



## Response to Patient / Staff / Service Stories shared with the public Trust Board in 2023/24

Story synopsis	Key themes/ learning points	Actions taken and planned
<b>MAY 2023, Trust Board – Service Story – Your Health Partnership (YHP), Diabetes Management</b>		
<p>Control of diabetes management is challenging for many patients and families affected. The Libre pilot commenced during Covid-19 with a small number of patients. The ‘Libre’ is a small 50 pence-size sensor worn on the upper arm, compatible with smart phones or a reader available free of charge.</p> <p>This device has proven transformative for patients; without blood testing. A quick scan from phone or reader provides an instant blood sugar reading. Patient education sessions enable linkage with the Libre platform and consent to sharing blood results with both secondary and primary care.</p>	<ul style="list-style-type: none"> <li>• Improved outcomes for patients.</li> <li>• Health care professionals’ enablement to view scanning and suggest changes to support patients manage their diabetes;</li> <li>• Managed virtually, avoiding visits to hospital / GP surgery reduces patients’ time lost from work college / school.</li> <li>• Integrated working is the way forward to support patients’ health and wellbeing between Primary and Secondary care.</li> <li>• Cost effective, reduced hospital admissions, reduced risk of further complications of diabetes.</li> </ul>	<ol style="list-style-type: none"> <li>a) Software was now available in four different languages</li> <li>b) All YHP Type 1 diabetes patients<sup>1</sup> have been offered Libre, now available on prescription.</li> <li>c) Equal opportunity for patients in secondary and primary care diabetes clinics.</li> <li>d) On-going training for staff.</li> </ol>
<b>JULY 2023, Trust Board – Patient/Family Story – Mental Health needs</b>		

<sup>1</sup> [Overview](#) | [Type 1 diabetes in adults: diagnosis and management](#) | [Guidance](#) | [NICE](#)

<p>The story was relayed in person by Sharon, Peter's stepdaughter. Peter was brought via ambulance to Sandwell ED having experienced troubling thoughts and suicidal ideation. Family were given assurances they would be contacted once Peter was assessed. They passed contact telephone numbers to paramedics believing family would be contacted on discharge. Having received no call, they believed he had been kept in hospital for his safety. Peter was discharged late into the evening; family were not contacted.</p> <p>Family were advised that before leaving Peter showed staff his wife's number on his mobile phone saying he was going to call her to take him home. Peter never owned a mobile phone, therefore this information could not be true.</p> <p>Peter left the department alone in his slippers; he made his way home on foot and slept outside of his porch until the early morning. Later that evening, family found Peter in his garage where he had taken his own life.</p>	<ul style="list-style-type: none"> <li>• Initial investigations were defensive and inadequate; false information was provided to family increasing their upset. There was no cross-partnership working to support the family across primary care, WMAS, the CCG and SWB.</li> <li>• As a vulnerable person, greater professional curiosity was required regarding Peter's discharge arrangements; further support should have been initiated.</li> <li>• Need to promote and improve quality and consistency of care provided for vulnerable people and people we serve more generally.</li> </ul>	<ol style="list-style-type: none"> <li>a) Re-investigation, close family liaison and cross-partner (GP, WMAS, CCG, SWB) meeting with family to conclude resolution.</li> <li>b) Joint cross-partner / agency letter to Peter's wife detailing each agencies actions.</li> <li>c) Implementation of mental health triage process; peoples' personal needs are assessed to identify care required whilst in ED and at the point of discharge.</li> <li>d) Plan to recruit staff with a specific mental health expertise and experience.</li> <li>e) Practitioner in Charge - oversight of safe planned discharge of all people leaving from the ED.</li> <li>f) Thank you letter received form the family</li> </ol>
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**SEPTEMBER 2023, Trust Board – Patient / Family Story – Neonatal care**

<p>Ruby's mother Sophie attended in person. Baby Ruby and family had been repatriated from Swindon to SWB.</p> <p>Care concerns were expressed about indecision regarding x-ray and positioning of and NG tube and that treatment decisions were not adequately explained. A pH check should have been undertaken to ensure satisfactory NG positioning prior to medication administration and this did not happen. The Unit appeared chaotic; on one occasion Ruby's parents found her lying in her own vomit. Concerns were expressed also about rough-handling when caring for Ruby. Staff were dismissive of Sophie's</p>	<ul style="list-style-type: none"> <li>• Poor communication with parents during episode of care.</li> <li>• Round-table learning event led by the Director of Midwifery and included Sophie. Personal staff apology conveyed to Sophie and rationale for actions at the time.</li> <li>• Psychologist support highlighted the two most prominent parents' stress-points are new admissions and repatriation.</li> </ul>	<ol style="list-style-type: none"> <li>a) Consideration - parent input into care, co-producing personalised care plans and information flow.</li> <li>b) Support for repatriated babies / parents.</li> <li>c) Individual, personal and wider learning.</li> <li>d) Discussions with staff focussing on greater caution handling babies.</li> <li>e) 'Back to Basics' refresher program, focus on both relational care and technical aspects.</li> <li>f) Audits post-program introduction undertaken and continuing as snapshot audits. NG audit reflected 100% compliance.</li> </ol>
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<p>concerns about vitamins not being mixed with milk prior to feeding and a way forward was not agreed.</p> <p>Ruby's parents did not feel assured regrading communication and explanations received.</p>		<p>g) 'Badger Neo' system launch; parent diaries support information flow between care team and parents.</p> <p>h) Introduction of new admissions and repatriation into care planning.</p> <p>i) Matron visibility, speaking with parents throughout the day. A risk and governance nurse post was introduced to support this.</p> <p>j) Hot debriefs introduced to support staff understanding and learning with roundtable to analyse root causes.</p> <p>k) TRiM (trauma risk management) training for staff commissioned. 'Train the trainer' sessions enable team cascade and identifies people in distress and appropriate support required.</p>
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**NOVEMBER 2023, Trust Board – Cancer Services – service story (including patient video)**

