

Meeting of Lanarkshire
NHS Board: 25 January 2017

Lanarkshire NHS Board
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SUBJECT: PATIENT STORY – WESTER MOFFAT HOSPITAL

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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Digital Story – Monklands Hospital / Wester Moffat Hospital
<https://vimeo.com/199161023>

A number of patients and families are anxious and resistant to transfer their relatives from acute hospital to “off-site” beds for ongoing rehabilitation. This digital story was produced with a patient / carer and staff for reflection and learning. The families did not want to transfer their family member to Wester Moffat initially but are now delighted with the care being delivered and the support received; they have agreed to let us use the video to help other families prepare for the transition from acute services.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee: Corporate Management Team.

3. SUMMARY OF KEY ISSUES

Mrs H and Mrs B were both previously inpatients at Monklands District General Hospital. Transfer to Wester Moffat for ongoing rehabilitation was scheduled following completion of their episode of acute care. This is the normal process for many elderly patients who require further rehabilitation input. Often transfer to the off-site beds can be unsettling for patients and their families. They have become familiar with the acute ward staff and the ward routine and don't want to move to a different hospital.

Prior to discharge from Monklands Hospital, both families and the patients were consulted and made aware of the pending transfer to Wester Moffat Hospital. They were involved in the planning process and had opportunities to ask questions and discuss any anxieties that they had.

Wester Moffat Hospital were able to provide evidence of a person-centred ward. Families were able to speak with clinicians and members of the multi-disciplinary team, thereby facilitating a safe and effective transfer.

Previously discussions took place with the family members to facilitate the move to Wester Moffat Hospital, although not in great depth.

The staff at Wester Moffat work hard to settle both patients and their families into their new environment and support the family during this transitional period. Both families were encouraged by their progress and are delighted with the care delivered and the support that has been provided. However, we did recognise that perhaps we could do even more to facilitate the smooth transfer of patients and provide further reassurance to families.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

As a result of the conversations that took place with both patients and their families, Wester Moffat Hospital have staff continued to ask other families about their experience of transition from acute services to off-site beds. Some families said they had felt able to voice their anxieties at the time prior to transfer, whilst others accepted the transfer without question. Some families felt that a patient or family testimony would have been helpful for reassurance and early contact from off-site nursing staff would also have enabled them to ask questions or voice any concerns.

As a direct result of this feedback we intend to use this video as testimony with families 48-72 hours before transfer, with consideration to including it on the NHS Lanarkshire website so that it is available to all. The Senior Charge Nurse at Wester Moffat Hospital will also contact the appointed member of the family 48hours before scheduled transfer if able, by way of introduction; this will also enable the family to voice any concerns they may have. And finally, a site visit can also be offered to family members to provide an assurance of the care being delivered and the ethos behind moving patients to offsite hospitals. We are also reviewing the written information that we provide about transfer from Monklands District General Hospital to Wester Moffat Hospital and are looking to replicate this piece of work for Coathill Hospital too.

7. FINANCIAL IMPLICATIONS

There are no financial implications associated with this process and system activity.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

These activities will be monitored through feedback from relatives over the coming months.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has not been completed

Yes
 No

Given the opportunities presented it was not felt that an EDIA was required as the implications applied universally to all in patients where individualised care is assessed, planned, implemented and evaluated.

11. CONSULTATION AND ENGAGEMENT

All of the work described above has been agreed and progressed in partnership with the Ward nursing staff and Consultant colleagues. There has also been widespread discussion within the Directorate team.

12. ACTIONS FOR THE BOARD

The Board are asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>		

The Board are asked to note the content of the paper and the DVD and to comment on the improvement action taken.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Eileen Clarke, Senior Nurse for older people's Services via global email or on telephone number 01236 713288:

Eileen Clarke
Senior Nurse
January 2017

Irene Barkby
Executive Director of NMAHPs
January 2017