UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 28 November 2013

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Updated Declarations of Interest** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1**.

- **Update on Sickel Cell patient experience (Minute 73/13/4 of 28 March 2013 refers)** – Lead contact point Ms R Overfield, Chief Nurse (0116 258 6111) – **paper 2.**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 28 November 2013, unless members wish to raise specific points on the report.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

NAME	POSITION	INTEREST(S) DECLARED
Ms Kate Shields	Director of Strategy	Nil return.

Trust Board Bulletin 28 November 2013 – Paper 2

REPORT TO: Trust Board

REPORT FROM: Liz James Matron, Kate Wilkins/Hilliary Killer Head of Nursing

SUBJECT: Patient Story Update - Improving the patient experience for children with Sickle Cell Disease

DATE: 28 November 2013

Purpose

To present the impact of the changes made to the experience of children admitted with Sickle Cell Crisis.

Background

In March 2013 the Childrens CBU nursing team presented the work being undertaken to improve the experience of children with Sickle Cell Disease, when they are admitted to hospital. This included a personal account by a young person, Sharon, who expressed her frustration that not all staff were aware of the care she needs.

Progress

Since our work began, children and their families are reporting an improvement in their experience of our service, including acute admissions. The service has been re-audited (July 2013) using NICE criteria and demonstrates some improvements. The information below describes how work is continuing to adapt our approach in order to improve the patient experience further.

Staff Training

The multi disciplinary team (MDT) on the Children's Assessment Unit (CAU) have received training through displays, guidance and face-to-face contact. The Specialist Nurse and Consultant for Haematology continue to support learning for the team on CAU.

Individualised Patient Information

- **Alert cards** for urgent treatment are in use and are very effective, some families have also reported using them when presenting at other hospitals.
- **Hand held individualised summary sheets** have been created for every patient and are ready for implementation in November 2013.
- A **service leaflet** has also been printed to provide families with information about what to expect from the team and who to contact for advice and support.

Pain Relief

Intranasal Diamorphine has been successfully introduced in CAU. Sharon (service user) has reported her experience of the service is now “gold standard”. The audit completed in July 2013 shows assessment of pain on admission is of the standard expected however timely administration of appropriate analgesia remains inconsistent. Pre-printed stickers to support prescribing Intranasal Diamorphine are now in use, the effect of which will be reviewed in the next audit (December 2013).

Team Working

The speciality MDT team working remains robust both within UHL and across the East Midlands network. All the patient information above is available on the Sickle Cell and Thalasaemia East Midlands Network website for use by other professionals across the region.

The Specialist Nurse has submitted a poster to the International Forum on Quality and Safety in Healthcare to share our work and its impact on families.

Measurements of Improvement

Monitoring the success of the changes will continue through regular audits and patient feedback. As we learn from our children and their families, we continue to adapt how we deliver care to patients who are admitted in sickle cell crisis in order to address their needs and have prompt delivery of pain control for these young patients, ensuring a consistently high level of care to our patients resulting in a better patient experience