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 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 January Board meeting.

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 28 March 2017

In January Mr. Andrew Neal presented to the Board an account of the difficulties faced by his sister, who is an on-going patient of this hospital and being treated for Stage 4 oesophageal cancer, and the wider family during a recent emergency attendance and admission into hospital. These difficulties focused on failings in communication, lack of continuity of care and in the rigidity of our systems and processes which had prevented his sister accessing care and treatment in a timely manner and led to a longer admission than was necessary.

Unfortunately SB has had cause to seek further treatment during February due to her suddenly losing the use of her hand. On this occasion she saw her GP, who then telephoned the Oncology Department and spoke to a junior doctor. This doctor initially advised attendance in the Emergency Department as a route to accessing a CT scan. Fortunately the junior doctor then spoke immediately to Dr. Gounaris who felt that although the advice was reasonable, there might be a better way of managing the situation that avoided the need for SB to spend time in the Emergency Department and potentially being admitted into hospital. He spoke directly to the GP and they agreed to increase her steroid therapy at home and arrange the CT scan to be done as an urgent outpatient appointment.

Mr. Neal was concerned that either the doctor who initially spoke to the GP was not fully aware of his sister's condition and had failed to check before handing out standard advice or that the GP did not make it known that this was an urgent case. Mr. Neal did contact PALS at the time to highlight that potentially there was going to be a further problem but Dr. Gounaris' prompt intervention ensured that the new problem was dealt with as an outpatient. Dr. Gounaris did conclude that the junior doctor's initial response was quite reasonable and would have led to an early CT scan but that in the context of her poor prognosis it would be better to manage her as an outpatient.

There clearly remains further work to be done in providing a robust pathway for patients to follow who have a poor prognosis and who are dealing with a terminal illness. This needs to be considered as part of the on-going work of the End of Life Group.

Claire Roberts
Associate Director of Patient Experience
21.03.17