**Board of Directors**

**Thursday, 01 August 2019**

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| **Report Title:** | **PATIENT/STAFF STORY BRIEF** |
| **Executive/NED Lead:** | Catherine Morgan; Chief Nurse |
| **Report author(s):** | Catherine Morgan; Chief Nurse |
| **Previously considered by:** | Click here to enter text |

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| **EXECUTIVE SUMMARY**  |
| **PATIENT STORY REVISIT/UPDATE**At the Board in May we heard from Vicki Lee who shared her experience of the Ipswich Hospital as a Carer. Vicki described herself as a ‘Sandwich carer’; being a full time carer for both her father and for her son. She told us that her son is on the Autistic spectrum and he has mobility issues, and requires a significant amount of support meeting both health and educational needs and that she is also a full time carer for her father who lives with schizophrenia and multiple health conditions. She described some of the challenges and experiences she encountered such as; availability of disabled parking, examples where communication breakdown has led to poor experience in relation to medication issues for her father and a lack of consideration and support around her other caring responsibilities for her son and his needs. She emphasised the need to ensure staff listen to both patient and carer and understand their care needs and situation which would greatly improve the care experienceSome of the initiatives that are in place to support improvement in these areas include;* Parking – if a patient/carer with a learning disability or autism requires specialist parking they can inform the CNS for Learning Disability (LD) /Autism who alert security, we should ensure this is never an issue, the CNS will also reserve a space if they are aware a patient is attending the hospital
* Issues with waiting for take home medication (TTO) - it has been raised (during Time Matters week) to identify if a patient has an LD or Autism and requires fast TTO medications this should be done as a reasonable adjustment, this can be broadened to consider carer responsibilities in light of Vicki’s father
* Education and training includes;
	+ Ensuring staff read all the clinical alerts and the accompanying notes, for example past reasonable adjustment tools or a hospital passport. There is ongoing work to improve compliance with this and it is covered in depth as the issues has been a theme in learning from incidents.
	+ LD training and training on Reasonable Adjustments is available to all staff and is part of mandatory training; this is reinforced having established the link nurse network, which is expanding successfully.

**TODAY’S BOARD STORY**Today the Board will hear from John Poole who will talk to us about his experience of care at Colchester Hospital; Shirley Califano (Patient Experience Engagement Officer) will accompany him to the Board.**Summary**John has recently suffered a sensory stroke as the result of a deep blood clot in the Brain caused by high blood pressure (diagnosed over 20 years ago) and was under the care of the hospital in March 2019.John woke up with a tingling in his mouth and this progressed down his right side, he called his GP to be informed they had no appointments for that day he therefore contacted 111 who advised to call the doctor again and state that an appointment was required that day. He received an appointment and when seen by a GP and was transferred urgently via ambulance to hospital with a possible sensory Stroke and the GP said he had only ever seen this type of stroke twice in his career.On this day, his wife was already in A&E with difficulty in breathing due to a severe chest infection. On arrival at the hospital John was seen by a nurse and 2 Doctors, moved into majors and was then seen by a stroke nurse and doctor who explained that he has only every seen this condition 3 times in his career. He was transferred to MDU then to the Stroke unit where he saw a consultant and the same doctor from A&E and they advised to expect a 75-100% recovery.**Experience of Care**Positive aspects included* Care was outstanding
* Clinical staff and housekeeping staff were exceptional
* X-ray, CT and MRI was efficient and good
* Clean Hospital

Areas for improvement* Too many people allowed to visit stroke unit, difficult to cope with as a patient having just had a stroke
* The waiting for Porters to transfer from one area to another is too long

Two days after admission John was planned for discharged home in the evening: he was asked to take part in a study to see if his stroke could be hereditary, and had bloods taken and was seen by a physio who tested to confirm he had no feeling in his right side and brain function (loss of instant recall).Following discharge John experienced some challenges in ongoing care:* John had to chase up appointments – timings given were not kept to (an appointment would be made for the next 6-8 weeks) and caused concerned as an appointment was given the same day as calling to chase it (after 8 weeks)
* John feels rather abandoned after discharge as he was given a programme to follow but his instant recall has gone and so he feels angry and frustrated as he is trying to understand what has happened but feels only the medical/clinical diagnosis was important not the consequences/aftermath
* John is still not aware of any results regarding hereditary factor study

**Key Messages** * Care was outstanding
* John explained that having his wife brought to him in A&E was comforting and reduced anxiety
* The dignity given by the housekeeper was kind and caring, when John spilled his drink
* Having the knowledge that the specialists treating you have not seen this type of condition often, makes you wonder how do they know how to treat it?
* John does not feel like, the service offered from admission through to rapid discharge from hospital, is supportive and John describes feeling left to deal with the life changing effects of this type of stoke
* Consultants should communicate clearly the appointment wait times and follow this up ensuring the patient and family are not left to chase appointments
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| **Action Required of the Board of Directors** |
| To note the report |

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| **Link to Strategic Objectives (SO)** | **Please tick** |
| SO1 | Improve quality and patient outcomes |  |
| SO2 | Provide better value for money |  |
| SO3 | Sustain and improve access to services that meet the needs of the population |  |
| SO4 | Deliver a sustainable, skilled workforce |  |

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| **Risk Implications for the Trust** *(including any clinical and financial consequences)* |  |
| **Trust Risk Appetite** | Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong |

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| **Legal and regulatory implications** *(including links to CQC outcomes, Monitor, inspections, audits, etc)* | Nil |
| **Financial Implications** | Nil |
| **Equality and Diversity** | Nil |