The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

*Agenda Item No.15*

## REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

| RESPONSIBLE DIRECTOR: | REPORT FOR: | | IMPACT ON BUSINESS: | | |
|---|---|---|---|---|---|
| Emma Hardwick<br>Chief Nurse | Decision | | High | Med | Low |
| | Discussion | ✓ | ✓ | | |
| | Information | ✓ | | | |
| **LEAD MANAGER:** | **REPORT TYPE:** | | **BAF REFERENCES & RAG:** | | |
| Claire Roberts<br>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:** 30th January 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 Story from the July and September Board meetings. |

**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 30.01.2018**

Unfortunately the patient who agreed to provide the patient story at the last Board meeting in November failed to attend on the day and despite numerous telephone calls has not been in touch with the hospital.

Further to the patient story regarding the care of a patient with delirium, work is continuing to support both staff learning and clinical practice. New adhesive mental capacity assessment forms have been launched within the organisation supported by a poster campaign on the wards, a communication in the Knowledge and the provision of training sessions delivered locally by members of the Liaison service on request. The supporting Guidance on the application of the Mental Capacity Act has been updated and will be going to the Clinical Governance Committee in February to be ratified.

Discussions are taking place with the consultant physicians to look at how detection of delirium can be improved on admission and at clerking. The results of the national spot audit will be published in February and these will be used to support making changes to improve practice. Work has commenced, coordinated by the CCG, to look at improving the pathway for patients with dementia / delirium and to support safe discharge of patients with prolonged delirium.

Additional winter monies have been identified to support an interim service delivered by a member of the Dementia Intensive Support Team to in-reach into the Trust and support staff in identifying and managing those patients that can be safely discharged back to their home or residential setting with a diagnosis of dementia and delirium.

The Trust Mental Health Liaison service is now fully recruited to and the Lead Nurse is working with the Consultant Psychiatrist to strengthen the support for the wards both in terms of provision of advice and undertaking assessments and planning care.

The League of Friends has kindly supported the purchase of new leaflet racks to be placed in all clinical areas for the provision of patient information. Leaflets on Dementia and Delirium will now be provided in all clinical departments where they are applicable and it is hoped that these will help to provide patients, their families and carers with advice and reassurance.

Claire Roberts
Associate Director of Patient Experience 17.01.18