## Trust Board Meeting in Public: Wednesday 8 November 2017

TB2017.100

<table>
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<tr>
<th>Title</th>
<th>Mrs B Patient Perspective</th>
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### Status

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### History

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<td>Patient perspectives are regularly presented to Trust Board and Quality Committee</td>
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### Board Lead(s)

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<th>Board Lead(s)</th>
<th>Ms Sam Foster, Chief Nurse</th>
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### Key purpose

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Executive Summary

1. The purpose of this paper is to relate Mrs B’s story which outlines her treatment in 2017 for lung cancer at the Oxford University Hospitals NHS Foundation Trust, and a subsequent attendance at the John Radcliffe Emergency Department.

2. This story provides an important opportunity to highlight:
   - the positive impact on a patient when a diagnosis is made quickly, treatment takes place soon afterwards, and each stage is explained fully and compassionately to the patient;
   - the importance of staff ensuring that patients feel valued and supported;
   - the invaluable role of support staff within the Emergency Department;
   - and the disorientation experienced by patients when they are admitted to the Emergency Department and are on their own.

3. Recommendation
   The Trust Board is asked to reflect on the patient story and the learning gained.
Patient story

1. Purpose

1.1 The purpose of this paper is to relate the story of Mrs B, a 78 year old lady, who was treated in the Trust for lung cancer and had an admission to the Emergency Department shortly afterwards. The story highlights the importance of swift action following a cancer diagnosis and the positive impact of this on the patient. It also explains challenges faced by the Emergency Department team in terms of achieving a balance between patient safety and ensuring a positive patient experience, and the actions taken by the Matron of the department to achieve this.

1.2 Mrs B had surgery in July 2017 to remove a malignant tumour from her lung. This was under the care of a Cardio-Thoracic surgical team. After surgery, she recovered in hospital for two nights and was discharged back to her GP and had follow up treatments at the Churchill Hospital. The month after her surgery she attended the John Radcliffe Emergency Department as she was feeling unwell.

2. Background

2.1 This story was produced by the Patient Experience Team in partnership with Mrs B, as well as relevant staff members, including the Lead Cancer Nurse and the Matron for the Emergency Department.

2.2 Mrs B agreed for this story to be used as a Patient Perspective presented to Trust Board, in order that learning could be gained and improvements made for the benefit of other patients. She was wary about giving her story because she said she may need further treatment and was worried that telling her story might have a negative impact on future care. However, she was reassured that this would not be the case and that the story would be told anonymously.

3. Mrs B’s story

3.1 Earlier this year, Mrs B visited her GP as she had pain in her back and leg. She thought it might be sciatica as this is something which has affected her in the past. Mrs B found her GP extremely responsive and he referred her for scans which took place within a few days. Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scans were undertaken at the Churchill Hospital. Mrs B reflected how lucky she felt being able to have scans taken so quickly at a hospital with such a good reputation.

3.2 Mrs B was told that the scans revealed there was sciatica but that a “shadow” on her lung had also been identified. She was quickly referred to a consultant who explained that this was a tumour. Mrs B’s daughter attended this appointment and this was helpful as “I could not take in everything that was being said as I was in shock”.

3.3 Although it was difficult to absorb the information, she realised after the consultation when she spoke to her daughter that the surgeon had explained the whole picture very clearly and compassionately. Soon afterwards she received a date for her surgery.

3.4 The surgery went well. She had been nervous about coming in for surgery but was reassured by “all the doctors and nurses” who told her “that he [the
surgeon] was very good”. Mrs B was discharged home a few days after her surgery after recovering on the Cardio-thoracic ward.

3.5 The following month, Mrs B woke up one morning not feeling well – with shortness of breath and chest pains – and she telephoned 111 for advice. She went by ambulance to the Emergency Department.

3.6 Mrs B’s account of her experience within the Emergency Department is as follows:

- Mrs B was put on a bed in the Emergency Department when she arrived with curtains drawn. After a couple of hours someone came to let her know that she needed to be moved to another area. After moving to another area, she was then told that she needed to sit on a chair. At this point she felt extremely tired as she had been in the Emergency Department for several hours and had had “no meal, not even a cup of tea”. She kept asking reception staff when she would be seen but she felt that the staff were unhelpful and made her feel she was a “nuisance”.

- At around 4pm in the afternoon, she had a scan and was asked to wait in the waiting area for the results. At 5pm someone came to let her know she could go home. She asked for her results but they said they were being sent to her GP. She does not remember being subsequently informed of the results of the scan.

- During the time from when she arrived at the Emergency Department, which Mrs B reported was around 10am to when she was finally seen at around 4pm she was not spoken to by anyone except to ask her to move to different places in the department.

“No-one spoke to me at all, asked me how I was feeling”

- The staff told her that she should go home by taxi. However, Mrs B did not have any money on her because when she had been picked up by the Ambulance they had said that she shouldn’t bring any valuables with her so she left her purse at home. She had therefore expected that transport home would be provided. Fortunately, her daughter was working at home and was able to pick her up.

3.7 The Matron for the Emergency Department has reviewed Mrs B’s pathway and treatment in detail. Based on reports from staff and the details added to electronic records, the following took place:

- Mrs B attended the Emergency Department via the ambulance service and was assessed on arrival by a senior nurse. The nurse placed Mrs B into the Emergency Department Majors chaired area. Subsequently a staff nurse took Mrs B into a room and completed a number of tests including bloods, electrocardiogram (ECG) and clinical observations. The ECG and blood gas analysis was then reviewed by a senior clinician. At this time there were no abnormalities that required immediate intervention. Although Mrs B was short of breath, she was not so acutely unwell that she required the resuscitation room or to be in the ‘Majors’ area. During the time she was waiting for a clinician she was assessed by a medical student. From completion of the initial assessment, Mrs B was seen by the consultant within an hour and a CT Pulmonary Angiogram was ordered subsequent to her assessment, which was performed two hours later.
Mrs B was moved from the Emergency Department to the Emergency Assessment Unit chairs (EAU) at 3pm following assessment and investigation to wait for results of her scan.

