Meeting of Lanarkshire NHS Board: 29 March 2017

PHRPOSE

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Telephone: 01698 855500 <u>www.nhslanarkshire.org.uk</u>

SUBJECT: PATIENT STORY – NHS Lanarkshire Hospital

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This paper is coming to	the Boar	rd:			
For approval		For endorsement		To note	
Digital Story – NHS Lar	narkshire	e Hospital			
This digital story was pr received via the NHS I carer for his elderly mo and social care services.	anarksh ther who	ire Public Reference has communication	Forum.	The gentleman wh	ho is deaf is a
2. ROUTE TO T	не во	ARD			
This paper has been:					
Prepared		Reviewed		Endorsed	

By the following Committee: Corporate Management Team.

3. **SUMMARY OF KEY ISSUES**

Mr McLeary's mother was receiving care from her GP but as her condition deteriorated she was transferred to hospital by the Scottish Ambulance Service. She was assessed and treated in the Emergency Department before being transferred to a ward. Mr McLeary experienced communication difficulties and lack of communication during his time in the Emergency Department and felt that both he and his mother were not fully involved in her care and treatment. He felt this was due to the lack of a BSL interpreter and staff awareness of NHS Lanarkshire policy and general deaf awareness.

This was also his initial experience when his mother was transferred to an inpatient ward. However, after showing his Deaf/Blind passport to staff they arranged for a BSL interpreter (this resource was developed by NHS Lanarkshire Equality & Diversity Manager and has a small information section for staff). After this time a BSL interpreter was booked for key discussions and conversations. Mr McLeary's mother was discharged home with a package of care which was arranged and agreed at a case conference before she left hospital; Mr McLeary participated with support from a BSL interpreter.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	LDP	Government Policy	
Government Directive	Statutory Requirement	AHF/Local Policy	
Urgent Operational Issue	Other		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	Effective	Person Centred	

Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

Mr McLeary was encouraged to share his experience to enable staff to reflect and learn; he has not made a complaint about this episode of hospitalisation.

His experience (10 minute video) detailing events from visiting his GP, through admission and discharge with health and social care support was shared with circa 180 health & social care staff at the NHS Lanarkshire Person-Centred Care Learning Event on 27 February 2017. The video has also been shared with the three Emergency Department Senior Nurses and the Organisational Development department who will be able to use it as part of their deaf awareness training.

Mr McLeary (Deaf Services Lanarkshire) and a gentleman from Lanarkshire Deaf Club, along with members of People First (learning disabilities advocacy); have been members of a Short-Life Working Group looking at how we can improve information and communication in Emergency Departments. This is part of a larger piece of work being led by Dr Fiona Burton (Cons ED) which aims to improve Emergency Department waiting areas.

Wall signs have been developed and colour co-ordinated leaflets are also being developed to support the content; electronic display screens have been purchased for each Emergency Department and routine communication messages regarding waiting times have been recorded in BSL which will accompany written messages.

This has been recognised as good practice by Scottish Government and Healthcare Improvement Scotland colleagues who have asked that the work be presented at the WoS Person-Centred Health & Care Learning Event 30 March 2017.



Dr Fiona Burton & Senior Charge Nurse Jan Miller with Shaun Maher (Strategic Advisor for person-centred care Scot Govt) and Diane Graham (Improvement Advisor Healthcare Improvement Scotland).

7. FINANCIAL IMPLICATIONS

Electronic display screens have been purchased for each acute hospital Emergency Department. Total cost for equipment, fitting and staff training is circa £10k

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

These activities will be monitored through observations of care and SCN/Administrative audit.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance and	
		accountability	
Use of resources	Performance management	Equality	
Sustainability			

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes	
No	\boxtimes

11. CONSULTATION AND ENGAGEMENT

In addition to engagement detailed in Section 6; the NHS Lanarkshire Public Reference Forum has been engaged. Emergency Department staff are currently seeking regular feedback from people attending the Emergency Department as these resources are now being "tested" with the public at large.

12. ACTIONS FOR THE BOARD

The Board are asked to:

Approval	Endorsement	Identify further actions	
Note	Accept the risk identified		

The Board are asked to note the content of the paper and the DVD and to comment on the improvement action taken in response to the concerns raised by Mr McLeary.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Richard Edwards or Hina Sheikh, on telephone: 01698 858373 or 01698 377816.

Richard Edwards Programme Manager NHS Lanarkshire

Hina Sheikh Equality & Diversity Manager NHS Lanarkshire

Irene Barkby Executive Director of NMAHPs March 2017