The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Interim Director of Nursing	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: 28th March 2017

Report Title: Patient Story

PURPOSE:
To provide the Board with the context of today's 'Patient Story' so that the Board appreciates the background to the story and the difficulties certain patients with complex care needs and their families face when coming into hospital.
SUMMARY:

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

Board of Directors meeting 28th March 2017

The patient story today is kindly being provided by Mrs. Julie Grange who is both the mother and primary carer for her disabled daughter, Zoe Grange. Zoe is 28 years old and is the eldest of four children. Zoe has a complex medical history and has been a regular patient at this hospital since 1993.

Sadly Zoe had a stroke in 2010 and then a further stroke whilst in our care in 2012. Since that time Zoe has been profoundly disabled and has very complex care needs. She has learning difficulties and very little speech so struggles to communicate her needs and wishes. She is unable to swallow and is in danger of aspiration and now receives all her food and fluid via a gastrostomy tube (a PEG). Zoe is prone to fitting and has frequent chest infections and on more than one occasion Zoe has been a patient on the Critical Care Unit. Zoe doesn't control her body temperature very well and her mother has to be vigilant in ensuring that she doesn't develop hypothermia.

Zoe is on a range of medications to manage her many problems and her mother is very knowledgeable about Zoe's needs and in recognising when Zoe is becoming unwell. Over the years Zoe and her mother have experienced a great variety of care and Mrs. Grange has unfortunately been able to relate a number of instances when she felt that our care did not meet Zoe's needs and that it left her at risk. During many of Zoe's admissions into hospital she was moved from one ward to another so Mrs. Grange has struggled to ensure consistency of care and to develop close partnership working with those caring for Zoe.

Mrs. Grange wishes to share with you her thoughts following Zoe's recent admission into hospital in February but many of her thoughts reflect concerns that have been present throughout most of Zoe's admissions into hospital over the preceding years. Mrs. Grange does not have assurance that Zoe is safe in our hands and it is important that we look at what has led her to feel this way and how we can rectify this situation in future years when no doubt Zoe will once more be in our care. Zoe is not the only patient with learning difficulties and complex needs accessing care at this hospital so the lessons to be learnt from sharing her story will be applicable to others in our care.

Claire Roberts
Associate Director of Patient Experience
21.03.17