

Patient/Staff Story – Action Report

Julie Gray – Chief Nurse



Patient/Staff Story Action Report

Story ID	Hannah	Committee	Board of Directors		
Date Presented	25/05/22	Patient Story	<input checked="" type="checkbox"/>	Staff Story	<input type="checkbox"/>
		In person	<input type="checkbox"/>	Digital	<input checked="" type="checkbox"/>
Date Consent Obtained	16/03/22	Consented by	Head of Patient Experience & Inclusion	Consent for:	Internal <input checked="" type="checkbox"/> External <input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/>
Division/s involved	Acute & Networked Services –Haemato-oncology (Wards 1, 4 & 5)		External Organisation involved	LUHFT (Royal Liverpool)	
Formal Complaint	<input type="checkbox"/>	Complaint closed	<input type="checkbox"/>	Complaint Upheld	<input type="checkbox"/>

1. Action Already Taken

No	Issue	Action taken	Action Lead
1	Awareness of issues experienced by the patient	Patient story shared with divisional teams at Patient Experience Inclusion Operational Group (PEIOG) & Patient Experience Inclusion Group (PEIG)	Deputy Director of Nursing / Chair of PEIG
2			
3			

2. Action Plan (for outstanding actions not covered above)

No	Issue	Action required	Action Lead	Deadline Date	Expected Evidence of Completion
1	Inpatient meals - availability of healthy fruit and vegetable	1.Review of menu options and patient feedback from ISS	Tazeen Khatib, Kathryn Parr	July 2022	Review paper

	options & quality of the prepared meals	meal audits for wards 4 & 5 2.PLACE assessment results and review areas for improvement	& Danielle Roderick		
2	Phlebotomy waiting times on Level 1 Day ward	1.Review current pathways and identify areas for improvement	Liz Morgan	July 2022	Review Paper
3	Level 1 Day ward trolley stock management	1.Review current stock processes and identify areas for improvement	Liz Morgan	July 2022	Review Paper
4	Staff training on customer care and communication skills	1.Identify available education and training for inpatient & day ward	Clinical Education Lead Steph Wilson	June 2022	Training prospectus

3. Process for monitoring completion of identified improvement/assurance actions

All actions identified during the collation of patient and staff experience stories will follow the process set out in the Patient and Staff Experience Story Process Standard Operating Procedure. Actions will be assigned to the appropriate subject matter committee for action and evidence of resolution. Where significant service transformation is required, that is beyond the remit of the Head of Patient Experience & Inclusion, the management of the change process will be handed over to the Transformation and Improvement Committee. An annual report summarising any themes, learning and changes in practice will be collated by the Head of Patient Experience & Inclusion.