The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	2
Report Title:	Patient Story		
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Executive Sponsor:	Mrs Alice Webster, Chief Nurse		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	Patient experience supports the delivery of safe and compassionate care as set out on Key Strategic Objective 1.	
Significant risk register		
Quality	Y	Patients' and relatives' experience is a key element of quality, alongside providing clinical excellence and safer care.
Legal and regulatory		
Financial		

Assurance route

Previously considered by:	*N/A*

Executive summary

Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	To enable the Trust Board to learn from the experiences and concerns of our patients and relatives and consider this story in the context of the Trust's ongoing work to improve not only patients' experience but that of relative's experience at the QEH.
Summary of Key issues:	Learning from complaints as a Trust is pivotal to improving patient experience, as is listening and responding to patient and relatives' observations and feedback. However, it is also important to hear the positive stories from patients, in this case when we addressed an individual patient's need and developed a bespoke new way of working. The story for the Board involves Michael, an Ear Nose and Throat (ENT) patient with a severe infection which necessitated that he

	would have to be an inpatient for twelve weeks to have his Intravenous (IV) antimicrobial therapy delivered for the whole of this duration. Despite the severe infection Michael felt well. His Consultant Mr Beynon-Phillips met with the Medical Director, Chief Nurse, Consultant Microbiologist and Chief Pharmacist to see if an elastomeric pump could be used to facilitate an early discharge within a virtual ward environment supported by a senior nurse. All governance was put in place, with many teams working to support the discharge and continual monitoring of Michael at home.
Recommendation:	The Board is asked to note the reflections and experience of Michael and his wife.
Acronyms	QSIR - Quality Service Improvement and Redesign (NHS England and Improvement)

Patient story Introduction

Traditionally patients who require specific antimicrobial therapy three times per day are not suitable to be discharged to the local community Outpatient Antimicrobial Therapy Team (OPAT); this has meant that patients typically will need to remain in the Trust as an inpatient for extended periods of time. This can be very difficult for this group of patients as generally once the antimicrobial therapy is underway they feel quite well. Michael described 'feeling like a fraud'. The reality was that the antimicrobial therapy was essential to treating Michael's severe infection which was a complex and rare infection. Whilst in hospital it was clear that Michael's symptom had improved and that the treatment plan was working well.

Various options were scoped to see how Michael could be discharged and still receive his antimicrobial therapy. Michael's wife is a retired QEH Ward Sister and she had indicated that she would be happy to support Michael at home with the IV therapy he required. Various approaches were discussed but were unsuccessful.

His Consultant, Mr Beynon-Phillips met with the Medical Director, Chief Nurse, Consultant Microbiologist and Chief Pharmacist to discuss the use of an elastomeric pump to provide the antimicrobial therapy that Michael needed.

Acute Medicine in collaboration with Norfolk Community Health Care Trust (NCH &C) had previously piloted the elastomeric pump but a different approach was taken this time. A self-administration policy was developed led by the QEH. The necessary governance was put in place and a plan forged to facilitate Michael's very specific care needs and early discharge into the virtual ward supported by a senior Nurse.

His wife was taught how to look after the special IV line and the specifics of managing and changing the elastomeric pump at home. The plan included weekly bloods to ensure the infection markers etc. had not changed, weekly review in clinic by his consultant and on the same day collection of the new pumps for the week and a dressing change to his special IV line. Michael kept a keen eye on all who helped care for his IV line and pump changes, Michael's wife advised that she too was informed if it was not to Michael's standards. Both the couple managed the pump extremely well and there were no significant problems during his six weeks at home with the elastomeric pump.

The plan that was put in place shows the dedication of those involved to ensure that Michael and his wife's patients experience and individual care needs were met by a bespoke new way of working. This meant that Michael could recover at home with his wife and their beloved dog, which missed Michael very much.

Patient story follow-up (Board of Directors, December 2021)

The Board heard how a visitor to our area found the care delivered to her when she was suddenly became unwell. It described her positive findings around the nursing and medical care and also welcomed the diversity of our workforce.