Agenda Item 13

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion	✓	✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Claire Roberts Associate Director of Patient Experience	Strategic				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: 27th March 2018

Report Title: Patient Story Update

PURPOSE:
To provide the Board with an update on some of the issues discussed at recent Board meetings
SUMMARY:
This brief update provides an update on the patient stories from the last six months.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓		✓		✓

RECOMMENDATION/S:

For information

Patient Story Update

Board of Directors meeting 27.03.2018

The patient story in January was provided by the mother of a young child who had been born deaf and she gave a very moving story describing the sensitive and patient-centred service provided to their family by the Audiology service. Since this presentation the Chair and Medical Director have visited the Audiology Department to meet the team and to discuss the service.

Following on from the update report in January in relation to the management of delirium, further work has taken place. A summary report was submitted to the Quality and Safety committee this month outlining progress in this matter during the last six months and highlighting what is working well and where there is still room for improvement.

The review of the clinical guidelines on the prevention, diagnosis and management of delirium has been completed and the guidelines are awaiting final approval by the Clinical Guidelines Group. Recommendations following an audit into the use of anti-psychotic medication have been agreed and are in the process of implementation. Overall this audit provided evidence of good compliance in relation to NICE guidance.

Unfortunately it was not possible to recruit to the Dementia Intensive Support Team to provide an interim in-reach service during the winter months as envisaged but 'delirium beds' were identified and funded within certain local care homes. This enabled some patients with protracted delirium to be discharged from the hospital for on-going management with a view to an eventual discharge home. This pathway will require further development to ensure that it fully meets the needs of patients and provides an effective service for the organisation.

An audit is being planned for April to determine whether there have been any improvements or otherwise in the identification and assessment of delirium in inpatients and the findings of this audit will be reported back to the Quality and Safety committee in June 2018.

The Lead Nurse for Older People & Liaison Services is assuming a more corporate role going forward and improving the care and management of patients with dementia and delirium will be an important focus within her new role.

Claire Roberts
Associate Director of Patient Experience 20.03.18