The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
8 December 2022

Agenda item	226/22			
Report Title	Patient Story			
Executive Lead	Director of Nursing			
Report Author	Lead for Patient Experience			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	√
	Our governance		Responsive	√
	Our partners		Well Led	
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		BAF1, BAF2,	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	NA			
Executive summary:	The storyteller is the wife of a patient who is receiving palliative chemotherapy within the Trust. The storyteller reflects on her experience of contact with staff and the services her husband accesses, sharing the challenge they encounter when he requires admission for inpatient care. The Board are invited to watch the film in which the storyteller uses her own words to describe the events, and the impact this has upon her husband's experience of care.			
Appendices	Digital Story: Improve the System (video)			
Executive Lead				

1.0 Introduction

1.1 This story captures the wife of a patient describing their experience of accessing the Trust for elective and emergency treatment, and areas where processes and pathways to access support could be improved.

2.0 Background

2.1 The storyteller outlines that her 68 year old husband was diagnosed with Leukaemia and is subsequently receiving palliative chemotherapy 7 days each month, with blood transfusions every two weeks. Combined with inpatient admissions for treatment when needed, both the storyteller and her husband have gained a range of experience in accessing services within the Trust.

2.2 The process in place out of hours is for patients to contact Ward 23 at the Royal Shrewsbury Hospital for advice on what to do. The advice is always for admission in the event of a high temperature for screening and intravenous antibiotics.

2.3 Whilst both are happy with the interactions they receive from staff, when he becomes pyrexial and urgent treatment is required there can be difficulty in identifying an appropriate area in which to wait, and subsequently delays in accessing treatment.

2.4 The storyteller feeds back that, whilst the care they have received has been excellent, something needs to be done to improve the system.

3.0 Risks and Actions

3.1 Following the patient story being captured the subsequent actions have been taken:

- Building work has commenced to create an assessment bay on Ward 23
- The assessment bay will have capacity to hold three assessment trolley spaces
- The Haematology and Oncology Teams are identifying potential criteria for triaging patients suitable to be safely managed within the area
- The nursing team will be shadowing emergency nursing team staff in ED/AMU to develop transferable knowledge and skills
- When processes and pathways are in place it is anticipated that the assessment bay will initially take admissions within a set timeframe to develop the concept
- Nursing recruitment to support the area is underway
- Medical staffing for the area is presently being worked through

4.0 Conclusion

4.1 The Board is asked to note the patient story and take assurance of the work being undertaken to listen to and be responsive to feedback from people accessing services within the Trust to improve patient experience. Learning from feedback and using patient experiences to drive improvements.