue was all blistered, this was impacting his eating and drinking"



**“There’s something
obviously wrong”**

Family concerns and insights about James were ignored even when nursing staff tried to help Veleda advocate for her dad

- James looked noticeably thinner and frailer than normal. These were small changes, but they mattered.
- What might have seemed subtle to others felt significant to someone who knew him best.

"He's not responding. He seems quite vacant. Not with it. And they're like, well, yeah, he's got an infection (...) And they said, oh, his infection markers have all improved. I was like, so how can you tell me it's infection. Then I said so what's wrong with him? because he obviously is deteriorating. The ward manager and the ward staff were telling the doctors 'This isn't him, this isn't what James is like'... But no one seemed to listen. His eyes was pin-point, he was just staring into space with his mouth open all the time."

At breaking point

- Veleda spoke with a senior doctor on the ward– “his heart was good” - the doctors were only focusing on their speciality; they did not seem to be listening to Veleda’s concerns.
- The nursing staff, that day, were not practicing safely in Veleda’s eyes – the ward nurses were normally fantastic, but that day Valeda could see that her Dad was struggling to swallow safely yet the nurse was giving him fluid. Valeda tried to convey this however again, felt she was not being listened to.

Valeda needed reassurance, she needed a voice!

“I could not have gone home, and then have something happen, knowing that I hadn't done everything”

Turning concern into action

- In that moment, fear became action.
- Veleda did not feel her worries were being listened to. She didn't want to overreact — but she couldn't ignore her instincts.
- The Call for Concern gave her a clear and supported way to speak up.

Clinical Site Manager:

"Deterioration in clinical condition in last 48 hours. Patient vacant and not communicating- this is new, tongue dry and struggling with fluids and diet. Worried re: aspiration and poor kidney function. Requested SALT referral - ward have completed already. Staff report patient taken 990mls orally today but feel this is unlikely. Advised today's CT scan is normal however daughter remains concerned."

Triaged: Acute Clinical Deterioration Only – Acute Care Team to review.



Feeling heard and supported

- Staff responded promptly
“The acute care team came up by the time I'd got back up”
- James' condition was reviewed by a member of the Acute Care Team (ACT). Veleda recognised the ACT practitioner, as he had seen James before on a previous admission when he was treated for an Acute Kidney Injury .
- The family felt listened to and reassured – the ACT practitioner recognised the stark change in how James looked and how withdrawn and unresponsive he was.
- Trust between the family and clinical team was strengthened.



**Making the Call for Concern was about care, not complaint.
 It allowed James' daughter to raise her worries with confidence, knowing it would prompt a response.**



“The ICU doctor said ‘If he doesn't pick up in the next 24 to 48 hours, we are looking at end of life’”

A review by a different team...

The ACT practitioner put a plan of care in for James, including IV fluids, cannulation, bloods, NGT insertion and feed, and mouthcare. Also, a referral to the critical care was made as he had been a patient there previously.

Veleda was made aware by Critical Care how unwell her dad was, he had become so frail that he might not be have the strength to get better.

A collaborative diagnosis between ACT and critical care was made:

Hypoactive delirium. Worsening renal function secondary to dehydration and a lack of nutrition.

Priorities: Nutrition, hydration, mobilisation and methods of helping James have maintain a routine and encouraging independence.



“He still wasn’t well, but his eyes were so much brighter. Within 24 hours, he literally was a different person.”

Speaking up helped change the direction of James's care

- The critical care doctor and ACT spoke to Veleda in a way she could understand and were able to answer her questions about her dad's condition.
- The ward listened to the opinions of the visiting call for concern teams.
- Veleda had the idea to get him a clock for his bedside table and helped the ward where she could.
- James' condition improved



**“Without call for
concern and the visit
from ACT and Critical
Care, Dad would not
be here now.”**

Because one daughter spoke up — a father recovered.



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

Patient safety isn't just policies and pathways it is....

- listening
- trust
- families being heard.

"I think you just have to do what you need to for your family, because you know your family best and if they're not themselves, you know better than anyone. He wasn't drinking a cup of tea, that's the extreme for my dad. It might be something else for somebody else, you know"



The difference a system can make

Without this pathway:

- Concerns may have gone unspoken
- Deterioration could have been missed
- Opportunities for early intervention reduced

"I'm glad I made the call, even though it was hard and I knew that the nurses were a bit upset at the time, but I just thought I had to do something, it's for my dad"..."It was actually a really positive experience"

The Call for Concern supported both patient safety and family wellbeing.



“You see patients come into hospital they put on a gown, and they automatically look older, frailer, like they aren’t mobile, and all that...but relatives know that person. They know them as their dad or mum, or brother or sister...why wouldn’t you listen to them?”

A Message from the Family “Please speak up”



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

For James’ daughter, the Call for Concern meant:

- Feeling heard
- Feeling respected
- Feeling like a partner in care

James’ family wanted this story shared so others know:

- You are allowed to raise concerns
- Your voice matters
- Speaking up can change lives



Call for Concern - Living Our ELHT Values



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

- **We put patients first** – Staff listened to a family's worries and acted with compassion and urgency.
- **We act with integrity** – Open, honest conversations helped build trust with James' family.
- **We promote positive change** – Early escalation enabled timely review and safer care.
- **We respect the individual** – A daughter's voice was valued as an essential part of the care team.

By listening to families, we strengthen patient safety and deliver care that truly matters





James went on to recover and be discharged home.

He is now well enough to attend family events — proudly wearing his flat cap.

