

TRUST BOARD

Title:	A patient story on receiving care in the community to successfully avoid a hospital admission.
Action:	FOR DISCUSSION
Meeting:	8 May 2019

Purpose:

The purpose of bringing patient stories to Board members is:

- To set a patient-focused context for the meeting.
- For Board members to understand the impact of the lived experience for the patient, family and friends.
- For Board members to reflect on what this experience reveals about our staff, morale and organisational culture, quality of care and the context in which our clinicians work.
- To review and recognise any shared learning and recommendations relevant to this story.

The content of the story was provided by VT (Patient's Mum)

Recommendation:

To receive the patient story and note the context from which it was generated.

	Name	Title
Author:	Lisa Wright Laura Woodman	Patient Experience Manager Paediatric Nurse Practitioner
Executive sponsor:	Julia Curtis	Chief Nurse

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	This paper demonstrates where our Children's Rapid Response Team & the Children's Community Nursing Team have provided outstanding seamless clinical care to prevent a hospital admission.
Collaborate with other organisations	Not covered in this paper.
Be an excellent employer	This story demonstrates how supporting our staff to access extended continuing professional development (CPD) has enabled our Specialist Nurses to develop and grow and the positive impact this is having on providing excellent clinical care.
Be a sustainable organisation	Not covered in this paper.

Trust risk register: N/A

Legal and Regulatory requirements: N/A

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	This story demonstrates how the service was able to react quickly to an acute illness which avoided a hospital admission.
To introduce People Participation in our diversity and inclusion initiatives to capture the experience of hard to reach / seldom heard / varied community groups.	Understanding and hearing the experience of parents who are living with children who have complex physical needs is an important part of our People Participation approach. These lived experiences gained through feedback and participation form a valuable part of our understanding about what is working well and what can be improved, and how this can be used in the Co-production and improvement of the services we offer, now and in the future.
To introduce wider diversity on recruitment selection panels.	Not covered in this paper
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Not covered in this paper

Are any of the following protected characteristics impacted by items covered in the paper – yes

Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Introduction

- 1.1. This patient story focuses on a three year old child, who received a diagnosis of Cystic Fibrosis at three weeks of age and how the Luton Children's Rapid Response Team were able to prevent a hospital admission. To add to the context of this story, it should be noted that VT is a single parent with an additional child, aged eighteen months who also has a diagnosis of Cystic Fibrosis. Throughout this patient story the child will be known as GT and the mother as VT, for confidentiality reasons.
- 1.2. GT is the eldest of two children within the home and is receiving additional support from our Respiratory Nurse Specialist and Rapid Response Nurses from the Children's Community Nursing Team in Luton. One of the main nurses involved with his care and who will be supporting this patient's story is Laura Woodman, a Paediatric Nurse Practitioner from our Rapid Response Team.
- 1.3. GT's diagnosis was made during new-born screening, which is carried out as part of the heel-prick test that all babies in the UK receive from our midwifery colleagues. All positive results are followed up directly with the parents/carers and babies receive an additional sweat test, to confirm diagnosis. In GT's case, his Mum received a phone call from a specialist nurse at Great Ormond Street Hospital (GOSH) at 5pm one evening when GT was three weeks old. The specialist nurse gave the positive result news and requested that they go to GOSH the following day for a sweat test. Mum recalls the "shock and disbelief" during the phone call at being told he may have Cystic Fibrosis.
- 1.4. Cystic Fibrosis affects around 100,000 people in the world. In the UK 10,400 people have Cystic Fibrosis; that's 1 in 2,500 babies born. Cystic Fibrosis is a genetic condition. One person in 25 carries the faulty Cystic Fibrosis gene usually without knowing. If two carriers have a baby, the child has a one-in-four chance of having Cystic Fibrosis. In people with Cystic Fibrosis the lungs make thicker sputum than normal, which can trap bacteria in the small airways and lead to infection. Symptoms that typically develop include persistent cough, wheezing, shortness of breath and breathing difficulties and repeated chest infections. Thickened mucus secretions block the normal flow of digestive juices from the pancreas, which means food cannot be digested or absorbed properly, in particular fatty foods and fat-soluble vitamins (vitamins A, D, E and K). This can cause malnutrition, leading to poor growth and poor weight gain, a bloated abdomen and tummy aches, constipation and prolonged diarrhoea. In GT's case during his first two years of life, he has struggled to thrive and gain weight.

