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: 25 September 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 25.09.2018

The patient story in July was presented by Mrs Valda Ashton and she was accompanied by her husband on the day. Mrs Ashton very eloquently described the difficulties she had encountered on her treatment pathway for bowel cancer. She had her admission cancelled due to our capacity issues and this caused her significant difficulties due to the deterioration in her own condition but also due to issues arising from having to cancel the arrangements made to support her husband in her absence as he is living with dementia. Mrs Ashton went onto describe what a difference the surgery had made to her life and that she now felt much better. Her recall of her pathway once she had been admitted was much more positive.

Unfortunately a similar picture has emerged over the summer months for a number of patients on the Lower GI cancer pathway with delays occurring due to annual leave as well as capacity issues. Currently there are 217 patients on the pathway with 4 at 10 days and still awaiting a first appointment and 16 at 63 days and over, awaiting either a definitive diagnosis or for treatment to commence.

DaysTo 62 DayBreach2	PatientStatus	Brain	Breast	Colorectal
0 - 10	Primary - first treatment not yet planned			
	Suspected Primary		7	4
	Under Investigation (cancer not suspected)		3	
	Primary - first NHS funded treatment planned			
0 - 10 Total			10	4
11 - 28	Primary - first treatment not yet planned		5	1
	Suspected Primary	4	63	98
	Under Investigation (cancer not suspected)		40	
	Primary - first NHS funded treatment planned			
11 - 28 Total		4	108	99
29 - 35	Primary - first treatment not yet planned		1	
	Suspected Primary	3	2	31
	Under Investigation (cancer not suspected)			
	Primary - first NHS funded treatment planned			
29 - 35 Total		3	3	31
36 - 55	Primary - first treatment not yet planned		1	4
	Suspected Primary		1	53
	Under Investigation (cancer not suspected)		1	
	Primary - first NHS funded treatment planned		1	
36 - 55 Total			4	57
56 - 62	Primary - first treatment not yet planned			2
	Suspected Primary			8
	Under Investigation (cancer not suspected)			
	Primary - first NHS funded treatment planned			
56 - 62 Total				10
63 AND OVER	Primary - first treatment not yet planned			4
	Suspected Primary			11
	Under Investigation (cancer not suspected)			
	Primary - first NHS funded treatment planned		1	1
63 AND OVER Total			1	16
Grand Total		7	126	217

All consultants are now back from leave and plans are in place to try and reduce the current wait and identify appointment slots for all those waiting for their first two week appointment.

Mrs Ashton also highlighted in her story that when she did come in for her operation her overall care was excellent but that there had been occasions when patients failed to receive either their early morning or night time hot drink. Charge Nurse Agcaoili on Denver ward has reviewed how the ward staff have been managing the provision of hot drinks and looked at whether changes are required to safeguard the overall hydration of patients throughout the day. Recent changes to the housekeeper's duties to support improvements in infection control, has reduced their ability to assist with direct patient care.

Therefore in response to Mrs Ashton's feedback he has introduced a number of changes. He has re-instated hydration checks during the day to ensure that staff check every couple of hours as part of the care rounds that patients are taking sufficient fluids. He has also changed the deployment of the nursing auxiliary team at night so that on every shift someone is allocated first thing in the morning and at night to provide hot drinks to patients.

Work is continuing in the Admission's department to try and improve responsiveness and ensure that patients who are cancelled receive updates on the expected length of the delay and are not left on the waiting list without any communication from the Trust.

The patient story in May provided by Mr Chris Evans has led to a formal internal investigation being undertaken into the working practices of a particular member of staff on the Stroke Unit. This has also been subject to some delays due to annual leave and is not yet complete. The Deputy Associate Chief Nurse for the Medical Division is continuing to provide managerial oversight to the Unit to ensure the maintenance of standards of care.

Claire Roberts
Associate Director of Patient Experience 19.09.18