The results of the scan were inconclusive but showed no signs of immediate life threatening cause, such as a Pulmonary Embolism. Therefore the working diagnosis was that Mrs B had a chest infection.

Mrs B was discharged just after 5pm and the consultant recorded that the advice given was to return to the Emergency Department if any chest pain reoccurred, but otherwise Mrs B should refer to her GP for ongoing care needs. Antibiotics were prescribed as part of her treatment and discharge process. The discharge letter and results of the scan would have been sent to the GP for follow up.

3.8 The Matron reported that the movement of patients within the Emergency Department is common and that patients are allocated to areas based on their acuity and the available appropriate space. It is not unusual for someone to be allocated a chair when they are awaiting results but ideally it should be explained to the patient about why they are being moved. She was satisfied with the timescale within which everything had taken place in for Mrs B to be assessed and receive necessary scans; particularly as this was a very busy morning (14 people came into the department between 10 and 11am via the ambulance service).

3.9 The Matron acknowledged that the communication with Mrs B could have been improved, based on the account given; “we should have reassured her more… we should have told her more”. She also recognises that patients, especially those who are on their own, will find the Emergency Department an alien environment and may feel unable to speak out when they need help. She felt that the team “didn’t get it completely right and to the level the patient required during her attendance”.

3.10 The Matron explained that, while consistently working beyond their capacity to manage the flow of patients, teams are always mindful of their responsibility to deliver compassionate care to each individual patient. She reported that the medical staff, nursing teams and nursing support staff work together very well; that they “don’t work in isolation” but support each other in decisions about care and treatment, and everyone is “on a first name basis”.

3.11 The Matron also explained that while staff members in the Emergency Departments are committed to delivering compassionate care, the time available with each patient is limited by the prioritisation of ill patients whose lives may be at acute serious risk. The pressure to treat and discharge patients as efficiently as possible means that being able to provide detailed communication, that can be very valuable to a patient, is not always achievable for emergency staff. For example, staff members are unable to sit with patients continuously or offer help with non-medical needs as frequently as the patient, or that member of staff, would ideally want. While understanding the need for compassion and getting it right for each patient, the emergency team must focus on ensuring each patient’s immediate safety.

3.12 In order to address these issues faced by the team, over recent years, the Matron has focused on, and increased the numbers within, the department’s nursing assistant team. These vital staff members are there to support the
emergency nurses in providing compassionate and high quality care. The presence of these support staff allows nurses to focus their time on important aspects of patient safety, including timely assessment and treatment. Members of the nursing assistant team work closely with the emergency nursing team in providing care, as well as ensuring the delivery of comfort needs relating to hygiene, nutritional support and 1:1 time with patients. For example, nursing assistants can take responsibility for offering drinks from the available tea trolleys in the departments, particularly for those who have been in there for more than four hours. This type of support provided by support staff is invaluable according to the Matron, particularly valuable in times of high demand and high acuity.

3.13 With a view to further improving the patient experience with the Emergency Department, the Lead Research Nurse for Emergency Medicine is examining the feasibility of having a dedicated team of Emergency Department volunteers. The volunteers could work closely with the nursing assistant team, enabling patients to speak to someone while they wait and to talk through any worries. In Mrs B’s case, for example, a volunteer could have sat with her for a time and asked if she wanted a family member to be contacted.

3.14 In relation to the information given to Mrs B regarding her scan results, the Matron expects staff involved in discharge procedures to reassure patients that any tests carried out have not shown anything of concern. The electronic notes made by the consultant indicate that Mrs B was informed appropriately. A nurse from the EAU would have been Mrs B’s last point of contact. As is standard practice, this member of staff would have reassured Mrs B that she could go home and that her GP would provide follow up care. The Matron said that, ideally, patients would be asked to repeat back to staff what they have understood from the information given and that this is something she would expect staff to do whenever time allowed. She would like to apologise to Mrs B if she was not given sufficiently detailed information that would have reassured her upon leaving the department.

3.15 In relation to the advice given to Mrs B by the ambulance team (not to bring valuables) the Matron reported that working in close partnership with the ambulance service is essential and, to try and provide a seamless and joined-up service, she and the South Central Ambulance Service (SCAS) leads are hosting an ‘open session’ for staff from SCAS and the Emergency Department to discuss partnership working. They will focus on how to improve patients’ transitions from home to the Emergency Department. Topics on the agenda for discussion are learning from Datix incidents, complaints, patient stories and other sources of feedback.

3.16 The Matron will also feedback to staff about Mrs B’s experience via the Emergency Department newsletter and via circulation of this report.

4. Conclusion

4.1 There is an opportunity for learning from this story as it highlights the importance of:

- the positive impact on a patient when a diagnosis is made quickly, treatment takes place soon afterwards, and each stage is explained fully and compassionately to the patient;
• the importance of staff ensuring that patients feel valued and supported;
• the invaluable role of support staff within the Emergency Department;
• and staff members understanding the disorientation experienced by patients when they are admitted to the Emergency Department and are on their own.

5. Recommendation

5.1 The Trust Board is asked to reflect on the patient story and the learning.

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Date: 25.10.17