2. Background to our Rapid Response Team

- 2.1. Luton Rapid Response Team consists of experienced Children's Nurse Practitioners who have undertaken advanced training. The Children's Nurse Practitioners carry out an initial telephone assessment and if a face to face assessment is required they request patients attend a clinic based at Medici Medical Centre in Luton. The service is available 8am - 6pm Monday to Sunday (including Bank Holidays).
- 2.2. During the time that Laura has been employed in her current role, she has completed a V300 Independent Nurse Prescribing course and has just finished the first year of a Masters in Advanced Clinical Practice. It is the aim that all staff within the Rapid Response Team will be trained to Masters level due to the autonomous nature of the role and the requirement to be able to respond to service development and needs.
- 2.3. The following can refer to the service.
 - The Paediatric Emergency Department, Paediatric Assessment Unit
 - Children's Inpatient Wards and the GP Urgent Clinic at Luton and Dunstable Hospital
 - The Children's Community Nursing Team's (internal referral)
 - The walk in centre/GPs.

- Ambulance Service
- NHS 111 Service (for children and babies aged 0-5 years).

3. The Patient's Healthcare Journey within the Rapid Response Team

- 3.1. This story illustrates how we have prevented a hospital admission with our skilled workforce being able to provide care in the community. VT describes the nurses as "amazing and they have been really supportive to me, as both a mum and a carer".
- 3.2. GT was referred to our Rapid Response Team on the 25th March and was on the caseload for three days, this included an assessment in our clinic and three follow-up phone calls.
- 3.3. The initial phone call assessment was by a Community Nurse; this was triaged further in discussion with the Nurse Practitioner on duty for the Rapid Response Team. A follow up clinic appointment was then arranged with the team and GT attended with mum for assessment. GT's vital signs were all within normal range for his age. However, there was concern due to the reduced intake and output of fluid since waking that morning. A treatment plan was made around increasing fluids through a fluid challenge and then a further review phone call was made that afternoon and GT was assessed and it was agreed that GT had tolerated the fluid challenge and had passed urine.
- 3.4. A follow-up call to VT, was arranged for the next day and from this review GT was assessed as triggering red on the Rapid Response Team pathway due to reduced intake of fluids and a reduction in urine output. VT reported "staying at home is important as it means her family does not get separated" by working closely together a further treatment plan was agreed between the Rapid Response Team nurse and VT to manage to keep GT at home, this was achieved through good communication. A further review call later that afternoon was reassuring as GT had tolerated lots of fluid and passed a good volume of fluid. This illustrates successful admission avoidance.**Patient's Voice**
- 3.5. The patient's Mum will be accompanied by Laura Woodman and will attend the Board in person to discuss her positive experience of the Rapid Response Team.

4. Learning Points for the Wider Trust Services

- 4.1. Investment in the Nurse Practitioners development has enhanced the service provision by enabling the Rapid Response Team nurses to be able to use the skills required to prevent unnecessary hospital admissions. The avoidance of hospital admission provides outstanding community care to the family and more importantly helps prevent the risk of acquiring hospital infections which would have been problematic for GT with a diagnosis of Cystic Fibrosis. Additionally avoiding spread to sibling who also has the Cystic Fibrosis condition.

5. Recommendations

- 5.1. The Rapid Response Team have agreed that the learning from this story and its context will be shared with their team and our other Children's Community Nursing Teams in Luton, Bedfordshire and Cambridgeshire, the aim is for this discussion to be done within three months of the story being shared with the Board.
- 5.2. The team have agreed that they are aiming to continue to prioritise the support for other nurses to be able to access Continued Professional Development courses as described within this story, in order to be able to deliver this skilled Rapid Response within the community team. This will be evidenced through the teams yearly Training Needs Analysis.