<p>Covid-19 saw significant disruption in cancer care and services, affecting diagnoses. This impacted prognoses and emotional turmoil in patients; the CNS workforce witnessed this acutely.</p> <p>Research highlighted significant vacancies in specialist CNS roles and a lack of career development. SWB identified significant future retire-rates and unfilled vacancies. Workforce gaps often occur in the most deprived areas or reflect the communities facing greatest exclusion.</p> <p>Specialist nursing roles ensure people with cancer receive care that enables them to live with cancer, not just survive. For cancer services, cancer nurses' clinical expertise, leadership skills and advanced diagnostic and communication skills can hasten patient recovery, prevent readmissions, and join-up services to tackle</p>	<ul style="list-style-type: none"> <li>• A more creative approach was required; 'Grow our own' strategy to minimise shortfalls identified.</li> <li>• Importance of personalised care and treatment.</li> <li>• A patient recorded video of a patients journey through cancer and experience of the CNS team reflected the positive impact the approach on individuals living with cancer.</li> </ul>	<p>a) Structured staff development program.</p> <p>b) Implementation of the Development CNS posts, student nurses placements in CNS teams.</p> <p>c) ACP's now within the cancer nursing workforce along with Cancer Care Navigators.</p> <p>d) Successful with a bid to develop patient access to assessment and referral onto a 2 week wait pathway.</p> <p>e) Cancer hotline implemented in context of GP access issues; call triage and referral to CNS (cancer pick-up rate exceeded national performance).</p> <p>f) Leaflets available in six languages; email service for the deaf community.</p>
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inequalities in care and to stop people falling through the gaps.		
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<b>JANUARY 2024, Trust Board – Patient Story – Drug Addiction</b>		
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<p>Michael was brought to City Hospital via ambulance experiencing severe pain with a thigh abscess developed through intravenous heroin use. He was later transferred to Sandwell hospital where he stayed several months before transfer for rehabilitation, at Rowley Regis.</p> <p>Michael described addiction’s hold over his life and loss of control. He described both the medical and physical symptoms and the impact of temptation, in contact of shame and stigmatisation.</p> <p>Michael asked staff to consider the needs of individual people and what may have taken them to where he found himself.</p>	<ul style="list-style-type: none"> <li>• Importance of personalisation; seeing the person behind a condition or the label.</li> <li>• Discrimination / stigmatisation can increase an individual’s emotional pain, which can encourage their further drug use. Where people show compassion and understanding this has the opposite impact.</li> </ul>	<ol style="list-style-type: none"> <li>a) Personalisation study day, focussing on the needs of vulnerable people.</li> <li>b) The Vulnerabilities, Safeguarding and Patient Experience Teams are working closely as projects contain overlapping tasks and goals.</li> <li>c) Contiwipes trial.</li> <li>d) Personalisation of care documentation and training. Experience audit of personalised care.</li> </ol>
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<b>MARCH 2024, Trust Board – People – Staff Story</b>		
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<p>Jake was a full-time Carer for his mother. From 13 he lived alone with her, supporting her personal care and household chores. He missed much school and social experiences, leaving with 1 GCSE in Art.</p> <p>Jake continued as full-time Carer supported by Carers Allowance. His mother died in January 2023. Unsure of how to support himself, Jake attended the Job Centre and was referred to the team at The Learning Works. He was supported to get help with his financial situation and attended the SWAP programme.</p> <p>Jake lived our values, was committed and passionate throughout the programme and wanted to transfer his lived experience into working with SWB.</p> <p>On successful completion of the course, Jake gained a Ward Service Officer role with SWB, where his development continues.</p>	<ul style="list-style-type: none"> <li>• Valuing lived experience in recruitment.</li> <li>• Recruiting for values and training for skills.</li> <li>• Providing innovative routes into employment and breaking down barriers.</li> <li>• The impact on local lives life, both financially and wellbeing.</li> <li>• Recruitment as an enabler in reducing health inequalities</li> <li>• Opportunities through employability programmes to improve the life chance.</li> <li>• Potential to affect health outcomes of our population.</li> </ul>	<ol style="list-style-type: none"> <li>a) Continuation of similar opportunities for local people.</li> <li>b) Offer of pastoral transitional support to those moving from unemployment into employment.</li> <li>c) Identify training and development pathways for them to upskill, retain and progress.</li> </ol>
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